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

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AMA
AMERICAN MEDICAL ASSOCIATION

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

October 15, 2024

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

Subject: RUC Recommendations

Dear Administrator Brooks-LaSure,

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

Enclosed are the RUC recommendations for all the CPT codes reviewed at the September 26-28, 2024, RUC meeting.

CPT 2026 New and Revised Codes – *October 2024 RUC Submission*
The RUC submits work value and/or practice expense inputs for 45 new/revised/related family CPT codes for *CPT 2026* from the October 2024 RUC meeting.

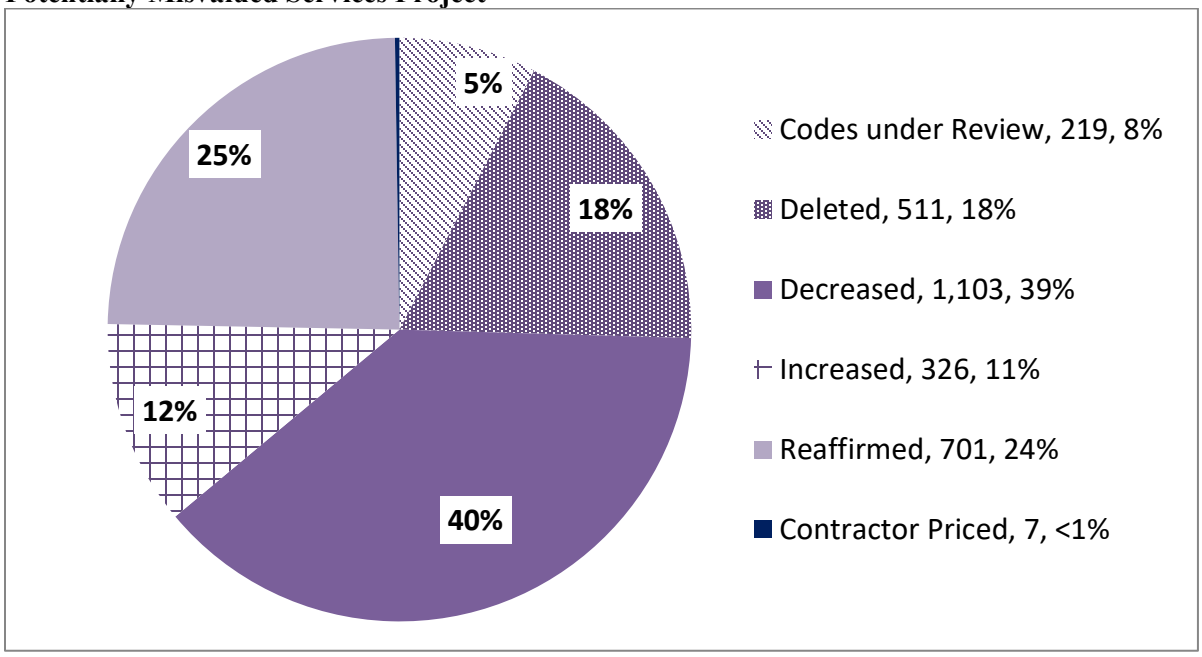
Office and Hospital Visits Included in Codes with a Surgical Global Period
The RUC strongly believes that the changes in valuation of the office and hospital E/M visits be incorporated into the visits in the surgical global periods. Since CMS did not apply the office E/M visit increases to the visits bundled into global surgery payment, it is disadvantaging specific specialties. An example of the shortcomings of this policy decision became apparent during discussion of CPT code 67141 *Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy* (RUC recommended work RVU = 2.53 and 2-99213 office visits) at the October 2020 RUC meeting. The RUC questioned whether the specialties had considered changing the global period to a 000-day global given that the intensity will be low and the office visits in 2021 will be of a different value. The specialties explained it is routine and typical that the two postoperative visits occur as part of the work within the 10 days after the procedure. The survey code is a good fit for the 010-day global and aligns with the other retinal laser codes and ophthalmic laser codes for other diseases. Relativity is therefore better maintained by keeping as a 010-day global even though the intensity is low. The RUC noted that these codes were being valued too low considering that office visits for the surgical global period were not going to be increased to the 2021 office E/M codes. Considering that the 99213 office visit is valued at 1.30 RVUs two 99213 office visits are valued higher than the 2.53 value of this code. Therefore, the CMS policy is disadvantageous to the eye surgeons and an example of shortcomings and rank order abnormalities the flawed policy creates. The Agency's position implies that the physician work for office visits is not the same when performed in a surgical global period, which is an inaccurate assumption.

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

RUC Progress in Identifying and Reviewing Potentially Misvalued Codes
Since 2006, the RUC has identified 2,867 potentially misvalued services through objective screening criteria and has completed review of 2,648 of these services. The RUC has recommended that 57% of the services reviewed be decreased or deleted (Figure 1). The RUC has worked vigorously to identify and address mis-valuations in the RBRVS through the provision of revised physician time data and resource recommendations to CMS. The RUC looks forward to working with CMS in a concerted effort to address potentially misvalued services.

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

Potentially Misvalued Services Project



Source: American Medical Association

Developmental Test Administration (96112)
In September 2024, the Relativity Assessment Workgroup reviewed 95851 *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* via the Different Performing Specialty from Survey screen. CMS data show that five nurse practitioners in four practices are reporting 40% of these services. **The RUC would like to notify CMS of possible misreporting of CPT code 96112, based on the 2022 Medicare Physician & Other Practitioners – by Provider and Service data.** The Relativity Assessment Workgroup will review again in three years (September 2027). *Please see specific details in folder 13 Other RAW Related Recommendations.*

Laryngoscopy (31525), Nasal Endoscopy (31231) and Removal Impacted Cerumen (69210)
In September 2024, the Relativity Assessment Workgroup reviewed 31525 *Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn,* 31231 *Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)* and 69210 *Removal impacted cerumen requiring instrumentation, unilateral* via the Reported Together 75% or More screen.

The 2022 Medicare utilization shows that CPT code 31525 was reported with CPT code 31231 80% of the time and CPT code 31325 was reported with CPT code 69210 75% of the time. Therefore, these codes appeared on the screen the RAW reviewed to determine if a code bundling solution was necessary.

The specialty societies indicated that although the Medicare utilization shows that these services are billed together, the publicly available CMS 2022 Medicare Physician & Other Practitioners – by Provider and Service data shows that that one Otolaryngology practice located in California is the top provider for all these three codes.

Therefore, the specialty society indicated to the RUC that based on the lack of clinical justification to report these services together frequently, they believe it is appropriate to maintain these codes as they are. There is no clinical justification for combining these codes, and it seems the billed together data is likely being driven by one practice in the country.

The specialty societies notified CMS of possible misreporting of these services prior to the RUC review of these services under this screen. **The RUC reiterates to CMS of the possible misreporting of CPT codes 31525, 31231 and 69210, based on the 2022 Medicare Physician & Other Practitioners – by Provider and Service data.** The Relativity Assessment Workgroup will review again in three years (September 2027). *Please see specific details in folder 13 Other RAW Related Recommendations.*

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 continues to call on CMS to separately identify and pay for high-cost disposable supplies (i.e., priced more than $500) using appropriate Healthcare Common Procedure Coding System (HCPCS) codes. The RUC makes this recommendation to address the outsized impact that high-cost disposable supplies have within the current practice expense RVU methodology.

The 2025 Medicare Physician Payment Schedule includes 86 supply items with a purchase price of more than $500. These high-cost supplies represent $1.245 billion dollars in direct costs for 2025 and 19 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. The practice expense methodology derives code-level indirect practice expense in part from code-level direct practice expense inputs, including high-cost disposable supplies. When CPT codes include a high-cost disposable supply, a larger portion of indirect practice expense is allocated to the subset of practices performing the service, which is subsidized by the broader specialty and all other physician and qualified

healthcare professionals. If high-cost supplies were paid separately with appropriate HCPCS codes, the disproportionate indirect expense would no longer be associated with that service. The result would be that indirect PE RVUs would be redistributed throughout the specialty practice expense pool and the practice expense for all other services.

The RUC strongly supports its long-standing RUC recommendation that CMS separately identify and pay for high-cost disposable supplies priced more than $500 using appropriate HCPCS codes. The pricing of these supplies should be based on a transparent process, where items are annually reviewed and updated. *Please see the analysis of high-cost supplies over $500 in folder 12 Other Practice Expense Related Recommendations.*

Equipment Inputs Less than $500

The RUC discussed that there are eleven equipment items in the current equipment database that are less than the $500 threshold that CMS has established for equipment, as listed below. This could be an artifact of the medical supply and equipment repricing project in CY2019-2022. When the items were repriced, they should have been removed from the equipment listing if the repricing brought them under the threshold. CMS indicated that it would be open to comments and suggestions for future rulemaking if there is an interest in addressing these equipment items.

Equipment Description	CMS Code	Useful Life	Purchase Price
camera, digital (6 mexapixel)	ED004	5	152.50
Diabetes Educator Curriculum	EQ306	5	200.00
endoscope, ultrasound radial probe	ES045	7	0.00
Injector, Provis (for angiography room)	EL049		0.00
kit, vision	ES058	10	410.00
pulse oxymetry recording software (prolonged monitoring)	EQ212	5	387.00
Respiratory Impedance Plethysmography Belts (pair)	EQ337	5	87.00
Respiratory impedance Plethysmography Belts (pair) (Pediatric)	EQ349	5	199.75
slide warmer	EP051	7	425.59
ultrasound digital scope, endoscopic ultrasound	ES091		0.00
work samples, small tools (Valpar 1)	EQ267	7	361.20

Considering the CMS definition that medical equipment must be at least $500 and all equipment inputs under $500 are considered indirect expense, the RUC agreed that the 11 inputs (above) should no longer be listed as equipment as they are less than $500. **The RUC requests that CMS remove these items from its equipment list and from the specific codes to conform to the definition of direct medical equipment and to ensure that the rule remains consistently applied.**

Enclosed Recommendations and Supporting Materials:

- RUC Recommendation Status Report for New and Revised Codes for *CPT 2026.*
- RUC Recommendation Progress and Status Reports for services identified to date by the Relativity Assessment Workgroup and CMS as potentially misvalued.
- RUC Referrals to the CPT Editorial Panel – both for CPT nomenclature revisions and *CPT Assistant* articles.

- Physician Time File – A list of the physician time data for each of the CPT codes reviewed at the October 2024 RUC meeting.

- Pre-Service and Post-Service Time Packages Definitions – The RUC developed physician pre-service and post-service time packages which have been incorporated into these recommendations. The intent of these packages is to streamline the RUC review process as well as create standard pre-service and post-service time data for all codes reviewed by the RUC.

- Professional Liability Insurance (PLI) Crosswalk Table – The RUC has committed to selecting appropriate PLI crosswalks for new and revised codes and existing codes under review. We have provided a PLI Crosswalk Table listing the reviewed code and its crosswalk code for easy reference. We hope that the provision of this table will assist CMS in reviewing and implementing the RUC recommendations.

- BETOS Assignment Table – The RUC, for each meeting, provides CMS with suggested BETOS classification assignments for new/revised codes. Furthermore, if an existing service is reviewed and the specialty believes the current assignment is incorrect, this table will reflect the desired change.

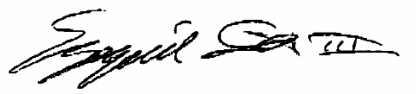
- Utilization Data Crosswalk – A table estimating the flow of claims data from existing codes to the new/revised codes. This information is used to project the work relative value savings to be included in the 2025 conversion factor increase.

- New Technology List and Timeline – In April 2006, the RUC adopted a process to identify and review codes that represent new technology or services that have the potential to change in value. To date, the RUC has identified 858 of these procedures through the review of new CPT codes. A table of these codes identified as new technology services and the date of review is enclosed, as well as a flow chart providing a detailed description of the process to be utilized to review these services.

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

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

Sincerely,



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

Enclosures

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

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CPT 2026 RUC Recommendations

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

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

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

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

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

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

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37278	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P25	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	7.00	6.00		☑		☐
37279	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P26	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	4.00	4.00		☑		☑
37280	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P27	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	9.80	9.80		☑		☐
37281	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P28	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	3.00	3.00		☑		☐
37282	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P29	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	13.75	12.31		☑		☐
37283	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P30	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	5.00	4.26		☑		☐
37284	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P31	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	10.00	10.00		☑		☐
37285	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P32	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	3.34	3.34		☑		☐
37286	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P33	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	13.55	13.46		☑		☐
37287	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P34	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	5.50	5.00		☑		☐
37288	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P35	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	13.50	13.50		☑		☐

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CPT 2026 HCPAC Recommendations

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	HCPAC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
92590	XXX	D	Feb 2024	31	Hearing Device Services		Apr 2024	HCPAC					☑		☐
92591	XXX	D	Feb 2024	31	Hearing Device Services		Apr 2024	HCPAC					☑		☐
92592	XXX	D	Feb 2024	31	Hearing Device Services		Apr 2024	HCPAC					☑		☐
92593	XXX	D	Feb 2024	31	Hearing Device Services		Apr 2024	HCPAC					☑		☐
92594	XXX	D	Feb 2024	31	Hearing Device Services		Apr 2024	HCPAC					☑		☐
92595	XXX	D	Feb 2024	31	Hearing Device Services		Apr 2024	HCPAC					☑		☐
98978	XXX	R	Sep 2024	85	Remote Monitoring	DD16	Jan 2025	HCPAC	APA	0.00	0.00	Yes	☑	PE Only	☐
98986	XXX	N	Sep 2024	85	Remote Monitoring	DD15	Jan 2025	HCPAC	APA				☑	PE Only	☐
92628	XXX	N	Feb 2024	31	Hearing Device Services	C1	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92629	XXX	N	Feb 2024	31	Hearing Device Services	C2	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92631	XXX	N	Feb 2024	31	Hearing Device Services	C3	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92632	XXX	N	Feb 2024	31	Hearing Device Services	C4	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92634	XXX	N	Feb 2024	31	Hearing Device Services	C5	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92635	XXX	N	Feb 2024	31	Hearing Device Services	C6	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92636	XXX	N	Feb 2024	31	Hearing Device Services	C7	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92637	XXX	N	Feb 2024	31	Hearing Device Services	C8	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92638	XXX	N	Feb 2024	31	Hearing Device Services	C9	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92639	XXX	N	Feb 2024	31	Hearing Device Services	C10	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	HCPAC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
92641	XXX	N	Feb 2024	31	Hearing Device Services	C11	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92642	XXX	N	Feb 2024	31	Hearing Device Services	C12	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐

CPT 2025 RUC Recommendations

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

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

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

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

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

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

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
76019	XXX	N	Sep 2023	28	Magnetic Resonance Examination Safety Procedures	N6	Jan 2024	09	ACR, ASNR	0.60	0.60		☑	Modifier -51 Exempt	☑
81432	XXX	R	May 2024	31	GSP-Hereditary Cancer Disorders, Cancer Predisposition		CLFS						☐		☐
81433	XXX	D	May 2024	31	GSP-Hereditary Cancer Disorders, Cancer Predisposition		Deleted						☐		☐
81435	XXX	R	May 2024	31	GSP-Hereditary Cancer Disorders, Cancer Predisposition		CLFS						☐		☐
81436	XXX	D	May 2024	31	GSP-Hereditary Cancer Disorders, Cancer Predisposition		Deleted						☐		☐
81437	XXX	R	May 2024	31	GSP-Hereditary Cancer Disorders, Cancer Predisposition		CLFS						☐		☐
81438	XXX	D	May 2024	31	GSP-Hereditary Cancer Disorders, Cancer Predisposition		Deleted						☐		☐
81558	XXX	N	Feb 2024	24	MAAA-Kidney Transplant Immune Quiescence		CLFS						☐		☐
82233	XXX	N	Feb 2024	16	Amyloid Protein		CLFS						☐		☐
82234	XXX	N	Feb 2024	16	Amyloid Protein		CLFS						☐		☐
83884	XXX	N	May 2024	20	Neurofilament Light Chain		CLFS						☐		☐
86327	XXX	D	May 2024	60	Code Set Maintenance		Deleted						☐		☐
86490	XXX	D	May 2024	60	Code Set Maintenance		Deleted						☐		☐
86581	XXX	N	May 2024	28	Streptococcus Pneumoniae Antibody		CLFS						☐		☐

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

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

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
98967	XXX	R	Feb 2024	46	QHP Terminology Standardization		Editorial						☑		☐
98968	XXX	R	Feb 2024	46	QHP Terminology Standardization		Editorial						☑		☐
98970	XXX	R	Feb 2024	46	QHP Terminology Standardization		Editorial						☑		☐
98971	XXX	R	Feb 2024	46	QHP Terminology Standardization		Editorial						☑		☐
98972	XXX	R	Feb 2024	46	QHP Terminology Standardization		Editorial						☑		☐
98975	XXX	R	Sep 2023	45	Digital Cognitive Behavioral Therapy		Editorial						☑		☐
98976	XXX	R	Sep 2023	45	Digital Cognitive Behavioral Therapy		Editorial						☑		☐
98977	XXX	R	Sep 2023	45	Digital Cognitive Behavioral Therapy		Editorial						☑		☐
98978	XXX	R	Sep 2023	45	Digital Cognitive Behavioral Therapy		Editorial						☑		☐
99202	XXX	R	May 2024	63	Modifier 95 Reporting Instructions		Editorial						☑		☐
99203	XXX	R	May 2024	63	Modifier 95 Reporting Instructions		Editorial						☑		☐
99204	XXX	R	May 2024	63	Modifier 95 Reporting Instructions		Editorial						☑		☐
99205	XXX	R	May 2024	63	Modifier 95 Reporting Instructions		Editorial						☑		☐
99211	XXX	R	May 2024	63	Modifier 95 Reporting Instructions		Editorial						☑		☐
99212	XXX	R	May 2024	63	Modifier 95 Reporting Instructions		Editorial						☑		☐
99213	XXX	R	May 2024	63	Modifier 95 Reporting Instructions		Editorial						☑		☐

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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
0019M	XXX	N	May 2023	24	Admin MAAA – Cardiovascular Disease		CLFS						☐		☐
0404T	YYY	D	Sep 2022	12	Transcervical RF Ablation of Uterine Fibroids		Jan 2023	09					☐		☐
0424T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	06					☐		☐
0425T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	06					☐		☐
0426T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	06					☐		☐
0427T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	06					☐		☐
0428T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	06					☐		☐
0429T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	06					☐		☐
0430T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	06					☐		☐
0431T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	06					☐		☐
0432T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	06					☐		☐
0433T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	06					☐		☐
0434T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	06					☐		☐
0435T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	06					☐		☐
0436T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	06					☐		☐
0465T	YYY	D	Sep 2022	24	Suprachoroidal Ablation		Jan 2023	10					☐		☐

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
0493T	YYY	D	Sep 2022	EC-D	Parenthetical Revisions - Noncontact SPECT		Deleted						☐		☐
0499T	YYY	R	Sep 2022	EC-E	Reinstate Category III Code 0499T		Jan 2023	08					☐		☐
0501T	YYY	D	Sep 2022	27	Fractional Flow Reserve with CT		Jan 2023	11					☐		☐
0502T	YYY	D	Sep 2022	27	Fractional Flow Reserve with CT		Jan 2023	11					☐		☐
0503T	YYY	D	Sep 2022	27	Fractional Flow Reserve with CT		Jan 2023	11					☐		☐
0504T	YYY	D	Sep 2022	27	Fractional Flow Reserve with CT		Jan 2023	11					☐		☐
0512T	YYY	D	May 2023	58	Category III Sundown		Deleted						☐		☐
0513T	YYY	D	May 2023	58	Category III Sundown		Deleted						☐		☐
0517T	YYY	R	May 2023	55	Wireless Cardiac Stimulation System for Left Ventricular Pacing		Cat III						☐		☐
0518T	YYY	R	May 2023	55	Wireless Cardiac Stimulation System for Left Ventricular Pacing		Cat III						☐		☐
0519T	YYY	R	May 2023	55	Wireless Cardiac Stimulation System for Left Ventricular Pacing		Cat III						☐		☐
0520T	YYY	R	May 2023	55	Wireless Cardiac Stimulation System for Left Ventricular Pacing		Cat III						☐		☐
0533T	YYY	D	May 2023	58	Category III Sundown		Deleted						☐		☐
0534T	YYY	D	May 2023	58	Category III Sundown		Deleted						☐		☐
0535T	YYY	D	May 2023	58	Category III Sundown		Deleted						☐		☐
0536T	YYY	D	May 2023	58	Category III Sundown		Deleted						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0552T	YYY	R	May 2022	37	Post Operative Low Level Laser Therapy		Sep 2022	06					☐		☐
0587T	YYY	R	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction		Apr 2022	07					☐		☐
0588T	YYY	R	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction		Apr 2022	07					☐		☐
0589T	YYY	R	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction		Apr 2022	07					☐		☐
0590T	YYY	R	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction		Apr 2022	07					☐		☐
0640T	YYY	R	May 2023	43	Spectroscopy Study – Wound or Flab		Cat III						☐		☐
0641T	YYY	D	May 2023	43	Spectroscopy Study – Wound or Flab		Deleted						☐		☐
0642T	YYY	D	May 2023	43	Spectroscopy Study – Wound or Flab		Deleted						☐		☐
0656T	YYY	R	Sep 2022	26	Vertebral Body Tethering		Jan 2023	05					☐		☐
0657T	YYY	R	Sep 2022	26	Vertebral Body Tethering		Jan 2023	05					☐		☐
0790T	YYY	N	Sep 2022	26	Vertebral Body Tethering		Jan 2023	05					☐		☐
0715T	YYY	D	Sep 2022	34	Percutaneous Coronary Interventions		Jan 2023	12					☐		☐
0766T	YYY	R	Sep 2024	EC-D	Technical Correction – 0766T		Editorial						☐		☐
0766T	YYY	R	May 2023	54	Peripheral Nerve Transcutaneous Magnetic Stimulation		Cat III						☐		☐
0768T	YYY	D	May 2023	54	Peripheral Nerve Transcutaneous Magnetic Stimulation		Deleted						☐		☐
0769T	YYY	D	May 2023	54	Peripheral Nerve Transcutaneous Magnetic Stimulation		Deleted						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0775T	YYY	D	Sep 2022	16	Dorsal Sacroiliac Joint Arthrodesis		Jan 2023	04					☐		☐
0809T	YYY	D	May 2023	40	Hybrid SI Joint Fusion – Delete 0809T		Deleted						☐		☐
0784T	YYY	N	Feb 2022	11/43	Spinal Neurostimulator Services		Sep 2022	04					☐		☐
0785T	YYY	N	Feb 2022	11/43	Spinal Neurostimulator Services		Sep 2022	04					☐		☐
0787T	YYY	N	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction		Apr 2022	07					☐		☐
0789T	YYY	N	Feb 2022	11/43	Spinal Neurostimulator Services		Sep 2022	04					☐		☐
0789T	YYY	N	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction		Apr 2022	07					☐		☐
27279	090	R	Sep 2022	16	Dorsal Sacroiliac Joint Arthrodesis	I2	Jan 2023	04	AANS/CNS, NASS, OEIS				☑	No RUC Recommendation	☐
27280	090	R	Sep 2022	16	Dorsal Sacroiliac Joint Arthrodesis	I3	Jan 2023	04	AANS/CNS, NASS				☑	No RUC Recommendation	☐
28292	090	R	Sep 2022	18	Metatarsal Arthrodesis for Bunion Correction		Editorial			7.44	7.44	Yes	☑		☐
28297	090	R	Sep 2022	18	Metatarsal Arthrodesis for Bunion Correction		Editorial			9.29	9.29	Yes	☑		☐
28740	090	R	Sep 2022	18	Metatarsal Arthrodesis for Bunion Correction		Editorial			9.29	9.29	Yes	☑		☐
27278	090	N	Sep 2022	16	Dorsal Sacroiliac Joint Arthrodesis	I1	Jan 2023	04	ACR, ASA, ASIPP, ASRA, NANS, OEIS, SIR	8.95	7.86		☑		☑
22836	090	N	Sep 2022	26	Vertebral Body Tethering	J1	Jan 2023	05	AANS/CNS, AAOS, NASS	32.00	32.00		☑		☑
22837	090	N	Sep 2022	26	Vertebral Body Tethering	J2	Jan 2023	05	AANS/CNS, AAOS, NASS	35.50	35.50		☑		☑

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
22838	090	N	Sep 2022	26	Vertebral Body Tethering	J3	Jan 2023	05	AANS/CNS, AAOS, NASS	36.00	36.00		☑		☑
30117	090	F	Sep 2022	22	Posterior Nasal Nerve Ablation	L1	Jan 2023	07	AAO-HNS	3.91	3.91		☑		☐
30118	090	F	Sep 2022	22	Posterior Nasal Nerve Ablation	L2	Jan 2023	07	AAO-HNS	9.55	9.55		☑		☐
34510	090	D	May 2023	59	Code Set Maintenance		Deleted						☑		☐
33276	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K1	Jan 2023	06	AASM, ACC, HRS	10.75	9.50		☑		☑
33277	ZZZ	N	Sep 2022	17	Phrenic Nerve Stimulation System	K2	Jan 2023	06	AASM, ACC, HRS	7.49	5.43		☑		☑
33278	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K3	Jan 2023	06	AASM, ACC, HRS	10.51	9.55		☑		☑
33279	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K4	Jan 2023	06	AASM, ACC, HRS	9.71	5.42		☑		☑
33280	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K5	Jan 2023	06	AASM, ACC, HRS	6.90	3.04		☑		☑
33281	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K6	Jan 2023	06	AASM, ACC, HRS	9.00	6.00		☑		☑
33287	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K7	Jan 2023	06	AASM, ACC, HRS	7.83	6.05		☑		☑
33288	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K8	Jan 2023	06	AASM, ACC, HRS	10.13	8.51		☑		☑
31242	000	N	Sep 2022	22	Posterior Nasal Nerve Ablation	L3	Jan 2023	07	AAO-HNS	2.70	2.70		☑		☑
31243	000	N	Sep 2022	22	Posterior Nasal Nerve Ablation	L4	Jan 2023	07	AAO-HNS	2.70	2.70		☑		☑
43882	YYY	R	Sep 2022	EC-C	Parenthetical Revisions - Gastric Neurostimulator		Editorial			0.00	0.00	Yes	☑		☐
58661	010	R	Feb 2023	EC-J	Parenthetical Revision - 58661 (EC-J)		Editorial			11.35	11.35	Yes	☑		☐
52284	000	N	Sep 2022	13	Cystourethroscopy with Urethral Therapeutic Drug Delivery	M1	Jan 2023	08	AUA	3.10	3.10		☑		☑

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
58580	010	N	Sep 2022	12	Transcervical RF Ablation of Uterine Fibroids	N1	Jan 2023	09	ACOG	7.21	7.21		☑		☑
61889	090	N	Feb 2022	10	Skull-Mounted Cranial Neurostimulator	A1	Apr 2022	05	AANS, CNS	25.75	25.75		☑		☑
61891	090	N	Feb 2022	10	Skull-Mounted Cranial Neurostimulator	A2	Apr 2022	05	AANS, CNS	11.25	11.25		☑		☑
61892	090	N	Feb 2022	10	Skull-Mounted Cranial Neurostimulator	A3	Apr 2022	05	AANS, CNS	15.00	15.00		☑		☑
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	☑		☐
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		☑		☐
64590	010	R	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction	E1	Apr 2022	07	ACOG, AUA	5.10	5.10		☑		☐
64595	010	R	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction	E2	Apr 2022	07	ACOG, AUA	4.00	3.79		☑		☐
64596	010	N	Feb 2022	11/43	Spinal Neurostimulator Services	B3	Sep 2022	04	AAPM, ASA, ASIPP, NANS				☑	Contractor Price	☑
64597	ZZZ	N	Feb 2022	11/43	Spinal Neurostimulator Services	B4	Sep 2022	04	AAPM, ASA, ASIPP, NANS				☑	Contractor Price	☑
64598	010	N	Feb 2022	11/43	Spinal Neurostimulator Services	B5	Sep 2022	04	AAPM, ASA, ASIPP, NANS				☑	Contractor Price	☑
67516	000	N	Sep 2022	24	Suprachoroidal Ablation	O1	Jan 2023	10	AAO, ASRS	1.53	1.53		☑		☑
74710	XXX	D	May 2023	59	Code Set Maintenance		Deleted						☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
75574	XXX	F	Sep 2022	27	Fractional Flow Reserve with CT	P1	Jan 2023	11	ACC, ACR, SCCT				☑	No RUC Recommendation	☐
76998	XXX	F	May 2022	20	Intraoperative Ultrasound Services	F5	Sep 2022	05	AATS, ACC, ACS, ASBrS, STS	1.20	1.20	Yes	☑		☐
76984	XXX	N	May 2022	20	Intraoperative Ultrasound Services	F1	Sep 2022	05	AATS, ACC, STS	0.60	0.60		☑		☑
76987	XXX	N	May 2022	20	Intraoperative Ultrasound Services	F2	Sep 2022	05	AATS, ACC, STS	1.90	1.90		☑		☑
76988	XXX	N	May 2022	20	Intraoperative Ultrasound Services	F3	Sep 2022	05	AATS, ACC, STS	1.20	1.20		☑		☑
76989	XXX	N	May 2022	20	Intraoperative Ultrasound Services	F4	Sep 2022	05	AATS, ACC, STS	1.55	1.55		☑		☑
75580	XXX	N	Sep 2022	27	Fractional Flow Reserve with CT	P2	Jan 2023	11	ACC, ACR, SCCT	0.84	0.75		☑		☑
80503	XXX	R	May 2024	EC-F	Other Business – Technical Correction		Editorial						☐		☐
81171	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						☐		☐
81172	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						☐		☐
81243	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						☐		☐
81244	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						☐		☐
81403	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						☐		☐
81404	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						☐		☐
81405	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						☐		☐
81406	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						☐		☐
81407	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions		CLFS						☐		☐
81445	XXX	R	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						☐		☐
81449	XXX	R	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
81450	XXX	R	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						☐		☐
81451	XXX	R	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						☐		☐
81455	XXX	R	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						☐		☐
81546	XXX	R	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						☐		☐
81490	XXX	R	Feb 2023	12	Appendix O Proprietary Name Revision - 81490		CLFS						☐		☐
82166	XXX	N	Feb 2023	15	Anti-Mullerian Hormone (AMH)		CLFS						☐		☐
81457	XXX	N	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						☐		☐
81458	XXX	N	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						☐		☐
81459	XXX	N	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						☐		☐
81462	XXX	N	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						☐		☐
81463	XXX	N	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						☐		☐
81464	XXX	N	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						☐		☐
81517	XXX	N	Feb 2023	13	MAAA - Enhanced Liver Fibrosis Assay		CLFS						☐		☐
86041	XXX	N	May 2023	17	Acetylcholine Receptor and Muscle Specific Kinase Antibody		CLFS						☐		☐
86042	XXX	N	May 2023	17	Acetylcholine Receptor and Muscle Specific Kinase Antibody		CLFS						☐		☐
86043	XXX	N	May 2023	17	Acetylcholine Receptor and Muscle Specific Kinase Antibody		CLFS						☐		☐

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86366	XXX	N	May 2023	17	Acetylcholine Receptor and Muscle Specific Kinase Antibody		CLFS						☐		☐
87523	XXX	N	May 2023	23	Hepatitis D (Delta) Quantitative PCR		CLFS						☐		☐
92920	000	F	Sep 2022	34	Percutaneous Coronary Interventions	Q1	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92921	ZZZ	F	Sep 2022	34	Percutaneous Coronary Interventions	Q2	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92924	000	F	Sep 2022	34	Percutaneous Coronary Interventions	Q3	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92925	ZZZ	F	Sep 2022	34	Percutaneous Coronary Interventions	Q4	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92928	000	F	Sep 2022	34	Percutaneous Coronary Interventions	Q5	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92929	ZZZ	F	Sep 2022	34	Percutaneous Coronary Interventions	Q6	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92933	000	F	Sep 2022	34	Percutaneous Coronary Interventions	Q7	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92934	ZZZ	F	Sep 2022	34	Percutaneous Coronary Interventions	Q8	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92937	000	F	Sep 2022	34	Percutaneous Coronary Interventions	Q9	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92938	ZZZ	F	Sep 2022	34	Percutaneous Coronary Interventions	Q10	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92941	000	F	Sep 2022	34	Percutaneous Coronary Interventions	Q11	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92943	000	F	Sep 2022	34	Percutaneous Coronary Interventions	Q12	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐

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
92944	ZZZ	F	Sep 2022	34	Percutaneous Coronary Interventions	Q13	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92973	ZZZ	F	Sep 2022	34	Percutaneous Coronary Interventions	Q15	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92975	000	F	Sep 2022	34	Percutaneous Coronary Interventions	Q16	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
92977	XXX	F	Sep 2022	34	Percutaneous Coronary Interventions	Q17	Jan 2023	12	ACC, SCAI				☑	To be surveyed within the 2025 CPT Cycle	☐
93593	000	F	Sep 2022	50	Venography Services	D1	Jan 2023	14	ACC, SCAI	3.99	3.99	Yes	☑	Affirm Oct. 2020 RUC Recommendation	☑
93594	000	F	Sep 2022	50	Venography Services	D2	Jan 2023	14	ACC, SCAI	6.10	6.10	Yes	☑	Affirm Oct. 2020 RUC Recommendation	☑
93595	000	F	Sep 2022	50	Venography Services	D3	Jan 2023	14	ACC, SCAI	6.00	6.00		☑	Affirm Oct. 2020 RUC Recommendation	☑
93596	000	F	Sep 2022	50	Venography Services	D4	Jan 2023	14	ACC, SCAI	7.91	7.91		☑	Affirm Oct. 2020 RUC Recommendation	☑
93597	000	F	Sep 2022	50	Venography Services	D5	Jan 2023	14	ACC, SCAI	9.99	9.99		☑	Affirm Oct. 2020 RUC Recommendation	☑
93598	ZZZ	F	Sep 2022	50	Venography Services	D11	Jan 2023	14	ACC, SCAI	1.75	1.75		☑	Affirm Oct. 2020 RUC Recommendation	☑
96446	XXX	R	Sep 2022	39	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)		Sep 2023	10	ACOG, ACS	0.37	0.37	Yes	☑		☐
96920	000	R	May 2023	EC-E	Laser Treatment – Skin (RUC Report)		Editorial			1.15	1.15	Yes	☑		☐
96921	000	R	May 2023	EC-E	Laser Treatment – Skin (RUC Report)		Editorial			1.30	1.30	Yes	☑		☐
96922	000	R	May 2023	EC-E	Laser Treatment – Skin (RUC Report)		Editorial			2.10	2.10	Yes	☑		☐
99202	XXX	R	Feb 2023	6	E/M Revisions		Editorial			1.00	0.93	Yes	☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
99203	XXX	R	Feb 2023	6	E/M Revisions		Editorial			1.60	1.60	Yes	☑		☐
99204	XXX	R	Feb 2023	6	E/M Revisions		Editorial			2.60	2.60	Yes	☑		☐
99205	XXX	R	Feb 2023	6	E/M Revisions		Editorial			3.50	3.50	Yes	☑		☐
99212	XXX	R	Feb 2023	6	E/M Revisions		Editorial			0.75	0.70	Yes	☑		☐
99213	XXX	R	Feb 2023	6	E/M Revisions		Editorial			1.30	1.30	Yes	☑		☐
99214	XXX	R	Feb 2023	6	E/M Revisions		Editorial			2.00	1.92	Yes	☑		☐
99215	XXX	R	Feb 2023	6	E/M Revisions		Editorial			2.80	2.80	Yes	☑		☐
99306	XXX	R	Feb 2023	6	E/M Revisions		Editorial			3.50	3.50	Yes	☑		☐
99308	XXX	R	Feb 2023	6	E/M Revisions		Editorial			1.30	1.30	Yes	☑		☐
99451	XXX	R	Sep 2023	EC-A	Referral Services Guidelines		Editorial			0.70	0.70	Yes	☑		☐
99452	XXX	R	Sep 2023	EC-A	Referral Services Guidelines		Editorial			0.70	0.70	Yes	☑		☐
93584	ZZZ	N	Sep 2022	50	Venography Services	D6	Jan 2023	14	ACC, SCAI	1.60	1.20		☑		☑
93585	ZZZ	N	Sep 2022	50	Venography Services	D7	Jan 2023	14	ACC, SCAI	1.63	1.13		☑		☑
93586	ZZZ	N	Sep 2022	50	Venography Services	D8	Jan 2023	14	ACC, SCAI	2.05	1.43		☑		☑
93587	ZZZ	N	Sep 2022	50	Venography Services	D9	Jan 2023	14	ACC, SCAI	2.11	2.11		☑		☑
93588	ZZZ	N	Sep 2022	50	Venography Services	D10	Jan 2023	14	ACC, SCAI	2.13	2.13		☑		☑
97037	XXX	N	May 2022	37	Post Operative Low Level Laser Therapy	H1	Sep 2022	06					☑	No RUC Recommendation	☑
96547	ZZZ	N	Sep 2022	39	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	S1	Sep 2023	10	ACOG, ACS	6.53	6.53		☑		☑
96548	ZZZ	N	Sep 2022	39	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	S2	Sep 2023	10	ACOG, ACS	3.00	3.00		☑		☑
99459	ZZZ	N	Sep 2022	10	Pelvic Exam (PE Only)	R1	Jan 2023	13	AAFP, ACOG, ANA, AUA	0.00	0.00		☑	PE Only	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
93150	XXX	N	Sep 2022	17	Phrenic Nerve Stimulation System	K9	Jan 2023	06	AASM, ACC, HRS	1.20	0.85		☑		☑
93151	XXX	N	Sep 2022	17	Phrenic Nerve Stimulation System	K10	Jan 2023	06	AASM, ACC, HRS	1.00	0.80		☑		☑
93152	XXX	N	Sep 2022	17	Phrenic Nerve Stimulation System	K11	Jan 2023	06	AASM, ACC, HRS	2.25	1.82		☑		☑
93153	XXX	N	Sep 2022	17	Phrenic Nerve Stimulation System	K12	Jan 2023	06	AASM, ACC, HRS	0.72	0.43		☑		☑
92972	ZZZ	N	Sep 2022	34	Percutaneous Coronary Interventions	Q14	Jan 2023	12	ACC, SCAI	3.90	2.97		☑		☑
90589	XXX	N	Feb 2023	18	Chikungunya Virus Vaccine, Live Attenuated		Vaccine						☐		☐
90623	XXX	N	Feb 2023	19	Pentavalent Meningococcal Vaccine		Vaccine						☐		☐
90380	XXX	N	May 2023	36	Respiratory Syncytial Virus (RSV), Pediatric, Seasonal	E1	Immunoglobulin						☐		☐
90381	XXX	N	May 2023	36	Respiratory Syncytial Virus (RSV), Pediatric, Seasonal	E2	Immunoglobulin						☐		☐
90683	XXX	N	May 2023	33	mRNA RSV Vaccine		Vaccine						☐		☐
0786T	YYY	N	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction		Apr 2022	07					☐		☐
0788T	YYY	N	Feb 2022	11/43	Spinal Neurostimulator Services		Sep 2022	04					☐		☐
0805T	YYY	N	Sep 2022	53/61	SVC-IVC Prosthetic Valve Insertion		Cat III						☐		☐
0806T	YYY	N	Sep 2022	53/61	SVC-IVC Prosthetic Valve Insertion		Cat III						☐		☐
0820T	YYY	N	Feb 2023	27	Psychedelic Drug Monitoring Services		Cat III						☐		☐
0821T	YYY	N	Feb 2023	27	Psychedelic Drug Monitoring Services		Cat III						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0822T	YYY	N	Feb 2023	27	Psychedelic Drug Monitoring Services		Cat III						☐		☐
0791T	YYY	N	Sep 2022	38	Virtual Reality (VR) Faciliated Motor-Cognitive Training		Cat III						☐		☐
0794T	YYY	N	Sep 2022	51	AI-Assisted Oncologic Treatment		Cat III						☐		☐
0807T	YYY	N	Sep 2022	54	Pulmonary Tissue Ventilation Analysis		Cat III						☐		☐
0810T	YYY	N	Sep 2022	59	Subretinal Drug Delivery Injection		Cat III						☐		☐
0793T	YYY	N	Sep 2022	49	Transcatheter Pulmonary Artery Denervation		Cat III						☐		☐
0795T	YYY	N	Sep 2022	52	Dual Chamber Leadless Pacemaker		Cat III						☐		☐
0796T	YYY	N	Sep 2022	52	Dual Chamber Leadless Pacemaker		Cat III						☐		☐
0797T	YYY	N	Sep 2022	52	Dual Chamber Leadless Pacemaker		Cat III						☐		☐
0798T	YYY	N	Sep 2022	52	Dual Chamber Leadless Pacemaker		Cat III						☐		☐
0799T	YYY	N	Sep 2022	52	Dual Chamber Leadless Pacemaker		Cat III						☐		☐
0800T	YYY	N	Sep 2022	52	Dual Chamber Leadless Pacemaker		Cat III						☐		☐
0801T	YYY	N	Sep 2022	52	Dual Chamber Leadless Pacemaker		Cat III						☐		☐
0802T	YYY	N	Sep 2022	52	Dual Chamber Leadless Pacemaker		Cat III						☐		☐
0803T	YYY	N	Sep 2022	52	Dual Chamber Leadless Pacemaker		Cat III						☐		☐
0804T	YYY	N	Sep 2022	52	Dual Chamber Leadless Pacemaker		Cat III						☐		☐
0809T	YYY	N	Sep 2022	58	Hybrid Sacroiliac Joint Fusion		Cat III						☐		☐
0792T	YYY	N	Sep 2022	48	Silver Diamine Fluoride Application		Cat III						☐		☐
0808T	YYY	N	Sep 2022	54	Pulmonary Tissue Ventilation Analysis		Cat III						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0814T	YYY	N	Feb 2023	30	Insertion of Calcium Based Implant-Femur		Cat III						☐		☐
0813T	YYY	N	Feb 2023	29	Adjustment of Gastric Balloon		Cat III						☐		☐
0815T	YYY	N	Feb 2023	31	Ultrasound Based REMS Axial Bone Density Study		Cat III						☐		☐
0823T	YYY	N	Feb 2023	35	Right Atrial Leadless Pacemaker		Cat III						☐		☐
0824T	YYY	N	Feb 2023	35	Right Atrial Leadless Pacemaker		Cat III						☐		☐
0825T	YYY	N	Feb 2023	35	Right Atrial Leadless Pacemaker		Cat III						☐		☐
0826T	YYY	N	Feb 2023	35	Right Atrial Leadless Pacemaker		Cat III						☐		☐
0816T	YYY	N	Feb 2023	36	Tibial Neurostimulator Services		Cat III						☐		☐
0817T	YYY	N	Feb 2023	36	Tibial Neurostimulator Services		Cat III						☐		☐
0818T	YYY	N	Feb 2023	36	Tibial Neurostimulator Services		Cat III						☐		☐
0819T	YYY	N	Feb 2023	36	Tibial Neurostimulator Services		Cat III						☐		☐
0811T	YYY	N	Feb 2023	07	Remote Patient Multi-Day Comprehensive Uroflowmetry		Cat III						☐		☐
0812T	YYY	N	Feb 2023	07	Remote Patient Multi-Day Comprehensive Uroflowmetry		Cat III						☐		☐
0827T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0828T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0829T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0830T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0831T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0832T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0833T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0834T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0835T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0836T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0837T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0838T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0839T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0840T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0841T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0842T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0843T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0844T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0845T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0846T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0847T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0848T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0849T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0850T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0851T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0852T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0853T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0854T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0855T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0856T	YYY	N	May 2023	18	Digital Pathology		Cat III						☐		☐
0858T	YYY	N	May 2023	48	Electrophysiological Focused Magnetic Stimulation		Cat III						☐		☐
0864T	YYY	N	May 2023	56	Low Intensity ESWT-Corpus Cavernosum		Cat III						☐		☐
0860T	YYY	N	May 2023	50	Near Infrared Spectroscopy (NIRS) for Peripheral Arterial Disease (PAD)		Cat III						☐		☐
0861T	YYY	N	May 2023	55	Wireless Cardiac Stimulation System for Left Ventricular Pacing		Cat III						☐		☐
0862T	YYY	N	May 2023	55	Wireless Cardiac Stimulation System for Left Ventricular Pacing		Cat III						☐		☐
0863T	YYY	N	May 2023	55	Wireless Cardiac Stimulation System for Left Ventricular Pacing		Cat III						☐		☐
0857T	YYY	N	May 2023	45	Opto-Acoustic Imagining for Breast Masses		Cat III						☐		☐
0865T	YYY	N	May 2023	49	Quantitative MRI Analysis of Brain with Comparison		Cat III						☐		☐
0866T	YYY	N	May 2023	49	Quantitative MRI Analysis of Brain with Comparison		Cat III						☐		☐
0859T	YYY	N	May 2023	43	Spectroscopy Study – Wound or Flab		Cat III						☐		☐

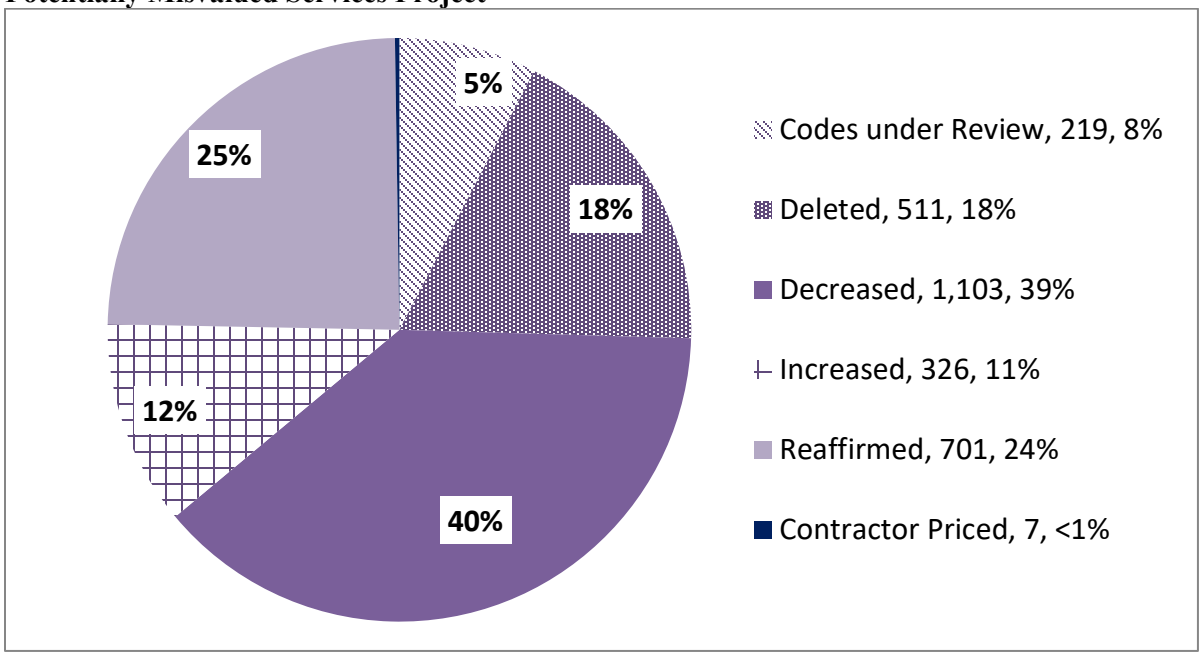
CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service

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 2,800 services through over 20 different screening criteria for further review by the RUC. Additionally, the RUC charged the Workgroup with maintaining the "new technology" list of services that will be re-reviewed by the RUC as reporting and cost data become available.

To provide Medicare with reliable data on how physician work has changed over time, the RUC, with more than 300 experts in medicine and research, has examined 2,867 potentially misvalued services. The RUC has reviewed approximately 95% of the Medicare Physician Payment Schedule allowed charges. Codes that have not been reviewed are low volume and represent a minimal amount of allowed charges. The RUC via its potentially misvalued services review has recommended reductions and deletions to over 1,600 services, redistributing $5 billion annually. Below are the outcomes of the committee's review.

Potentially Misvalued Services Project



Source: American Medical Association

New Technology

As the RUC identifies new technology services that should be re-reviewed, a list of these services is maintained and forwarded to CMS. Currently, codes are identified as new technology based on recommendations from the appropriate specialty society and consensus among RUC members at the time of the RUC review for these services. RUC members consider several factors to evaluate potential new technology services, including recent FDA-approval, newness or novelty of the service, use of an existing service in a new or novel way, and migration of the service from a Category III to Category I CPT® code. The Relativity Assessment Workgroup maintains and develops all standards and procedures associated

with the list, which currently contains 858 services. In September 2010, the re-review cycle began and since then the RUC has recommended 60 services to be re-examined. The remaining services are rarely performed (i.e., less than 500 times per year in the Medicare population) and will not be further examined. The Workgroup will continue to review the remaining 256 services every April after three years of Medicare claims data is available for each service.

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

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

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

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

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

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

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

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

The RUC will reassess the data each year going forward to determine if any new site of service anomalies arise. In 2015, the RUC identified three services in which the Medicare data from 2011-2013 indicated it was performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation

and Management services within the global period. These services were referred to CPT and recommendations were submitted to CMS for the 2018 Medicare Physician Payment Schedule. In 2016, the RUC identified one site of service anomaly CPT code and submitted the recommendation to CMS for the 2019 Medicare Physician Payment Schedule. In 2017, the RUC identified one site of service anomaly CPT code which was revised at the CPT Editorial Panel and the RUC submitted recommendations for the 2020 Medicare Physician Payment Schedule.

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

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

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

In 2023, the RUC identified one code with Medicare data from 2019-2021 indicating it was performed less than 50% of the time in the inpatient setting, yet included inpatient hospital Evaluation and Management services within the global period and 2021 Medicare utilization over 10,000. This service was also identified as reported with another code 75% of the time or more, therefore, the RUC recommended that this service be surveyed after any code bundling solution occurs at CPT. The RUC also identified two services with Medicare data from 2019-2021 and utilization over 10,000 in which the service is typically performed in the inpatient hospital setting, yet only a half discharge day management (99238) is included. The RUC submitted one recommendation for the 2025 Medicare Physician Payment Schedule and will review it again in three years. The RUC will examine the remaining service for the 2027 Medicare Physician Payment Schedule.

High Volume Growth

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

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

In April 2013, the RUC assembled a list of all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. The query resulted in the identification of 40 services and expanded to 62 services to include the appropriate family of services. The RUC recommended removing three services from the screen as the volume growth did not impact the resources required to provide these services. The CPT Editorial Panel deleted ten codes and the RUC submitted recommendations for 49 services for the 2015-2019, 2023 and 2026 Medicare Physician Payment Schedules. The RUC completed review of services under this second iteration of the high growth screen.

In October 2015, the RUC ran this screen again for services based on Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013. The query resulted in the identification of 19 services and expanded to 31 services to include the appropriate family of services. The RUC recommended removing one service from the screen as the volume growth did not impact the resources required to provide these services. The RUC will review one service after additional utilization data is collected. The CPT Editorial Panel deleted 12 codes and the RUC submitted recommendations for 17 services for the 2017-2020 Medicare Physician Payment Schedules.

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

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

In October 2019, the RUC completed its sixth iteration of this screen for services with 2018e Medicare utilization of over 10,000 that have increased by at least 100% from 2013 through 2018. The RUC identified 12 services. The RUC removed one service from the screen as the volume growth did not impact the resources required to provide this service. The RUC referred one service to the CPT Editorial Panel for revision. CPT deleted one service. The RUC submitted recommendations for nine services for the 2021-2023 Medicare Physician Payment Schedules.

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

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

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

In April 2024, the RUC initiated its 10th iteration of this high volume screen with 2022 Medicare utilization over 10,000 that has increased by at least 100% from 2017-2022. The RUC identified five services, one was removed from the screen as the grow was appropriate, three were referred to the CPT Editorial Panel for revisions and one will be reviewed again after additional data is available.

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

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

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

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

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

In October 2019, the RUC queried the top two dominant specialties performing services based on Medicare utilization of more than 10,000 and compared it to who originally surveyed the service. Two services were identified, one was deleted by CPT Editorial Panel and other was referred to develop a CPT Assistant article for education. The RUC completed review of services under this screen.

In April 2022, the RUC queried the top two dominant specialties performing services based on 2020 Medicare utilization of more than 10,000 and compared it to who originally surveyed the service. Six codes were identified, which were expanded to 24 codes to represent the family of services. One code was referred to CPT Assistant for clarification and four will be re-reviewed after additional data is available. The RUC will submit recommendations for 19 services for the 2026 Medicare Physician Payment Schedule.

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

In April 2024, the RUC queried the top two dominant specialties performing services based on 2022 Medicare utilization more than 10,000 and where the top specialty performing over 50% of the Medicare claims did not survey the service or the top two specialties did not survey the service. Six services were identified that were expanded to 7 services to include those as part of a family. The RUC referred two codes to CPT Assistant for the creation of an article for clarification. The RUC submitted one recommendation for the 2026 Medicare Physician Payment Schedule, will review two services for the 2027 Medicare Physician Payment Schedule and will review two services after additional utilization data is available.

Harvard Valued

Utilization over 1 Million

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

Utilization over 100,000

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

Utilization over 30,000

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

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

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

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

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

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

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

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

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

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

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

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

In October 2020, the RUC ran a second iteration of this screen of CMS/Other source codes with 2019e Medicare utilization over 20,000, which resulted in 10 codes. This was expanded to 22 services to include services that are part of a family. Three services were removed from this screen, one requested for deletion by CMS, 16 were referred to the CPT Editorial Panel for revision and two will be reviewed after additional utilization data is available.

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

Bundled CPT® Services

Reported 95% or More Together
The Relativity Assessment Workgroup solicited data from CMS regarding services inherently performed by the same physician on the same date of service (95% of the time) in an attempt to identify pairings of services that should be bundled together. The CPT® Editorial Panel deleted 31 individual component codes and replaced them with 53 new codes that describe bundles of services. The RUC then surveyed and reviewed work and practice costs associated with these services to account for any efficiencies achieved through the bundling. The RUC completed review of all services under this screen.

Reported 75% or More Together

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

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

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

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

In April 2022, the Relativity Assessment Workgroup performed the fifth cycle analysis of code pairs reported together with 75% or greater frequency. Only groups that totaled allowed charges of $5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. Based on these criteria 19 code pairs were identified, which was expanded to 44 services to include creation of code bundling solutions. The RUC referred 19 services to the CPT Editorial Panel for code bundling solutions, the Panel deleted two codes. The RUC submitted 23 code recommendations for the 2024-2026 Medicare Physician Payment Schedules.

In April 2023, the Relativity Assessment Workgroup performed the sixth cycle analysis of code pairs reported together with 75% or greater frequency based on 2021 Medicare claims data and identified three code pairs. This was expanded to 18 services to include the creation of code bundling solutions. The RUC removed one code from the screen as a code bundle was not necessary and will review four services after additional data is available. The CPT Editorial Panel deleted two codes and the RUC submitted 11 code recommendation for the 2025 and 2026 Medicare Physician Payment Schedules.

In April 2024, the Relativity Assessment Workgroup performed the seventh cycle analysis of code pairs reported together with 75% or greater frequency based on 2022 Medicare claims data and identified 18 code pairs. This was expanded to 27 services to include the creation of code bundling solutions. The RUC will review six services after additional data is available. The RUC submitted 13 code recommendations for the 2026 Medicare Physician Payment Schedule.

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

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

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

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

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

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

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

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

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

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

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

Post-Operative Visits

010-Day Global Codes

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

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

090-Day Global Codes

In January 2014, the RUC reviewed all 3,788, 090-day global codes to determine any outliers. Based on 2012 Medicare utilization data, 10 services were identified, that were reported at least 1,000 times per year and included more than six office visits. The RUC expanded the services identified in this screen to 38 to include additional codes as part of the family. The CPT® Editorial Panel deleted 8 services. The RUC submitted recommendations for 30 services for the 2015-2017 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

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

High Level E/M in Global Period

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

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

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

The RUC commented that it appreciated CMS' identification of an objective screen and reasonable query. However, based on further analysis of the codes identified, it appears only 19 services met the criteria for this screen and have not been reviewed to specifically address an E/M performed on the same date. There were 38 codes that did not meet the screen criteria; they were either reviewed in the last 5 years and/or are

not typically reported with an E/M. For 26 codes, the summary of recommendation (SOR), RUC rationale or practice expense inputs submitted specifically states that an E/M is typically reported with these services and the RUC accounted for this in its valuation.

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

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

Negative IWPUT
In October 2017, the RUC identified 22 services with a negative IWPUT and Medicare utilization over 10,000 for all services or over 1,000 for Harvard valued and CMS/Other source codes. The RUC expanded the services identified in this screen to 56 services to include additional codes as part of the family. The CPT Editorial Panel deleted 15 services. The RUC submitted 41 recommendations for the 2019-2020 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

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

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

In April 2024, the RUC identified one contractor-priced Category I CPT code that has 2022 Medicare utilization over 10,000. The RUC recommended removing this service from this screen because the valuation process does not allow for inclusion of practice expense input included in this G-code. The RUC has completed review of the services under this screen.

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 CPT Editorial Panel deleted one code. The RUC removed one code from the screen and will review the remaining three services after additional data is available.

In April 2023, the RUC identified five Category III codes with 2021 Medicare utilization over 1,000. The RUC recommended that two codes remain Category III codes, one code be removed and one code be reviewed after additional data is available. The CPT Editorial Panel deleted one code and the RUC submitted recommendations on three codes for the 2026 Medicare Physician Payment Schedule.

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

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

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

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

Final Rule for 2014
CMS did not receive any publicly nominated potentially misvalued codes for inclusion in the Proposed Rule for 2014. To broaden participation in the process of identifying potentially misvalued codes, CMS sought the input of Medicare contractor medical directors (CMDs). The CMDs have identified over a dozen services which CMS is proposing as potentially misvalued. The RUC reviewed these services and

appropriate families, totaling 90 services. The CPT® Editorial Panel deleted 11 services. The RUC submitted recommendations to CMS for 79 services for the 2015-2018 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

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

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

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

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

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

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

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

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

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

Final Rule for 2024
In the Final Rule for 2024, CMS received public nominations on three code sets, totaling 23 services. The RUC reviewed and submitted recommendations for these services for the 2025 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

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

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

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

The RUC identified one code family from CPT 2022 that has more than a 10% increase in work RVUs from what was projected. The RUC recommended to maintain and review this issue in two years, April 2026, via the new technology/new services list review.

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

communication and peer reviewed journal submission. The "Comparison of Work Relative Value Units Assigned to Urological and Gynecological Surgical Procedures" study appeared in the *Urological Practice Journal* in May 2024.

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

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

CMS Requests and RUC Relativity Assessment Workgroup Code Status

Total Number of Codes Identified*	**2,867**
Codes Completed	**2,648**
Work and PE Maintained	701
Work Increased	326
Work Decreased	924
Direct Practice Expense Revised (beyond work changes)	179
Deleted from CPT®	507
Requested CMS delete G code	4
Contractor Priced	7
Codes Under Review	**219**
RUC to review for CPT 2027	112
Referred to CPT® Editorial Panel or CPT Assistant	34
RUC to review future review after additional data obtained	73

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

The RUC's efforts for 2009-2023 have resulted in more than $5 billion in annual redistribution within the Medicare Physician Payment Schedule.

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: XXX **Issue:** Cerebral Perfusion & CT Angiography – Head & Neck **Screen:** High Volume Category III Codes 2022 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2022 **2022 Medicare Utilization:** 35,935

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

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2024 **Result:** Deleted from CPT

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

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

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

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

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

RUC Recommendation: Remove from screen **Referred to CPT** **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 RUC Meeting: October 2020 **Tab:** 13 **Specialty Developing Recommendation:** ASA **First Identified:** October 2016 **2022 Medicare Utilization:** 104,177

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

RUC Recommendation: 12 **Referred to CPT** **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: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAOS, NASS **First Identified:** April 2022 **2022 Medicare Utilization:** 5,589

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

RUC Recommendation: Review action plan

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

Result:

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

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

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

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

RUC Recommendation: Review action plan

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

Result:

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

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

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

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

RUC Recommendation: Remove from screen

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

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

00731 **Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified**

Global: XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

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

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

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

RUC Recommendation: 5 base units

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

Result: Maintain

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

Global: XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

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

First Identified: September 2016 **2022 Medicare Utilization:** 90,797

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

RUC Recommendation: 6 base units

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

Result: Increase

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

Global: **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

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

First Identified: July 2015 **2022 Medicare Utilization:**

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

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** July 2015 **2022 Medicare Utilization:**

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

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

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

00811 **Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified**

Global: XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2022 Medicare Utilization:** 1,059,888

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

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

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

00812 **Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy**

Global: XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2022 Medicare Utilization:** 545,332

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

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

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

00813 **Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum**

Global: XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2022 Medicare Utilization:** 492,238

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: October 2020

2022 Medicare Utilization: 100,926

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

RUC Recommendation: Maintain

Referred to CPT

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

Result: Remove from Screen

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

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

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

First Identified: April 2023

2022 Medicare Utilization: 7,034

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

RUC Recommendation: Maintain

Referred to CPT

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

Result: Maintain

01916 **Anesthesia for diagnostic arteriography/venography**

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

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

First Identified: October 2019

2022 Medicare Utilization: 38,495

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

RUC Recommendation: Maintain

Referred to CPT

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

Result: Maintain

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

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

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

First Identified: October 2019

2022 Medicare Utilization:

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

RUC Recommendation: Deleted from CPT

Referred to CPT October 2020

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: January 2021

2022 Medicare Utilization: 25,946

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

RUC Recommendation: 4

Referred to CPT October 2020

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

Result: Decrease

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

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

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

First Identified: January 2021

2022 Medicare Utilization: 100,419

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

RUC Recommendation: 4

Referred to CPT October 2020

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

2022 Medicare Utilization: 17,119

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

RUC Recommendation: 4

Referred to CPT October 2020

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: January 2021

2022 Medicare Utilization: 56,429

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

RUC Recommendation: 4

Referred to CPT October 2020

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

Result: Decrease

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

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

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

First Identified: January 2021

2022 Medicare Utilization: 20,152

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

RUC Recommendation: 6

Referred to CPT October 2020

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

Result: Increase

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

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

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

First Identified: January 2021

2022 Medicare Utilization: 36,859

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

RUC Recommendation: 6

Referred to CPT October 2020

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen

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

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

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

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

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

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

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

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

Global: XXX **Issue:** **Screen:** High Volume Category III Codes 2019 **Complete?** No

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

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

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

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

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:** Superficial Radiation Therapy **Screen:** High Volume Category III Codes 2019 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** October 2019 **2022 Medicare Utilization:** 32,936

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

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

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

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

Global: XXX **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** High Volume Category III Codes 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA **First Identified:** April 2023 **2022 Medicare Utilization:** 2,818

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

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2024 **Result:** Deleted from CPT

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

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

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

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

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

RUC Recommendation: Contractor Price **Referred to CPT** February 2021 **Result:** Contractor Price

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

RUC Recommendation: Contractor Price **Referred to CPT** February 2021 **Result:** Contractor Price

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

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

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

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

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

RUC Recommendation: Contractor Price **Referred to CPT** February 2021 **Result:** Contractor Price

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

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

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

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

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

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

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

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

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

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

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

RUC Recommendation: Review action plan **Referred to CPT** **Result:**

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

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

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

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

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

RUC Recommendation: Refer to CPT Assistant **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2024

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

Global: YYY **Issue:** RAW **Screen:** High Volume Category III Codes 2024 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ANA, APMA **First Identified:** April 2024 **2022 Medicare Utilization:**

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: April 2023

2022 Medicare Utilization: 16,516

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

RUC Recommendation: Maintain

Referred to CPT

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

Result: Maintain

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

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

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ANA, APMA

First Identified: April 2024

2022 Medicare Utilization:

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

RUC Recommendation: Review in 2 years

Referred to CPT

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

Result:

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

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

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

First Identified: January 2021

2022 Medicare Utilization: 23

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

RUC Recommendation: Contractor Price

Referred to CPT October 2020

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

Result: Contractor Price

Status Report: CMS Requests and Relativity Assessment Issues

10004 **Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)**

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

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

First Identified: June 2017 **2022 Medicare Utilization:** 258

RUC Recommendation: 0.80

Referred to CPT

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

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

10005 **Fine needle aspiration biopsy, including ultrasound guidance; first lesion**

Global: XXX **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 21 **Specialty Developing Recommendation:**

First Identified: June 2017 **2022 Medicare Utilization:** 127,911

RUC Recommendation: 1.63

Referred to CPT

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

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

10006 **Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)**

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

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

First Identified: June 2017 **2022 Medicare Utilization:** 30,128

RUC Recommendation: 1.00

Referred to CPT

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: October 2017 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** June 2017 **2022 Medicare Utilization:** 660

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

RUC Recommendation: 1.81 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: October 2017 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** June 2017 **2022 Medicare Utilization:** 20

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

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

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

Most Recent RUC Meeting: October 2017 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** June 2017 **2022 Medicare Utilization:** 2,223

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

RUC Recommendation: 2.43 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

10010 **Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)**

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

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

First Identified: June 2017 **2022 Medicare Utilization:** 29

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

RUC Recommendation: 1.65

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

Result: Decrease

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

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

Most Recent RUC Meeting: January 2018 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: June 2017 **2022 Medicare Utilization:** 72

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

RUC Recommendation: Contractor Price

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

Result: Contractor Price

10012 **Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: January 2018 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: June 2017 **2022 Medicare Utilization:** 49

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

RUC Recommendation: Contractor Price

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

Result: Contractor Price

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: XXX **Issue:** Fine Needle Aspiration **Screen:** CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 21 **Specialty Developing Recommendation:** AACE, ASBS, ASC, CAP, ES, AAOHNS, ACS **First Identified:** July 2015 **2022 Medicare Utilization:** 11,339

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

10040 **Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)**

Global: 010 **Issue:** Acne Surgery **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 13 **Specialty Developing Recommendation:** AAD **First Identified:** October 2015 **2022 Medicare Utilization:** 42,535

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

RUC Recommendation: 0.91

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

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2022 Medicare Utilization:** 282,306

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

RUC Recommendation: 1.50

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

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

Global: 010 **Issue:** Incision and Drainage of Abscess **Screen:** Harvard Valued - Utilization over 100,000 / 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** APMA **First Identified:** October 2009 **2022 Medicare Utilization:** 96,529

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

RUC Recommendation: Maintain. 2.45

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

Status Report: CMS Requests and Relativity Assessment Issues

10120 **Incision and removal of foreign body, subcutaneous tissues; simple**

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

Most Recent RUC Meeting: September 2011 **Tab:** 12 **Specialty Developing Recommendation:** APMA, AAFP

First Identified: April 2011

2022 Medicare Utilization: 36,731

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

RUC Recommendation: 1.25

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

Result: Maintain

10180 **Incision and drainage, complex, postoperative wound infection**

Global: 010 **Issue:** **Screen:** RUC identified when reviewing comparison codes **Complete?** Yes

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

First Identified: January 2013

2022 Medicare Utilization: 7,202

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

RUC Recommendation: Remove from re-review

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

Result: Maintain

11040 **Deleted from CPT**

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

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

First Identified: September 2007

2022 Medicare Utilization:

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

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

11041 **Deleted from CPT**

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

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

First Identified: September 2007

2022 Medicare Utilization:

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

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2010 **Tab:** 04 **Specialty Developing Recommendation:** APMA, APTA

First Identified: September 2007 **2022 Medicare Utilization:** 1,945,330

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

RUC Recommendation: 1.12

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

Result: Increase

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

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

Most Recent RUC Meeting: February 2010 **Tab:** 04 **Specialty Developing Recommendation:** APMA, APTA

First Identified: September 2007 **2022 Medicare Utilization:** 520,996

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

RUC Recommendation: 3.00

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

Result: Decrease

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

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

Most Recent RUC Meeting: February 2010 **Tab:** 04 **Specialty Developing Recommendation:** APMA, APTA

First Identified: September 2007 **2022 Medicare Utilization:** 105,688

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

RUC Recommendation: 4.56

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

Result: Increase

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

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

Most Recent RUC Meeting: February 2010 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA

First Identified: February 2010 **2022 Medicare Utilization:** 601,310

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

RUC Recommendation: 0.69

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

RUC Recommendation: 1.29 **Referred to CPT** **Result:** Decrease

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

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

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

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

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

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Increase

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

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

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

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

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

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

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

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

Global: 000 **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2022 Medicare Utilization:** 3,231,520

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

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

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

11103 **Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2022 Medicare Utilization:** 1,390,281

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

11104 **Punch biopsy of skin (including simple closure, when performed); single lesion** **Global:** 000 **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

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

First Identified: February 2017 **2022 Medicare Utilization:** 306,899

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

RUC Recommendation: 0.83 **Referred to CPT** February 2017 **Result:** Decrease

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

11105 **Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

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

First Identified: February 2017 **2022 Medicare Utilization:** 80,118

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

RUC Recommendation: 0.45 **Referred to CPT** February 2017 **Result:** Decrease

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

11106 **Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion** **Global:** 000 **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

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

First Identified: February 2017 **2022 Medicare Utilization:** 32,275

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

RUC Recommendation: 1.01 **Referred to CPT** February 2017 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

11107 **Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

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

First Identified: February 2017 **2022 Medicare Utilization:** 6,753

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

RUC Recommendation: 0.54 **Referred to CPT** February 2017 **Result:** Decrease

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

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

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

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

First Identified: January 2012 **2022 Medicare Utilization:** 92,233

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

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

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

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

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

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

First Identified: January 2012 **2022 Medicare Utilization:** 189,090

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

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2022 Medicare Utilization:** 99,618

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

RUC Recommendation: 1.16

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

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2022 Medicare Utilization:** 15,459

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

RUC Recommendation: 1.25

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

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

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

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2022 Medicare Utilization:** 86,244

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

RUC Recommendation: Refer to CPT Assistant. 0.80

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2022 Medicare Utilization:** 95,542

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

RUC Recommendation: 1.18 **Referred to CPT** **Result:** Increase

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

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

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

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

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

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Increase

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

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

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

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2022 Medicare Utilization:** 20,159

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

RUC Recommendation: Refer to CPT Assistant. 1.46 **Referred to CPT** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

RUC Recommendation: 1.19 **Referred to CPT** **Result:** Increase

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

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

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

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

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

RUC Recommendation: 1.43 **Referred to CPT** **Result:** Increase

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

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

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

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

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

RUC Recommendation: 1.80 **Referred to CPT** **Result:** Increase

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

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

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

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

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

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

11719 **Trimming of nondystrophic nails, any number** **Global:** 000 **Issue:** Debridement of Nail **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 32 **Specialty Developing Recommendation:** APMA **First Identified:** October 2010 **2022 Medicare Utilization:** 601,670

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

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

11720 **Debridement of nail(s) by any method(s); 1 to 5** **Global:** 000 **Issue:** Debridement of Nail **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 53 **Specialty Developing Recommendation:** APMA **First Identified:** Septemer 2011 **2022 Medicare Utilization:** 1,890,207

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

RUC Recommendation: 0.32 (Interim) **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

11721 **Debridement of nail(s) by any method(s); 6 or more** **Global:** 000 **Issue:** Debridement of Nail **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 53 **Specialty Developing Recommendation:** APMA **First Identified:** October 2010 **2022 Medicare Utilization:** 5,480,251

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

RUC Recommendation: 0.54 (Interim) **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

11730 **Avulsion of nail plate, partial or complete, simple; single** **Global:** 000 **Issue:** Removal of Nail Plate **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 56 **Specialty Developing Recommendation:** APMA **First Identified:** July 2015 **2022 Medicare Utilization:** 257,294

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

RUC Recommendation: 1.10 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: September 2014 **Tab:** 26 **Specialty Developing Recommendation:**

First Identified: January 2014 **2022 Medicare Utilization:** 152,931

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

RUC Recommendation: 1.99

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

Result: Decrease

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

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

Most Recent RUC Meeting: January 2015 **Tab:** 28 **Specialty Developing Recommendation:**

First Identified: January 2014 **2022 Medicare Utilization:**

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

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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** APMA **Recommendation:**

First Identified: July 2016 **2022 Medicare Utilization:** 50,457

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

RUC Recommendation: 1.25

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: October 2009

2022 Medicare Utilization: 252,141

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

RUC Recommendation: 0.52

Referred to CPT

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

Result: Maintain

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

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

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

First Identified: February 2010

2022 Medicare Utilization: 67,849

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

RUC Recommendation: 0.80

Referred to CPT

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

Result: Maintain

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

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

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

First Identified: April 2013

2022 Medicare Utilization: 26,294

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

RUC Recommendation: 1.10

Referred to CPT May 2018

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

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

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

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

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

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

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

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

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

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

Global: 000 **Issue:** Drug Delivery Implant Procedures **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA **First Identified:** June 2008 **2022 Medicare Utilization:** 1,131

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** October 2009 **2022 Medicare Utilization:** 150,428

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

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

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

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** October 2009 **2022 Medicare Utilization:** 126,288

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

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

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

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2022 Medicare Utilization:** 19,855

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

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

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

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

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

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

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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12013 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm**

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2022 Medicare Utilization:** 48,807

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

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

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Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2022 Medicare Utilization:** 6,453

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

RUC Recommendation: 1.57 **Referred to CPT** **Result:** Decrease

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

12015 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm**

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2022 Medicare Utilization:** 3,215

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

RUC Recommendation: 1.98 **Referred to CPT** **Result:** Decrease

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

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

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

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

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

RUC Recommendation: 2.68 **Referred to CPT** **Result:** Decrease

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

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

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

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

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

RUC Recommendation: 3.18 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

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

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

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

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

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

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

RUC Recommendation: 5.50 **Referred to CPT** **Result:** Increase

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

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

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

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

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

RUC Recommendation: 2.33 **Referred to CPT** **Result:** Decrease

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

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

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

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

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

13102 **Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

13152 **Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm** **Global:** 010 **Issue:** Complex Wound Repair **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued with Annual Allowed Charges over $10 million / Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2022 Medicare Utilization:** 47,532

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

RUC Recommendation: Reviewin 1 year. 5.34 **Referred to CPT** **Result:** Decrease

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

13153 **Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** July 2011 **2022 Medicare Utilization:** 767

2024 Work RVU: 2.38
2024 NF PE RVU: 2.79
2024 Fac PE RVU: 1.30

RUC Recommendation: 2.38 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

14000 **Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** April 2008 **2022 Medicare Utilization:** 5,425

2024 Work RVU: 6.37
2024 NF PE RVU: 11.72
2024 Fac PE RVU: 7.69

RUC Recommendation: 6.19 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

14001 **Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** September 2007 **2022 Medicare Utilization:** 8,093

2024 Work RVU: 8.78
2024 NF PE RVU: 14.05
2024 Fac PE RVU: 9.23

RUC Recommendation: 8.58 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

14020 **Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** April 2008 **2022 Medicare Utilization:** 15,142

2024 Work RVU: 7.22
2024 NF PE RVU: 12.97
2024 Fac PE RVU: 8.79

RUC Recommendation: 7.02 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

14021 **Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** September 2007 **2022 Medicare Utilization:** 18,276

2024 Work RVU: 9.72
2024 NF PE RVU: 15.07
2024 Fac PE RVU: 10.19

RUC Recommendation: 9.52 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

14040 **Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2022 Medicare Utilization:** 56,431

2024 Work RVU: 8.60
2024 NF PE RVU: 13.2
2024 Fac PE RVU: 9.01

RUC Recommendation: 8.44 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

14041 **Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2022 Medicare Utilization:** 42,433

2024 Work RVU: 10.83
2024 NF PE RVU: 15.65
2024 Fac PE RVU: 10.67

RUC Recommendation: 10.63 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

14060 **Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2022 Medicare Utilization:** 79,674

2024 Work RVU: 9.23
2024 NF PE RVU: 12.79
2024 Fac PE RVU: 9.58

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

14061 **Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2022 Medicare Utilization:** 29,527

2024 Work RVU: 11.48
2024 NF PE RVU: 17.11
2024 Fac PE RVU: 11.61

RUC Recommendation: 11.25 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

14300 **Deleted from CPT** **Global:** **Issue:** Adjacent Tissue Transfer **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 04 **Specialty Developing Recommendation:** ACS, AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

14301 **Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm**

Global: 090 **Issue:** Adjacent Tissue Transfer **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS **First Identified:** September 2007 **2022 Medicare Utilization:** 40,699

2024 Work RVU: 12.65
2024 NF PE RVU: 17.89
2024 Fac PE RVU: 11.35

RUC Recommendation: 12.47 **Referred to CPT** February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

14302 **Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Adjacent Tissue Transfer **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS **First Identified:** September 2007 **2022 Medicare Utilization:** 49,270

2024 Work RVU: 3.73
2024 NF PE RVU: 1.99
2024 Fac PE RVU: 1.99

RUC Recommendation: 3.73 **Referred to CPT** February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

15002 **Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children**

Global: 000 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2014 **2022 Medicare Utilization:** 23,539

2024 Work RVU: 3.65
2024 NF PE RVU: 5.99
2024 Fac PE RVU: 2.22

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15004 **Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children**

Global: 000 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ASPS, APMA **First Identified:** January 2014 **2022 Medicare Utilization:** 33,520

2024 Work RVU: 4.58
2024 NF PE RVU: 6.56
2024 Fac PE RVU: 2.51

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

15100 **Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2014 **2022 Medicare Utilization:** 10,266

2024 Work RVU: 9.90
2024 NF PE RVU: 14.3
2024 Fac PE RVU: 9.68

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

15120 **Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)**

Global: 090 **Issue:** Autograft **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2022 Medicare Utilization:** 6,986

2024 Work RVU: 10.15
2024 NF PE RVU: 13.64
2024 Fac PE RVU: 8.91

RUC Recommendation: Remove from screen

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15170 **Acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children**

Global: **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15171 **Acellular dermal replacement, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)**

Global: **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15175 **Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children**

Global: **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15176 **Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)**

Global: **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

15220 **Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less**

Global: 090 **Issue:** Skin Graft **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2022 Medicare Utilization:** 8,806

2024 Work RVU: 8.09
2024 NF PE RVU: 13.93
2024 Fac PE RVU: 9.06

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

15240 **Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ASPS, AAD **First Identified:** January 2014 **2022 Medicare Utilization:** 11,884

2024 Work RVU: 10.41
2024 NF PE RVU: 16.16
2024 Fac PE RVU: 12.07

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

15271 **Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area**

Global: 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2022 Medicare Utilization:** 165,476

2024 Work RVU: 1.50
2024 NF PE RVU: 2.91
2024 Fac PE RVU: 0.78

RUC Recommendation: 1.50 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

15272 **Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey / High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2022 Medicare Utilization:** 24,110

2024 Work RVU: 0.33
2024 NF PE RVU: 0.36
2024 Fac PE RVU: 0.12

RUC Recommendation: Remove from screen. 0.59 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

15273 **Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children**

Global: 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2022 Medicare Utilization:** 6,796

2024 Work RVU: 3.50
2024 NF PE RVU: 5.12
2024 Fac PE RVU: 1.66

RUC Recommendation: 3.50 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15274 **Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2022 Medicare Utilization:** 28,204

2024 Work RVU: 0.80
2024 NF PE RVU: 1.46
2024 Fac PE RVU: 0.35

RUC Recommendation: 0.80 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

15275 **Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area**

Global: 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2022 Medicare Utilization:** 166,871

2024 Work RVU: 1.83
2024 NF PE RVU: 2.75
2024 Fac PE RVU: 0.75

RUC Recommendation: 1.83 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

15276 **Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2022 Medicare Utilization:** 7,968

2024 Work RVU: 0.50
2024 NF PE RVU: 0.4
2024 Fac PE RVU: 0.17

RUC Recommendation: 0.59 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15277 **Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children**

Global: 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2022 Medicare Utilization:** 1,592

2024 Work RVU: 4.00
2024 NF PE RVU: 5.5
2024 Fac PE RVU: 1.89

RUC Recommendation: 4.00 **Referred to CPT** February 2011 **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 **2022 Medicare Utilization:** 2,667

2024 Work RVU: 1.00
2024 NF PE RVU: 1.64
2024 Fac PE RVU: 0.45

RUC Recommendation: 1.00 **Referred to CPT** February 2011 **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15321 **Deleted from CPT**

Global: **Issue:** Skin Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15330 **Acellular dermal allograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children**

Global: **Issue:** Allograft **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ASPS **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15331 **Deleted from CPT**

Global: **Issue:** Acellular Dermal Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15335 **Deleted from CPT**

Global: **Issue:** Acellular Dermal Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** October 2009 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15336 **Deleted from CPT**

Global: **Issue:** Acellular Dermal Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15360 **Deleted from CPT**

Global: **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15361 **Deleted from CPT**

Global: **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15365 **Deleted from CPT**

Global: **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15366 **Deleted from CPT**

Global: **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15400 **Deleted from CPT**

Global: **Issue:** Xenograft **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAO-HNS, ASPS **First Identified:** September 2007 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15401 **Deleted from CPT**

Global: **Issue:** Xenograft **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACS, ASPS **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15420 **Deleted from CPT**

Global: **Issue:** Xenograft Skin **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS, AAD **First Identified:** October 2009 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15421 **Deleted from CPT**

Global: **Issue:** Xenograft Skin **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS, AAD **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011
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 **2022 Medicare Utilization:** 226

2024 Work RVU: 10.21
2024 NF PE RVU: 15.08
2024 Fac PE RVU: 9.70

RUC Recommendation: 10.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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15572 **Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs**

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** April 2008 **2022 Medicare Utilization:** 472

2024 Work RVU: 10.12
2024 NF PE RVU: 14.66
2024 Fac PE RVU: 10.24

RUC Recommendation: 9.94 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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15574 **Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet**

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2022 Medicare Utilization:** 1,210

2024 Work RVU: 10.70
2024 NF PE RVU: 14.3
2024 Fac PE RVU: 9.86

RUC Recommendation: 10.52 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

15576 **Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral**

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2022 Medicare Utilization:** 4,553

2024 Work RVU: 9.37
2024 NF PE RVU: 12.97
2024 Fac PE RVU: 8.90

RUC Recommendation: 9.24 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

15730 **Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 05 **Specialty Developing Recommendation:** AAO **First Identified:** January 2017 **2022 Medicare Utilization:** 1,593

2024 Work RVU: 13.50
2024 NF PE RVU: 27.61
2024 Fac PE RVU: 12.33

RUC Recommendation: 13.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

15731 **Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 05 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2022 Medicare Utilization:** 2,253

2024 Work RVU: 14.38
2024 NF PE RVU: 17.21
2024 Fac PE RVU: 13.36

RUC Recommendation: Not part of family **Referred to CPT** September 2016 **Result:** Not Part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15732 **Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)**

Global: **Issue:** Muscle Flaps **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 05 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15733 **Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 05 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2017 **2022 Medicare Utilization:** 4,649

2024 Work RVU: 15.68
2024 NF PE RVU:
2024 Fac PE RVU: 12.61

RUC Recommendation: 15.68 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

15734 **Muscle, myocutaneous, or fasciocutaneous flap; trunk**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 14 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2022 Medicare Utilization:** 22,071

2024 Work RVU: 23.00
2024 NF PE RVU:
2024 Fac PE RVU: 17.03

RUC Recommendation: 23.00 **Referred to CPT** September 2016 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15736 **Muscle, myocutaneous, or fasciocutaneous flap; upper extremity** **Global:** 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 14 **Specialty Developing Recommendation:** ASSH, ASPS **First Identified:** January 2016 **2022 Medicare Utilization:** 1,425

2024 Work RVU: 17.04
2024 NF PE RVU:
2024 Fac PE RVU: 16.19

RUC Recommendation: 17.04 **Referred to CPT** September 2016 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

15738 **Muscle, myocutaneous, or fasciocutaneous flap; lower extremity** **Global:** 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 14 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2016 **2022 Medicare Utilization:** 5,108

2024 Work RVU: 19.04
2024 NF PE RVU:
2024 Fac PE RVU: 15.27

RUC Recommendation: 19.04 **Referred to CPT** September 2016 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

15740 **Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel** **Global:** 090 **Issue:** Dermatology and Plastic Surgery Procedures **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 28 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** September 2007 **2022 Medicare Utilization:** 1,836

2024 Work RVU: 11.80
2024 NF PE RVU: 16.92
2024 Fac PE RVU: 11.68

RUC Recommendation: 11.57 **Referred to CPT** February 2009 & February 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15769 **Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)** **Global:** 090 **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOHNS, ASPS **First Identified:** May 2018 **2022 Medicare Utilization:** 5,880

2024 Work RVU: 6.68
2024 NF PE RVU:
2024 Fac PE RVU: 6.54

RUC Recommendation: 6.68 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2023

15771 **Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate** **Global:** 090 **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 04 **Specialty Developing Recommendation:** ASPS **First Identified:** May 2018 **2022 Medicare Utilization:** 3,442

2024 Work RVU: 6.73
2024 NF PE RVU: 10.45
2024 Fac PE RVU: 7.46

RUC Recommendation: 6.73 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

15772 **Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 04 **Specialty Developing Recommendation:** ASPS **First Identified:** May 2018 **2022 Medicare Utilization:** 7,785

2024 Work RVU: 2.50
2024 NF PE RVU: 2.79
2024 Fac PE RVU: 1.45

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15773 **Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate**

Global: 090 **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 04 **Specialty Developing Recommendation:** ASPS **First Identified:** May 2018 **2022 Medicare Utilization:** 438

2024 Work RVU: 6.83
2024 NF PE RVU: 9.98
2024 Fac PE RVU: 7.11

RUC Recommendation: 6.83 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

15774 **Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 04 **Specialty Developing Recommendation:** ASPS **First Identified:** May 2018 **2022 Medicare Utilization:** 67

2024 Work RVU: 2.41
2024 NF PE RVU: 2.74
2024 Fac PE RVU: 1.41

RUC Recommendation: 2.41 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

15777 **Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2022 Medicare Utilization:** 6,994

2024 Work RVU: 3.65
2024 NF PE RVU: 2.01
2024 Fac PE RVU: 2.01

RUC Recommendation: 3.65 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15778 **Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 7.05
2024 NF PE RVU:
2024 Fac PE RVU: 2.82

RUC Recommendation: 8.00 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

15823 **Blepharoplasty, upper eyelid; with excessive skin weighting down lid**

Global: 090 **Issue:** Upper Eyelid Blepharoplasty **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 33 **Specialty Developing Recommendation:** AAO **First Identified:** October 2009 **2022 Medicare Utilization:** 87,515

2024 Work RVU: 6.81
2024 NF PE RVU: 11.3
2024 Fac PE RVU: 9.12

RUC Recommendation: 6.81 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

16020 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009 **2022 Medicare Utilization:** 11,334

2024 Work RVU: 0.71
2024 NF PE RVU: 1.76
2024 Fac PE RVU: 0.85

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

16025 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009 **2022 Medicare Utilization:** 1,629

2024 Work RVU: 1.74
2024 NF PE RVU: 2.71
2024 Fac PE RVU: 1.31

RUC Recommendation: 1.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

16030 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACEP, ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** February 2010 **2022 Medicare Utilization:** 1,142

2024 Work RVU: 2.08
2024 NF PE RVU: 3.44
2024 Fac PE RVU: 1.45

RUC Recommendation: CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2012

Result: Maintain

17000 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion**

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 17 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2022 Medicare Utilization:** 5,821,046

2024 Work RVU: 0.61
2024 NF PE RVU: 1.37
2024 Fac PE RVU: 0.99

RUC Recommendation: 0.61

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

17003 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)**

Global: ZZZ **Issue:** Destruction of Premalignant Lesions **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 17 **Specialty Developing Recommendation:** AAD

First Identified: October 2010 **2022 Medicare Utilization:** 18,598,830

2024 Work RVU: 0.04
2024 NF PE RVU: 0.16
2024 Fac PE RVU: 0.02

RUC Recommendation: 0.04

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

17004 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions**

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** CMS High Expenditure Procedural Codes1 / Modifer -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 17 **Specialty Developing Recommendation:** AAD

First Identified: September 2011 **2022 Medicare Utilization:** 831,242

2024 Work RVU: 1.37
2024 NF PE RVU: 3.52
2024 Fac PE RVU: 1.43

RUC Recommendation: Remove from Modifier -51 Exempt List. 1.37

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

17106 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 11 **Specialty Developing Recommendation:** AAD

First Identified: February 2008 **2022 Medicare Utilization:** 3,523

2024 Work RVU: 3.69
2024 NF PE RVU: 6.28
2024 Fac PE RVU: 4.19

RUC Recommendation: 3.61

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

17107 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2022 Medicare Utilization:** 2,070

2024 Work RVU: 4.79
2024 NF PE RVU: 8.17
2024 Fac PE RVU: 5.49

RUC Recommendation: 4.68 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

17108 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2022 Medicare Utilization:** 5,317

2024 Work RVU: 7.49
2024 NF PE RVU: 10.65
2024 Fac PE RVU: 7.34

RUC Recommendation: 6.37 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

17110 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions**

Global: 010 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2022 Medicare Utilization:** 2,817,292

2024 Work RVU: 0.70
2024 NF PE RVU: 2.66
2024 Fac PE RVU: 1.30

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

17111 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions**

Global: 010 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:**

First Identified: April 2013

2022 Medicare Utilization: 142,026

2024 Work RVU: 0.97
2024 NF PE RVU: 2.94
2024 Fac PE RVU: 1.44

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

17250 **Chemical cauterization of granulation tissue (ie, proud flesh)**

Global: 000 **Issue:** Chemical Cauterization of Granulation Tissue **Screen:** High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2022 **Tab:** 20 **Specialty Developing Recommendation:** AAFP, ACS, APMA

First Identified: October 2015

2022 Medicare Utilization: 241,862

2024 Work RVU: 0.50
2024 NF PE RVU: 2.04
2024 Fac PE RVU: 0.55

RUC Recommendation: Review in 3 years (Jan 2025).

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

Result:

17261 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP

First Identified: October 2009

2022 Medicare Utilization: 129,075

2024 Work RVU: 1.22
2024 NF PE RVU: 3.13
2024 Fac PE RVU: 1.27

RUC Recommendation: 1.22

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

17262 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2022 Medicare Utilization:** 288,353

2024 Work RVU: 1.63
2024 NF PE RVU: 3.58
2024 Fac PE RVU: 1.51
Result: Maintain

RUC Recommendation: 1.63

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

17271 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2022 Medicare Utilization:** 44,856

2024 Work RVU: 1.54
2024 NF PE RVU: 3.32
2024 Fac PE RVU: 1.45
Result: Maintain

RUC Recommendation: 1.54

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

17272 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2022 Medicare Utilization:** 75,113

2024 Work RVU: 1.82
2024 NF PE RVU: 3.68
2024 Fac PE RVU: 1.62
Result: Maintain

RUC Recommendation: 1.82

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

17281 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2022 Medicare Utilization:** 65,491

2024 Work RVU: 1.77
2024 NF PE RVU: 3.47
2024 Fac PE RVU: 1.58

RUC Recommendation: 1.77 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

17282 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** October 2009 **2022 Medicare Utilization:** 66,033

2024 Work RVU: 2.09
2024 NF PE RVU: 3.89
2024 Fac PE RVU: 1.77

RUC Recommendation: 2.09 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

17311 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks**

Global: 000 **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2022 Medicare Utilization:** 850,608

2024 Work RVU: 6.20
2024 NF PE RVU: 13.61
2024 Fac PE RVU: 3.68

RUC Recommendation: Review in 1 year. 6.20 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

17312 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAD

First Identified: September 2011 **2022 Medicare Utilization:** 488,511

2024 Work RVU: 3.30
2024 NF PE RVU: 8.76
2024 Fac PE RVU: 1.95

RUC Recommendation: 3.30

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

17313 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks**

Global: 000 **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAD

First Identified: January 2012 **2022 Medicare Utilization:** 169,318

2024 Work RVU: 5.56
2024 NF PE RVU: 13.08
2024 Fac PE RVU: 3.30

RUC Recommendation: 5.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

17314 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAD

First Identified: January 2012 **2022 Medicare Utilization:** 61,476

2024 Work RVU: 3.06
2024 NF PE RVU: 8.51
2024 Fac PE RVU: 1.81

RUC Recommendation: 3.06

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

17315 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2022 Medicare Utilization:** 17,917

2024 Work RVU: 0.87
2024 NF PE RVU: 1.44
2024 Fac PE RVU: 0.52
Result: Maintain

RUC Recommendation: 0.87

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

19020 **Mastotomy with exploration or drainage of abscess, deep**

Global: 090 **Issue:** Mastotomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2022 Medicare Utilization:** 1,057

2024 Work RVU: 3.83
2024 NF PE RVU: 9.42
2024 Fac PE RVU: 4.76
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5, remove hospital visits

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

19081 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2022 Medicare Utilization:** 56,458

2024 Work RVU: 3.29
2024 NF PE RVU: 11.23
2024 Fac PE RVU: 1.17
Result: Decrease

RUC Recommendation: 3.29

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19082 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2022 Medicare Utilization:** 4,257

2024 Work RVU: 1.65
2024 NF PE RVU: 9.59
2024 Fac PE RVU: 0.58

RUC Recommendation: 1.65 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19083 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2022 Medicare Utilization:** 110,638

2024 Work RVU: 3.10
2024 NF PE RVU: 11.37
2024 Fac PE RVU: 1.10

RUC Recommendation: 3.10 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19084 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2022 Medicare Utilization:** 14,741

2024 Work RVU: 1.55
2024 NF PE RVU: 9.52
2024 Fac PE RVU: 0.55

RUC Recommendation: 1.55 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19085 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2022 Medicare Utilization:** 6,881

2024 Work RVU: 3.64
2024 NF PE RVU: 18.7
2024 Fac PE RVU: 1.29

RUC Recommendation: 3.64 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19086 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2022 Medicare Utilization:** 1,450

2024 Work RVU: 1.82
2024 NF PE RVU: 15.55
2024 Fac PE RVU: 0.64

RUC Recommendation: 1.82 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19102 **Biopsy of breast; percutaneous, needle core, using imaging guidance**

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19103 **Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance**

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

19281 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2022 Medicare Utilization:** 24,273

2024 Work RVU: 2.00
2024 NF PE RVU: 5.03
2024 Fac PE RVU: 0.71

RUC Recommendation: 2.00 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19282 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2022 Medicare Utilization:** 3,457

2024 Work RVU: 1.00
2024 NF PE RVU: 4.01
2024 Fac PE RVU: 0.36

RUC Recommendation: 1.00 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19283 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2022 Medicare Utilization:** 3,735

2024 Work RVU: 2.00
2024 NF PE RVU: 5.52
2024 Fac PE RVU: 0.71

RUC Recommendation: 2.00 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19284 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2022 Medicare Utilization:** 463

2024 Work RVU: 1.00
2024 NF PE RVU: 4.54
2024 Fac PE RVU: 0.35

RUC Recommendation: 1.00 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19285 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2022 Medicare Utilization:** 27,979

2024 Work RVU: 1.70
2024 NF PE RVU: 9.04
2024 Fac PE RVU: 0.60

RUC Recommendation: 1.70 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19286 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2022 Medicare Utilization:** 2,441

2024 Work RVU: 0.85
2024 NF PE RVU: 7.97
2024 Fac PE RVU: 0.30

RUC Recommendation: 0.85 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19287 **Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2022 Medicare Utilization:** 288

2024 Work RVU: 2.55
2024 NF PE RVU: 16.04
2024 Fac PE RVU: 0.91

RUC Recommendation: 3.02 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19288 **Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2022 Medicare Utilization:** 93

2024 Work RVU: 1.28
2024 NF PE RVU: 13.1
2024 Fac PE RVU: 0.45

RUC Recommendation: 1.51 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19290 **Preoperative placement of needle localization wire, breast;**

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

19291 **Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)**

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

19295 **Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)**

Global: **Issue:** Breast Biopsy **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** October 2008 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19303 **Mastectomy, simple, complete**

Global: 090 **Issue:** Mastectomy **Screen:** Site of Service Anomaly - 2015 / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACS, ASBS **First Identified:** October 2015 **2022 Medicare Utilization:** 23,502

2024 Work RVU: 15.00
2024 NF PE RVU:
2024 Fac PE RVU: 10.11

RUC Recommendation: 15.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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19307 **Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle**

Global: 090 **Issue:** Modified Radical Mastectomy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2022 Medicare Utilization:** 4,078

2024 Work RVU: 17.99
2024 NF PE RVU:
2024 Fac PE RVU: 13.01

RUC Recommendation: 17.99 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

19318 **Breast reduction**

Global: 090 **Issue:** Mammaplasty **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2022 Medicare Utilization:** 6,930

2024 Work RVU: 16.03
2024 NF PE RVU:
2024 Fac PE RVU: 13.80

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

Status Report: CMS Requests and Relativity Assessment Issues

19340 **Insertion of breast implant on same day of mastectomy (ie, immediate)**

Global: 090 **Issue:** Breast Implant/Expander Placement **Screen:** CMS Request / Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 05 **Specialty Developing Recommendation:** ASPS

First Identified: October 2009 **2022 Medicare Utilization:** 2,632

2024 Work RVU: 10.48
2024 NF PE RVU:
2024 Fac PE RVU: 10.33

RUC Recommendation: 11.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

19357 **Tissue expander placement in breast reconstruction, including subsequent expansion(s)**

Global: 090 **Issue:** Breast Implant/Expander Placement **Screen:** Site of Service Anomaly / 090-Day Global Post-Operative Visits / Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 05 **Specialty Developing Recommendation:** ASPS

First Identified: September 2007 **2022 Medicare Utilization:** 5,664

2024 Work RVU: 14.84
2024 NF PE RVU:
2024 Fac PE RVU: 17.28

RUC Recommendation: 15.36

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

20000 **Deleted from CPT**

Global: **Issue:** Incision of Abcess **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAOS

First Identified: September 2007 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT June 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

20005 **Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia)**

Global: **Issue:** Incision of Deep Abscess **Screen:** Site of Service Anomaly / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

20220 **Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)**

Global: 000 **Issue:** Bone Biopsy Trocar/Needle **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 22 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2018 **2022 Medicare Utilization:** 11,653

2024 Work RVU: 1.65
2024 NF PE RVU: 5.12
2024 Fac PE RVU: 0.76

RUC Recommendation: 1.93 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

20225 **Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)**

Global: 000 **Issue:** Bone Biopsy Trocar/Needle **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 22 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2017 **2022 Medicare Utilization:** 12,086

2024 Work RVU: 2.45
2024 NF PE RVU: 8.62
2024 Fac PE RVU: 1.11

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

20240 **Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)**

Global: 000 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** April 2014 **2022 Medicare Utilization:** 6,678

2024 Work RVU: 2.61
2024 NF PE RVU:
2024 Fac PE RVU: 1.27

RUC Recommendation: 3.73 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20245 **Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)** **Global:** 000 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 04 **Specialty Developing Recommendation:** AAOS **First Identified:** January 2014 **2022 Medicare Utilization:** 4,064

2024 Work RVU: 6.00
2024 NF PE RVU:
2024 Fac PE RVU: 3.20

RUC Recommendation: 6.50 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

20525 **Removal of foreign body in muscle or tendon sheath; deep or complicated** **Global:** 010 **Issue:** Removal of Foreign Body **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 1,295

2024 Work RVU: 3.54
2024 NF PE RVU: 9.75
2024 Fac PE RVU: 3.25

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

20526 **Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel** **Global:** 000 **Issue:** RAW **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** July 2016 **2022 Medicare Utilization:** 93,718

2024 Work RVU: 0.94
2024 NF PE RVU: 1.37
2024 Fac PE RVU: 0.59

RUC Recommendation: Remove fromm screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20550 **Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")** **Global:** 000 **Issue:** Injection of Tendon **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, AAPM&R, ACRh, APMA, ASSH **First Identified:** October 2008 **2022 Medicare Utilization:** 789,921

2024 Work RVU: 0.75
2024 NF PE RVU: 0.89
2024 Fac PE RVU: 0.31

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

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 **2022 Medicare Utilization:** 127,434

2024 Work RVU: 0.75
2024 NF PE RVU: 0.89
2024 Fac PE RVU: 0.31

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

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 **2022 Medicare Utilization:** 276,901

2024 Work RVU: 0.66
2024 NF PE RVU: 0.84
2024 Fac PE RVU: 0.36

RUC Recommendation: 0.66 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20553 **Injection(s); single or multiple trigger point(s), 3 or more muscles**

Global: 000 **Issue:**

Screen: CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 28 **Specialty Developing Recommendation:** AAPM&R, ACRh, ASA **First Identified:** July 2015 **2022 Medicare Utilization:** 352,125

2024 Work RVU: 0.75
2024 NF PE RVU: 0.98
2024 Fac PE RVU: 0.41

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

20600 **Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance**

Global: 000 **Issue:** Arthrocentesis

Screen: Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2022 Medicare Utilization:** 437,116

2024 Work RVU: 0.66
2024 NF PE RVU: 0.87
2024 Fac PE RVU: 0.32

RUC Recommendation: 0.66 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

20604 **Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting**

Global: 000 **Issue:** Arthrocentesis

Screen: CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2022 Medicare Utilization:** 54,114

2024 Work RVU: 0.89
2024 NF PE RVU: 1.5
2024 Fac PE RVU: 0.37

RUC Recommendation: 0.89 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20605 **Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance**

Global: 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** October 2009 **2022 Medicare Utilization:** 388,653

2024 Work RVU: 0.68
2024 NF PE RVU: 0.89
2024 Fac PE RVU: 0.33

RUC Recommendation: 0.68 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

20606 **Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting**

Global: 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2022 Medicare Utilization:** 58,020

2024 Work RVU: 1.00
2024 NF PE RVU: 1.58
2024 Fac PE RVU: 0.42

RUC Recommendation: 1.00 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

20610 **Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance**

Global: 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 / MPC List / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2022 Medicare Utilization:** 5,936,856

2024 Work RVU: 0.79
2024 NF PE RVU: 1.04
2024 Fac PE RVU: 0.44

RUC Recommendation: 0.79 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20611 **Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting**

Global: 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2022 Medicare Utilization:** 1,133,173

2024 Work RVU: 1.10
2024 NF PE RVU: 1.74
2024 Fac PE RVU: 0.51

RUC Recommendation: 1.10 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

20612 **Aspiration and/or injection of ganglion cyst(s) any location**

Global: 000 **Issue:** RAW **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** July 2016 **2022 Medicare Utilization:** 25,159

2024 Work RVU: 0.70
2024 NF PE RVU: 1.16
2024 Fac PE RVU: 0.43

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

20680 **Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** January 2014 **2022 Medicare Utilization:** 46,982

2024 Work RVU: 5.96
2024 NF PE RVU: 11.09
2024 Fac PE RVU: 5.69

RUC Recommendation: 5.96 and adjustments to pre-service time package 3. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20692 **Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2022 Medicare Utilization:** 2,937

2024 Work RVU: 16.27
2024 NF PE RVU:
2024 Fac PE RVU: 14.94

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

20694 **Removal, under anesthesia, of external fixation system**

Global: 090 **Issue:** External Fixation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2022 Medicare Utilization:** 5,259

2024 Work RVU: 4.28
2024 NF PE RVU: 8.04
2024 Fac PE RVU: 5.36

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

20700 **Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA

First Identified: May 2018 **2022 Medicare Utilization:** 1,170

2024 Work RVU: 1.50
2024 NF PE RVU: 0.73
2024 Fac PE RVU: 0.73

RUC Recommendation: 1.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

20701 **Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA

First Identified: May 2018 **2022 Medicare Utilization:** 225

2024 Work RVU: 1.13
2024 NF PE RVU: 0.56
2024 Fac PE RVU: 0.56

RUC Recommendation: 1.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2022 Medicare Utilization:** 500

2024 Work RVU: 2.50
2024 NF PE RVU: 1.25
2024 Fac PE RVU: 1.25

RUC Recommendation: 2.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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20703 **Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2022 Medicare Utilization:** 69

2024 Work RVU: 1.80
2024 NF PE RVU: 0.93
2024 Fac PE RVU: 0.93

RUC Recommendation: 1.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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20704 **Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2022 Medicare Utilization:** 479

2024 Work RVU: 2.60
2024 NF PE RVU: 1.34
2024 Fac PE RVU: 1.34

RUC Recommendation: 2.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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20705 **Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2022 Medicare Utilization:** 111

2024 Work RVU: 2.15
2024 NF PE RVU: 1.11
2024 Fac PE RVU: 1.11

RUC Recommendation: 2.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

20900 **Bone graft, any donor area; minor or small (eg, dowel or button)** **Global:** 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 29 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 4,965

2024 Work RVU: 3.00
2024 NF PE RVU: 8.06
2024 Fac PE RVU: 1.89

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

20902 **Bone graft, any donor area; major or large** **Global:** 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 29 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** April 2008 **2022 Medicare Utilization:** 4,287

2024 Work RVU: 4.58
2024 NF PE RVU:
2024 Fac PE RVU: 2.79

RUC Recommendation: 4.58 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

20926 **Tissue grafts, other (eg, paratenon, fat, dermis)** **Global:** **Issue:** Tissue Grafting Procedures **Screen:** CMS Fastest Growing / Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, AANS, CNS **First Identified:** October 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted for 2020

20985 **Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** RAW **Screen:** High Volume Growth10 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2024 **2022 Medicare Utilization:** 59,915

2024 Work RVU: 2.50
2024 NF PE RVU:
2024 Fac PE RVU: 1.29

RUC Recommendation: Refer to CPT **Referred to CPT** February 2025 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

21015 **Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm** **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 6 **Specialty Developing Recommendation:** ACS, AAOS, AAO-HNS, ASPS **First Identified:** September 2007 **2022 Medicare Utilization:** 313

2024 Work RVU: 9.89
2024 NF PE RVU:
2024 Fac PE RVU: 9.50

RUC Recommendation: 9.71 **Referred to CPT** June 2008 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

21025 **Excision of bone (eg, for osteomyelitis or bone abscess); mandible** **Global:** 090 **Issue:** Excision of Bone – Mandible **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 61 **Specialty Developing Recommendation:** AAOMS **First Identified:** September 2007 **2022 Medicare Utilization:** 3,883

2024 Work RVU: 10.03
2024 NF PE RVU: 12.73
2024 Fac PE RVU: 8.77

RUC Recommendation: 10.03 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

21495 **Open treatment of hyoid fracture** **Global:** **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

21557 **Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm** **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 338

2024 Work RVU: 14.75
2024 NF PE RVU:
2024 Fac PE RVU: 10.96

RUC Recommendation: 14.57 **Referred to CPT** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

21800 **Closed treatment of rib fracture, uncomplicated, each**

Global: **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** July 2013 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

21805 **Open treatment of rib fracture without fixation, each**

Global: **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

21810 **Treatment of rib fracture requiring external fixation (flail chest)**

Global: **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

21811 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2022 Medicare Utilization:** 448

2024 Work RVU: 10.79
2024 NF PE RVU:
2024 Fac PE RVU: 4.29

RUC Recommendation: 19.55 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

21812 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2022 Medicare Utilization:** 527

2024 Work RVU: 13.00
2024 NF PE RVU:
2024 Fac PE RVU: 5.22

RUC Recommendation: 25.00 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

21813 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2022 Medicare Utilization:** 78

2024 Work RVU: 17.61
2024 NF PE RVU:
2024 Fac PE RVU: 7.07

RUC Recommendation: 35.00 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

21820 **Closed treatment of sternum fracture**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 / Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** January 2014 **2022 Medicare Utilization:** 124

2024 Work RVU: 1.36
2024 NF PE RVU: 3.02
2024 Fac PE RVU: 2.96

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** October 2013 **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

21825 **Open treatment of sternum fracture with or without skeletal fixation** **Global:** 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2022 Medicare Utilization:** 473

2024 Work RVU: 7.76
2024 NF PE RVU:
2024 Fac PE RVU: 7.10

RUC Recommendation: Unrelated to the family **Referred to CPT** October 2013 **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

21935 **Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm** **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 189

2024 Work RVU: 15.72
2024 NF PE RVU:
2024 Fac PE RVU: 11.34

RUC Recommendation: 15.54 **Referred to CPT** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22214 **Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar** **Global:** 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2022 Medicare Utilization:** 6,758

2024 Work RVU: 21.02
2024 NF PE RVU:
2024 Fac PE RVU: 18.65

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

22305 **Closed treatment of vertebral process fracture(s)** **Global:** **Issue:** Closed treatment of vertebral process fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 23 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** July 2013 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22310 **Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing**

Global: 090 **Issue:** Closed Treatment Vertebral Fracture **Screen:** Negative IWPUT / Site of Service Anomaly - 2019 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** April 2017 **2022 Medicare Utilization:** 5,440

2024 Work RVU: 3.45
2024 NF PE RVU: 5.31
2024 Fac PE RVU: 4.88

RUC Recommendation: Refer to CPT Assistant. 3.45.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2024

Result: Decrease

22510 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2022 Medicare Utilization:** 2,205

2024 Work RVU: 7.90
2024 NF PE RVU: 44.36
2024 Fac PE RVU: 3.78

RUC Recommendation: 8.15

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

22511 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2022 Medicare Utilization:** 2,659

2024 Work RVU: 7.33
2024 NF PE RVU: 44.95
2024 Fac PE RVU: 3.68

RUC Recommendation: 8.05

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

22512 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2022 Medicare Utilization:** 1,641

2024 Work RVU: 4.00
2024 NF PE RVU: 16.94
2024 Fac PE RVU: 1.41

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22513 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2022 Medicare Utilization:** 18,975

2024 Work RVU: 8.65
2024 NF PE RVU: 158.03
2024 Fac PE RVU: 4.93

RUC Recommendation: 8.90 **Referred to CPT** February 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22514 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2022 Medicare Utilization:** 21,168

2024 Work RVU: 7.99
2024 NF PE RVU: 158.08
2024 Fac PE RVU: 4.69

RUC Recommendation: 8.24 **Referred to CPT** February 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22515 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2022 Medicare Utilization:** 12,476

2024 Work RVU: 4.00
2024 NF PE RVU: 81.4
2024 Fac PE RVU: 1.65

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22520 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** February 2009 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

22521 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Site of Service Anomaly (99238-Only); CMS Request - PE Inputs / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2007 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22522 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

22523 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

22524 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22525 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

22533 **Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

Global: 090 **Issue:** Arthrodesis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 51 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2022 Medicare Utilization:** 632

2024 Work RVU: 24.79
2024 NF PE RVU:
2024 Fac PE RVU: 18.88

RUC Recommendation: Remove from screen. CPT Assistant article published. **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

22551 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** February 2010 **2022 Medicare Utilization:** 31,110

2024 Work RVU: 25.00
2024 NF PE RVU:
2024 Fac PE RVU: 18.17

RUC Recommendation: 24.50 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22552 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** February 2010 **2022 Medicare Utilization:** 28,816

2024 Work RVU: 6.50
2024 NF PE RVU:
2024 Fac PE RVU: 3.22

RUC Recommendation: 6.50 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

22554 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** February 2008 **2022 Medicare Utilization:** 3,237

2024 Work RVU: 17.69
2024 NF PE RVU:
2024 Fac PE RVU: 14.79

RUC Recommendation: Refer to CPT Assistant. 17.69 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2023

22558 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

Global: 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** High Volume Growth2 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** April 2013 **2022 Medicare Utilization:** 19,795

2024 Work RVU: 23.53
2024 NF PE RVU:
2024 Fac PE RVU: 16.00

RUC Recommendation: Maintain **Referred to CPT** September 2016 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22585 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2010 **2022 Medicare Utilization:** 15,268

2024 Work RVU: 5.52
2024 NF PE RVU:
2024 Fac PE RVU: 2.55

RUC Recommendation: Remove from screen **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

22612 **Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2022 Medicare Utilization:** 41,911

2024 Work RVU: 23.53
2024 NF PE RVU:
2024 Fac PE RVU: 17.52

RUC Recommendation: Review utilization data October 2015. 23.53. Maintain work RVU and adjust the times from pre-time package 4. **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

22614 **Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2022 Medicare Utilization:** 141,461

2024 Work RVU: 6.43
2024 NF PE RVU:
2024 Fac PE RVU: 3.19

RUC Recommendation: 6.43 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22630 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2022 Medicare Utilization:** 4,665

2024 Work RVU: 22.09
2024 NF PE RVU:
2024 Fac PE RVU: 17.39

RUC Recommendation: 22.09 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

22632 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2022 Medicare Utilization:** 1,576

2024 Work RVU: 5.22
2024 NF PE RVU:
2024 Fac PE RVU: 2.56

RUC Recommendation: 5.22 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22633 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar;**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2022 Medicare Utilization:** 34,486

2024 Work RVU: 26.80
2024 NF PE RVU:
2024 Fac PE RVU: 19.44

RUC Recommendation: 27.75 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22634 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2022 Medicare Utilization:** 13,296

2024 Work RVU: 7.96
2024 NF PE RVU:
2024 Fac PE RVU: 3.95

RUC Recommendation: 8.16 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22843 **Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Spine Fixation Device **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** AAOS, NASS, AANS **First Identified:** October 2008 **2022 Medicare Utilization:** 9,067

2024 Work RVU: 13.44
2024 NF PE RVU:
2024 Fac PE RVU: 6.68

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

22849 **Reinsertion of spinal fixation device**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2022 Medicare Utilization:** 3,442

2024 Work RVU: 19.17
2024 NF PE RVU:
2024 Fac PE RVU: 14.58

RUC Recommendation: Maintain **Referred to CPT** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22851 **Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)**

Global: **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS Fastest Growing / High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 06 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** October 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

22859 **Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2022 Medicare Utilization:** 826

2024 Work RVU: 5.50
2024 NF PE RVU:
2024 Fac PE RVU: 2.72

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22867 **Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level**

Global: 090 **Issue:** Insertion of Interlaminar/Interspinous Device **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 26 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2022 Medicare Utilization:** 1,065

2024 Work RVU: 15.00
2024 NF PE RVU:
2024 Fac PE RVU: 12.76

RUC Recommendation: 15.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22868 **Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2022 Medicare Utilization:** 200

2024 Work RVU: 4.00
2024 NF PE RVU:
2024 Fac PE RVU: 1.96

RUC Recommendation: 5.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22900 **Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 420

2024 Work RVU: 8.32
2024 NF PE RVU:
2024 Fac PE RVU: 6.88

RUC Recommendation: 8.21 **Referred to CPT** June 2008 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

23076 **Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 549

2024 Work RVU: 7.41
2024 NF PE RVU:
2024 Fac PE RVU: 7.46

RUC Recommendation: 7.28 **Referred to CPT** June 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

23120 **Claviculectomy; partial**

Global: 090 **Issue:** Claviculectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 30 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 3,929

2024 Work RVU: 7.39
2024 NF PE RVU:
2024 Fac PE RVU: 9.10

RUC Recommendation: 7.23 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

23130 **Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release**

Global: 090 **Issue:** Removal of Bone **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2022 Medicare Utilization:** 930

2024 Work RVU: 7.77
2024 NF PE RVU:
2024 Fac PE RVU: 9.53

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

23350 **Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography**

Global: 000 **Issue:** Injection for Shoulder X-Ray **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: April 2011 **2022 Medicare Utilization:** 25,269

2024 Work RVU: 1.00
2024 NF PE RVU: 3.75
2024 Fac PE RVU: 0.37

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

23405 **Tenotomy, shoulder area; single tendon**

Global: 090 **Issue:** Tenotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2022 Medicare Utilization:** 2,124

2024 Work RVU: 8.54
2024 NF PE RVU:
2024 Fac PE RVU: 8.62

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

23410 **Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute**

Global: 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 12 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2022 Medicare Utilization:** 2,133

2024 Work RVU: 11.39
2024 NF PE RVU:
2024 Fac PE RVU: 11.19

RUC Recommendation: 11.23

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

23412 **Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic** **Global:** 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2022 Medicare Utilization:** 7,034

2024 Work RVU: 11.93
2024 NF PE RVU:
2024 Fac PE RVU: 11.51

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. 11.77

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

23415 **Coracoacromial ligament release, with or without acromioplasty** **Global:** 090 **Issue:** Shoulder Ligament Release **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 62 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2022 Medicare Utilization:** 245

2024 Work RVU: 9.23
2024 NF PE RVU:
2024 Fac PE RVU: 10.16

RUC Recommendation: 9.23

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

23420 **Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)** **Global:** 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 12 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2022 Medicare Utilization:** 1,011

2024 Work RVU: 13.54
2024 NF PE RVU:
2024 Fac PE RVU: 13.23

RUC Recommendation: 13.35

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

23430 **Tenodesis of long tendon of biceps**

Global: 090 **Issue:** Tenodesis **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 19,960

2024 Work RVU: 10.17
2024 NF PE RVU:
2024 Fac PE RVU: 10.45

RUC Recommendation: 10.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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23440 **Resection or transplantation of long tendon of biceps**

Global: 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 1,074

2024 Work RVU: 10.64
2024 NF PE RVU:
2024 Fac PE RVU: 10.19

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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23472 **Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))**

Global: 090 **Issue:** Arthroplasty **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2022 Medicare Utilization:** 69,296

2024 Work RVU: 22.13
2024 NF PE RVU:
2024 Fac PE RVU: 16.92

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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23540 **Closed treatment of acromioclavicular dislocation; without manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 307

2024 Work RVU: 2.36
2024 NF PE RVU: 4.66
2024 Fac PE RVU: 4.60

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Jan 2018 **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

23600 **Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation**

Global: 090 **Issue:** Treatment of Humerus Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 14 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2011 **2022 Medicare Utilization:** 27,520

2024 Work RVU: 3.00
2024 NF PE RVU: 6.86
2024 Fac PE RVU: 6.32

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

23625 **Closed treatment of greater humeral tuberosity fracture; with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 114

2024 Work RVU: 4.10
2024 NF PE RVU: 7.11
2024 Fac PE RVU: 6.06

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

23650 **Closed treatment of shoulder dislocation, with manipulation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 12,678

2024 Work RVU: 3.53
2024 NF PE RVU: 6.16
2024 Fac PE RVU: 5.14

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

23655 **Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 2,466

2024 Work RVU: 4.76
2024 NF PE RVU:
2024 Fac PE RVU: 6.87

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

23665 **Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 357

2024 Work RVU: 4.66
2024 NF PE RVU: 7.94
2024 Fac PE RVU: 6.83

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

24505 **Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 658

2024 Work RVU: 5.39
2024 NF PE RVU: 9.18
2024 Fac PE RVU: 7.51

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

24600 **Treatment of closed elbow dislocation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 1,109

2024 Work RVU: 4.37
2024 NF PE RVU: 6.5
2024 Fac PE RVU: 5.38

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

24605 **Treatment of closed elbow dislocation; requiring anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 341

2024 Work RVU: 5.64
2024 NF PE RVU:
2024 Fac PE RVU: 7.94

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

25116 **Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum**

Global: 090 **Issue:** Forearm Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 63 **Specialty Developing Recommendation:** ASSH, AAOS, ASPS **First Identified:** September 2007 **2022 Medicare Utilization:** 876

2024 Work RVU: 7.56
2024 NF PE RVU:
2024 Fac PE RVU: 9.52

RUC Recommendation: 7.56 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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25210 **Carpectomy; 1 bone**

Global: 090 **Issue:** Carpectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 3,245

2024 Work RVU: 6.12
2024 NF PE RVU:
2024 Fac PE RVU: 7.85

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

25260 **Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle**

Global: 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 897

2024 Work RVU: 8.04
2024 NF PE RVU:
2024 Fac PE RVU: 9.82

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

Status Report: CMS Requests and Relativity Assessment Issues

25280 **Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon**

Global: 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 1,512

2024 Work RVU: 7.39
2024 NF PE RVU:
2024 Fac PE RVU: 8.53

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

25310 **Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon**

Global: 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** Site of Service Anomaly / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2022 Medicare Utilization:** 6,178

2024 Work RVU: 8.08
2024 NF PE RVU:
2024 Fac PE RVU: 9.39

RUC Recommendation: 9.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

25312 **Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon**

Global: 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** RUC Flag **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2023 **2022 Medicare Utilization:** 355

2024 Work RVU: 9.82
2024 NF PE RVU:
2024 Fac PE RVU: 10.15

RUC Recommendation: Review action plan **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

25447 **Arthroplasty, interposition, intercarpal or carpometacarpal joints** **Global:** 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2022 **2022 Medicare Utilization:** 19,593

2024 Work RVU: 11.14
2024 NF PE RVU:
2024 Fac PE RVU: 12.07

RUC Recommendation: 11.14 **Referred to CPT** May 2023 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

25565 **Closed treatment of radial and ulnar shaft fractures; with manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 510

2024 Work RVU: 5.85
2024 NF PE RVU: 9.08
2024 Fac PE RVU: 7.35

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

25605 **Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 18,140

2024 Work RVU: 6.25
2024 NF PE RVU: 9.24
2024 Fac PE RVU: 8.29

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

25606 **Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation** **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2022 Medicare Utilization:** 1,035

2024 Work RVU: 8.31
2024 NF PE RVU:
2024 Fac PE RVU: 10.49

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

25607 **Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation** **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2022 Medicare Utilization:** 7,719

2024 Work RVU: 9.56
2024 NF PE RVU:
2024 Fac PE RVU: 11.17

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

25608 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments** **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2022 Medicare Utilization:** 6,257

2024 Work RVU: 11.07
2024 NF PE RVU:
2024 Fac PE RVU: 11.98

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

25609 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** January 2014 **2022 Medicare Utilization:** 18,154

2024 Work RVU: 14.38
2024 NF PE RVU:
2024 Fac PE RVU: 14.79

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

25675 **Closed treatment of distal radioulnar dislocation with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 506

2024 Work RVU: 4.89
2024 NF PE RVU: 8.33
2024 Fac PE RVU: 6.93

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

26020 **Drainage of tendon sheath, digit and/or palm, each**

Global: 090 **Issue:** Tendon Sheath Procedures **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2017 **2022 Medicare Utilization:** 1,946

2024 Work RVU: 6.84
2024 NF PE RVU:
2024 Fac PE RVU: 8.86

RUC Recommendation: 7.79

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

26055 **Tendon sheath incision (eg, for trigger finger)**

Global: 090 **Issue:** Tendon Sheath Procedures **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2017 **2022 Medicare Utilization:** 98,992

2024 Work RVU: 3.11
2024 NF PE RVU: 14.11
2024 Fac PE RVU: 5.28

RUC Recommendation: 3.75

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

26080 **Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each**

Global: 090 **Issue:** RAW **Screen:** Site of Service Anomaly / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** ASSH, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 1,699

2024 Work RVU: 4.47
2024 NF PE RVU:
2024 Fac PE RVU: 6.97

RUC Recommendation: Action plan for RAW Oct 2015. Maintain **Referred to CPT**

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2012

Result: Maintain

26160 **Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger**

Global: 090 **Issue:** Tendon Sheath Procedures **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2017 **2022 Medicare Utilization:** 16,546

2024 Work RVU: 3.57
2024 NF PE RVU: 14.35
2024 Fac PE RVU: 5.49

RUC Recommendation: 3.57 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

26356 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2022 Medicare Utilization:** 976

2024 Work RVU: 9.56
2024 NF PE RVU:
2024 Fac PE RVU: 12.90

RUC Recommendation: 10.03 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

26357 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2014 **2022 Medicare Utilization:** 80

2024 Work RVU: 11.00
2024 NF PE RVU:
2024 Fac PE RVU: 13.89

RUC Recommendation: 11.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

26358 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2014 **2022 Medicare Utilization:** 37

2024 Work RVU: 12.60
2024 NF PE RVU:
2024 Fac PE RVU: 14.72

RUC Recommendation: 13.10 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

26480 **Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon**

Global: 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** October 2008 **2022 Medicare Utilization:** 10,408

2024 Work RVU: 6.90
2024 NF PE RVU:
2024 Fac PE RVU: 15.68

RUC Recommendation: 9.50 **Referred to CPT** May 2023 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

26483 **Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon**

Global: 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** RUC Flag **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2023 **2022 Medicare Utilization:** 459

2024 Work RVU: 8.48
2024 NF PE RVU:
2024 Fac PE RVU: 16.37

RUC Recommendation: Review action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

26700 **Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 465

2024 Work RVU: 3.83
2024 NF PE RVU: 6.05
2024 Fac PE RVU: 5.21

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

26750 **Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 5,335

2024 Work RVU: 1.80
2024 NF PE RVU: 3.78
2024 Fac PE RVU: 3.85

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

26755 **Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 429

2024 Work RVU: 3.23
2024 NF PE RVU: 6.14
2024 Fac PE RVU: 4.70

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

26770 **Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 5,335

2024 Work RVU: 3.15
2024 NF PE RVU: 5.31
2024 Fac PE RVU: 4.48

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27048 **Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 05 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 275

2024 Work RVU: 8.85
2024 NF PE RVU:
2024 Fac PE RVU: 7.72

RUC Recommendation: 8.74 **Referred to CPT** June 2008 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

27062 **Excision; trochanteric bursa or calcification**

Global: 090 **Issue:** Trochanteric Bursa Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 32 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 1,846

2024 Work RVU: 5.75
2024 NF PE RVU:
2024 Fac PE RVU: 6.99

RUC Recommendation: 5.66 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

27096 **Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed**

Global: 000 **Issue:** Injection for Sacroiliac Joint **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 06 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ASIPP, ISIS, NASS **First Identified:** October 2009 **2022 Medicare Utilization:** 445,760

2024 Work RVU: 1.48
2024 NF PE RVU: 3.31
2024 Fac PE RVU: 0.85

RUC Recommendation: 1.48 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27130 **Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft**

Global: 090 **Issue:** Hip/Knee Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 11 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2022 Medicare Utilization:** 170,673

2024 Work RVU: 19.60
2024 NF PE RVU:
2024 Fac PE RVU: 15.00
Result: Decrease

RUC Recommendation: 19.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

27134 **Revision of total hip arthroplasty; both components, with or without autograft or allograft**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** January 2014 **2022 Medicare Utilization:** 9,668

2024 Work RVU: 30.28
2024 NF PE RVU:
2024 Fac PE RVU: 20.52
Result: Maintain

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

27193 **Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation**

Global: **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** July 2013 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27194 **Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia**

Global: **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

27197 **Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation**

Global: 000 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2015 **2022 Medicare Utilization:** 7,980

2024 Work RVU: 1.53
2024 NF PE RVU:
2024 Fac PE RVU: 2.20

RUC Recommendation: 5.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

27198 **Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)**

Global: 000 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2015 **2022 Medicare Utilization:** 164

2024 Work RVU: 4.75
2024 NF PE RVU:
2024 Fac PE RVU: 3.87

RUC Recommendation: 9.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

27220 **Closed treatment of acetabulum (hip socket) fracture(s); without manipulation** **Global:** 090 **Issue:** Closed Treatment Fracture - Hip **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 08 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2017 **2022 Medicare Utilization:** 2,310

2024 Work RVU: 5.50
2024 NF PE RVU: 6.16
2024 Fac PE RVU: 5.99

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

27230 **Closed treatment of femoral fracture, proximal end, neck; without manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 1,313

2024 Work RVU: 5.81
2024 NF PE RVU: 7.99
2024 Fac PE RVU: 7.71

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27232 **Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 133

2024 Work RVU: 11.72
2024 NF PE RVU:
2024 Fac PE RVU: 7.85

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27236 **Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement** **Global:** 090 **Issue:** Open Treatment of Femoral Fracture **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2011 **2022 Medicare Utilization:** 54,473

2024 Work RVU: 17.61
2024 NF PE RVU:
2024 Fac PE RVU: 14.78

RUC Recommendation: 17.61 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27240 **Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 206

2024 Work RVU: 13.81
2024 NF PE RVU:
2024 Fac PE RVU: 12.20

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27244 **Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage**

Global: 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2008 **2022 Medicare Utilization:** 3,677

2024 Work RVU: 18.18
2024 NF PE RVU:
2024 Fac PE RVU: 15.10

RUC Recommendation: 18.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

27245 **Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage**

Global: 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2008 **2022 Medicare Utilization:** 75,667

2024 Work RVU: 18.18
2024 NF PE RVU:
2024 Fac PE RVU: 15.07

RUC Recommendation: 18.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27250 **Closed treatment of hip dislocation, traumatic; without anesthesia**

Global: 000 **Issue:** Closed Treatment of Hip Dislocation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 18 **Specialty Developing Recommendation:** ACEP **First Identified:** September 2007 **2022 Medicare Utilization:** 2,917

2024 Work RVU: 3.82
2024 NF PE RVU:
2024 Fac PE RVU: 0.76

RUC Recommendation: 3.82 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27252 **Closed treatment of hip dislocation, traumatic; requiring anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 1,020

2024 Work RVU: 11.03
2024 NF PE RVU:
2024 Fac PE RVU: 9.41

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27265 **Closed treatment of post hip arthroplasty dislocation; without anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 6,338

2024 Work RVU: 5.24
2024 NF PE RVU:
2024 Fac PE RVU: 6.55

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27266 **Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 4,675

2024 Work RVU: 7.78
2024 NF PE RVU:
2024 Fac PE RVU: 8.42

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27279 **Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device** **Global:** 090 **Issue:** Arthodesis - Sacroiliac Joint **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 09 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** July 2017 **2022 Medicare Utilization:** 7,567

2024 Work RVU: 12.13
2024 NF PE RVU:
2024 Fac PE RVU: 9.60

RUC Recommendation: 9.03 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27324 **Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)** **Global:** 090 **Issue:** Soft Tissue Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 634

2024 Work RVU: 5.04
2024 NF PE RVU:
2024 Fac PE RVU: 6.35

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

27369 **Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography** **Global:** 000 **Issue:** Knee Arthrography Injection **Screen:** Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2 / Different Performing Specialty from Survey4 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAOS, AAPA, ACR, ANA, SIR **First Identified:** June 2017 **2022 Medicare Utilization:** 20,020

2024 Work RVU: 0.77
2024 NF PE RVU: 4.63
2024 Fac PE RVU: 0.33

RUC Recommendation: Refer to CPT Assistant. 0.96 **Referred to CPT** February 2018 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2024

27370 **Injection of contrast for knee arthrography** **Global:** **Issue:** Knee Arthrography Injection **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 05 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Bulletin #1 2010

Status Report: CMS Requests and Relativity Assessment Issues

27446 **Arthroplasty, knee, condyle and plateau; medial OR lateral compartment**

Global: 090 **Issue:** Knee Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 / Harvard-Valued with Annual Allowed Charges Greater than $10 million / Site of Service Anomaly - 2020 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 18 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2022 Medicare Utilization:** 12,428

2024 Work RVU: 17.13
2024 NF PE RVU:
2024 Fac PE RVU: 13.95

RUC Recommendation: 17.13 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

27447 **Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)**

Global: 090 **Issue:** Hip/Knee Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 18 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2022 Medicare Utilization:** 297,732

2024 Work RVU: 19.60
2024 NF PE RVU:
2024 Fac PE RVU: 14.96

RUC Recommendation: 19.60 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

27502 **Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 381

2024 Work RVU: 11.36
2024 NF PE RVU:
2024 Fac PE RVU: 9.15

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

27510 **Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 288

2024 Work RVU: 9.80
2024 NF PE RVU:
2024 Fac PE RVU: 8.94

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **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 **2022 Medicare Utilization:** 241

2024 Work RVU: 5.98
2024 NF PE RVU: 8.61
2024 Fac PE RVU: 7.30

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **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 **2022 Medicare Utilization:** 231

2024 Work RVU: 8.18
2024 NF PE RVU:
2024 Fac PE RVU: 9.56

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **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 Resecion of Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 230

2024 Work RVU: 15.72
2024 NF PE RVU:
2024 Fac PE RVU: 11.44

RUC Recommendation: 15.54 **Referred to CPT** June 2008 **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 **2022 Medicare Utilization:** 439

2024 Work RVU: 6.91
2024 NF PE RVU:
2024 Fac PE RVU: 6.19

RUC Recommendation: 6.80 **Referred to CPT** June 2008 **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 **2022 Medicare Utilization:** 1,463

2024 Work RVU: 12.24
2024 NF PE RVU:
2024 Fac PE RVU: 10.70

RUC Recommendation: 12.10 **Referred to CPT** June 2008 **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 **2022 Medicare Utilization:** 775

2024 Work RVU: 9.84
2024 NF PE RVU:
2024 Fac PE RVU: 8.33

RUC Recommendation: 9.72 **Referred to CPT** June 2008 **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 **2022 Medicare Utilization:** 2,176

2024 Work RVU: 9.21
2024 NF PE RVU:
2024 Fac PE RVU: 9.30

RUC Recommendation: 9.00 **Referred to CPT** **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 **2022 Medicare Utilization:** 2,928

2024 Work RVU: 10.53
2024 NF PE RVU:
2024 Fac PE RVU: 9.59

RUC Recommendation: 10.32 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

27685 **Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)**

Global: 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 3,704

2024 Work RVU: 6.69
2024 NF PE RVU: 12.21
2024 Fac PE RVU: 6.55

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

27687 **Gastrocnemius recession (eg, Strayer procedure)**

Global: 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 6,168

2024 Work RVU: 6.41
2024 NF PE RVU:
2024 Fac PE RVU: 6.45

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

27690 **Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)**

Global: 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 1,096

2024 Work RVU: 9.17
2024 NF PE RVU:
2024 Fac PE RVU: 8.85

RUC Recommendation: 8.96 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27691 **Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)**

Global: 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 3,958

2024 Work RVU: 10.49
2024 NF PE RVU:
2024 Fac PE RVU: 10.28

RUC Recommendation: 10.28 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

27752 **Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 954

2024 Work RVU: 6.27
2024 NF PE RVU: 8.99
2024 Fac PE RVU: 7.54

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27762 **Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 313

2024 Work RVU: 5.47
2024 NF PE RVU: 8.57
2024 Fac PE RVU: 7.06

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

27792 **Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed**

Global: 090 **Issue:** Treatment of Ankle Fracture **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 18 **Specialty Developing Recommendation:** AAOS, AOFAS, **First Identified:** June 2010 **2022 Medicare Utilization:** 6,199

2024 Work RVU: 8.75
2024 NF PE RVU:
2024 Fac PE RVU: 9.25

RUC Recommendation: 9.71 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

27810 **Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 2,510

2024 Work RVU: 5.32
2024 NF PE RVU: 8.34
2024 Fac PE RVU: 6.85

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27814 **Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** January 2014 **2022 Medicare Utilization:** 8,512

2024 Work RVU: 10.62
2024 NF PE RVU:
2024 Fac PE RVU: 10.53

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27818 **Closed treatment of trimalleolar ankle fracture; with manipulation** **Global:** 090 **Issue:** Treatment of Fracture **Screen:** Site of Service Anomaly (99238-Only) / Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** September 2007 **2022 Medicare Utilization:** 3,355

2024 Work RVU: 5.69
2024 NF PE RVU: 8.45
2024 Fac PE RVU: 6.77

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27825 **Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 577

2024 Work RVU: 6.69
2024 NF PE RVU: 8.81
2024 Fac PE RVU: 7.12

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27840 **Closed treatment of ankle dislocation; without anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 1,719

2024 Work RVU: 4.77
2024 NF PE RVU:
2024 Fac PE RVU: 6.26

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

28001 **Incision and drainage, bursa, foot**

Global: 000 **Issue:** Treatment of Foot Infection **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** April 2020 **2022 Medicare Utilization:** 2,308

2024 Work RVU: 2.00
2024 NF PE RVU: 2.96
2024 Fac PE RVU: 0.69

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28002 **Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space**

Global: 000 **Issue:** Treatment of Foot Infection **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** January 2014 **2022 Medicare Utilization:** 5,285

2024 Work RVU: 2.79
2024 NF PE RVU: 4.32
2024 Fac PE RVU: 1.15

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28003 **Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas**

Global: 000 **Issue:** Treatment of Foot Infection **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** April 2020 **2022 Medicare Utilization:** 4,650

2024 Work RVU: 5.28
2024 NF PE RVU: 5.46
2024 Fac PE RVU: 1.86

RUC Recommendation: 5.28 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28111 **Ostectomy, complete excision; first metatarsal head**

Global: 090 **Issue:** Ostectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 847

2024 Work RVU: 5.15
2024 NF PE RVU: 8.58
2024 Fac PE RVU: 3.97

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28120 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus**

Global: 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 4,510

2024 Work RVU: 7.31
2024 NF PE RVU: 11.88
2024 Fac PE RVU: 6.74
Result: Increase

RUC Recommendation: 8.27

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

28122 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus**

Global: 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 12,802

2024 Work RVU: 6.76
2024 NF PE RVU: 10.31
2024 Fac PE RVU: 5.81
Result: Maintain

RUC Recommendation: 7.72

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

28124 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe**

Global: 090 **Issue:** Toe Removal **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 8,456

2024 Work RVU: 5.00
2024 NF PE RVU: 8.89
2024 Fac PE RVU: 4.69
Result: PE Only

RUC Recommendation: Remove 99238

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

28285 **Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)**

Global: 090 **Issue:** Orthopaedic Surgery/Podiatry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 31 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** February 2010 **2022 Medicare Utilization:** 56,245

2024 Work RVU: 5.62
2024 NF PE RVU: 10.02
2024 Fac PE RVU: 5.52
Result: Increase

RUC Recommendation: 5.62

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28289 **Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2022 Medicare Utilization:** 4,177

2024 Work RVU: 6.90
2024 NF PE RVU: 12.98
2024 Fac PE RVU: 6.28

RUC Recommendation: 6.90 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28290 **Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)**

Global: **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

28291 **Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2022 Medicare Utilization:** 2,134

2024 Work RVU: 8.01
2024 NF PE RVU: 11.92
2024 Fac PE RVU: 5.77

RUC Recommendation: 8.01 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28292 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with resection of proximal phalanx base, when performed, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2022 Medicare Utilization:** 4,670

2024 Work RVU: 7.44
2024 NF PE RVU: 12.84
2024 Fac PE RVU: 6.54

RUC Recommendation: 7.44 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28293 **Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant**

Global: **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** January 2014 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

28294 **Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)**

Global: **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28295 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal metatarsal osteotomy, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2022 Medicare Utilization:** 368

2024 Work RVU: 8.57
2024 NF PE RVU: 21.64
2024 Fac PE RVU: 8.43

RUC Recommendation: 8.57 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28296 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2022 Medicare Utilization:** 6,059

2024 Work RVU: 8.25
2024 NF PE RVU: 17.5
2024 Fac PE RVU: 6.51

RUC Recommendation: 8.25 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28297 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2022 Medicare Utilization:** 3,336

2024 Work RVU: 9.29
2024 NF PE RVU: 20.25
2024 Fac PE RVU: 7.77

RUC Recommendation: 9.29 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28298 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2022 Medicare Utilization:** 2,809

2024 Work RVU: 7.75
2024 NF PE RVU: 16.39
2024 Fac PE RVU: 6.69

RUC Recommendation: 7.75 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28299 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with double osteotomy, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2022 Medicare Utilization:** 4,278

2024 Work RVU: 9.29
2024 NF PE RVU: 20
2024 Fac PE RVU: 7.64

RUC Recommendation: 9.29 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28300 **Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation**

Global: 090 **Issue:** Osteotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 2,236

2024 Work RVU: 9.73
2024 NF PE RVU:
2024 Fac PE RVU: 8.41

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

28310 **Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)**

Global: 090 **Issue:** Osteotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 1,632

2024 Work RVU: 5.57
2024 NF PE RVU: 10.23
2024 Fac PE RVU: 4.83

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

28470 **Closed treatment of metatarsal fracture; without manipulation, each**

Global: 090 **Issue:** Treatment of Metatarsal Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 15 **Specialty Developing Recommendation:** AAOS, APMA, AOFAS **First Identified:** April 2011 **2022 Medicare Utilization:** 21,974

2024 Work RVU: 2.03
2024 NF PE RVU: 4.45
2024 Fac PE RVU: 4.06

RUC Recommendation: 2.03 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28660 **Closed treatment of interphalangeal joint dislocation; without anesthesia** **Global:** 010 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 525

2024 Work RVU: 1.28
2024 NF PE RVU: 2.34
2024 Fac PE RVU: 1.36

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018 **Result:** PE Only

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28725 **Arthrodesis; subtalar** **Global:** 090 **Issue:** Foot Arthrodesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 4,163

2024 Work RVU: 11.22
2024 NF PE RVU:
2024 Fac PE RVU: 10.50

RUC Recommendation: 12.18 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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28730 **Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;** **Global:** 090 **Issue:** Foot Arthrodesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 3,939

2024 Work RVU: 10.70
2024 NF PE RVU:
2024 Fac PE RVU: 9.63

RUC Recommendation: 12.42 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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28740 **Arthrodesis, midtarsal or tarsometatarsal, single joint** **Global:** 090 **Issue:** Arthrodesis **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 3,837

2024 Work RVU: 9.29
2024 NF PE RVU: 14.28
2024 Fac PE RVU: 8.09

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

28750 **Arthrodesis, great toe; metatarsophalangeal joint**

Global: 090 **Issue:** Arthrodesis - Great Toe **Screen:** Different Performing Specialty from Survey6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** April 2024 **2022 Medicare Utilization:** 12,575

2024 Work RVU: 8.57
2024 NF PE RVU: 13.71
2024 Fac PE RVU: 7.70

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

28755 **Arthrodesis, great toe; interphalangeal joint**

Global: 090 **Issue:** Arthrodesis - Great Toe **Screen:** Different Performing Specialty from Survey6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2024 **2022 Medicare Utilization:** 1,920

2024 Work RVU: 4.88
2024 NF PE RVU: 9.71
2024 Fac PE RVU: 4.70

RUC Recommendation: Survey **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

28820 **Amputation, toe; metatarsophalangeal joint**

Global: 000 **Issue:** Toe Amputation **Screen:** Site of Service Anomaly - 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 11 **Specialty Developing Recommendation:** AAOS, ACS, AOFAS, APMA, SVS **First Identified:** October 2018 **2022 Medicare Utilization:** 25,047

2024 Work RVU: 3.51
2024 NF PE RVU: 4.97
2024 Fac PE RVU: 1.38

RUC Recommendation: 4.10 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

28825 **Amputation, toe; interphalangeal joint**

Global: 000 **Issue:** Toe Amputation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 11 **Specialty Developing Recommendation:** AAOS, ACS, AOFAS, APMA, SVS **First Identified:** September 2007 **2022 Medicare Utilization:** 12,537

2024 Work RVU: 3.41
2024 NF PE RVU: 4.94
2024 Fac PE RVU: 1.36

RUC Recommendation: 4.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29075 **Application, cast; elbow to finger (short arm)** **Global:** 000 **Issue:** Application of Forearm Cast **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 16 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** April 2011 **2022 Medicare Utilization:** 55,034

2024 Work RVU: 0.77
2024 NF PE RVU: 1.77
2024 Fac PE RVU: 0.97

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

29105 **Application of long arm splint (shoulder to hand)** **Global:** 000 **Issue:** Application of Long Arm Splint **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 11 **Specialty Developing Recommendation:** AAOS, ACEP, ASSH **First Identified:** July 2016 **2022 Medicare Utilization:** 21,813

2024 Work RVU: 0.80
2024 NF PE RVU: 1.58
2024 Fac PE RVU: 0.29

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

29200 **Strapping; thorax** **Global:** 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2022 Medicare Utilization:** 11,021

2024 Work RVU: 0.39
2024 NF PE RVU: 0.55
2024 Fac PE RVU: 0.13

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

29220 **Deleted from CPT** **Global:** **Issue:** Strapping; low back **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** AAFP **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT, no further action necessary

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Status Report: CMS Requests and Relativity Assessment Issues

29240 **Strapping; shoulder (eg, Velpeau)**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2022 Medicare Utilization:** 17,397

2024 Work RVU: 0.39
2024 NF PE RVU: 0.48
2024 Fac PE RVU: 0.12
Result: Decrease

RUC Recommendation: 0.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

29260 **Strapping; elbow or wrist**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA **First Identified:** October 2013 **2022 Medicare Utilization:** 4,449

2024 Work RVU: 0.39
2024 NF PE RVU: 0.45
2024 Fac PE RVU: 0.14
Result: Decrease

RUC Recommendation: 0.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

29280 **Strapping; hand or finger**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA **First Identified:** October 2013 **2022 Medicare Utilization:** 4,221

2024 Work RVU: 0.39
2024 NF PE RVU: 0.46
2024 Fac PE RVU: 0.16
Result: Decrease

RUC Recommendation: 0.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

29445 **Application of rigid total contact leg cast**

Global: 000 **Issue:** Application of Rigid Leg Cast **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, AHKNS, AOFAS, AOA, NASS **First Identified:** October 2015 **2022 Medicare Utilization:** 22,583

2024 Work RVU: 1.78
2024 NF PE RVU: 1.9
2024 Fac PE RVU: 0.97
Result: Maintain

RUC Recommendation: 1.78

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29520 **Strapping; hip**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA

First Identified: April 2013

2022 Medicare Utilization: 15,436

2024 Work RVU: 0.39
2024 NF PE RVU: 0.63
2024 Fac PE RVU: 0.13

RUC Recommendation: 0.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

29530 **Strapping; knee**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA

First Identified: April 2013

2022 Medicare Utilization: 23,217

2024 Work RVU: 0.39
2024 NF PE RVU: 0.47
2024 Fac PE RVU: 0.12

RUC Recommendation: 0.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

29540 **Strapping; ankle and/or foot**

Global: 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41ii **Specialty Developing Recommendation:** APMA

First Identified: October 2009

2022 Medicare Utilization: 157,789

2024 Work RVU: 0.39
2024 NF PE RVU: 0.42
2024 Fac PE RVU: 0.09

RUC Recommendation: 0.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

29550 **Strapping; toes**

Global: 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41ii **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2022 Medicare Utilization:** 41,976

2024 Work RVU: 0.25
2024 NF PE RVU: 0.31
2024 Fac PE RVU: 0.06

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

29580 **Strapping; Unna boot**

Global: 000 **Issue:** Strapping Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 13 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2022 Medicare Utilization:** 202,398

2024 Work RVU: 0.55
2024 NF PE RVU: 1.3
2024 Fac PE RVU: 0.16

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

29581 **Application of multi-layer compression system; leg (below knee), including ankle and foot**

Global: 000 **Issue:** Strapping Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 13 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2022 Medicare Utilization:** 205,717

2024 Work RVU: 0.60
2024 NF PE RVU: 2.03
2024 Fac PE RVU: 0.18

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29582 **Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed**

Global: **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

29583 **Application of multi-layer compression system; upper arm and forearm**

Global: **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

29584 **Application of multi-layer compression system; upper arm, forearm, hand, and fingers**

Global: 000 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 20 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2022 Medicare Utilization:** 3,946

2024 Work RVU: 0.35
2024 NF PE RVU: 2.04
2024 Fac PE RVU: 0.10

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

Status Report: CMS Requests and Relativity Assessment Issues

29590 **Denis-Browne splint strapping**

Global: **Issue:** Dennis-Browne splint revision **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

29805 **Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2022 Medicare Utilization:** 332

2024 Work RVU: 6.03
2024 NF PE RVU:
2024 Fac PE RVU: 7.05

RUC Recommendation: No NF PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

29822 **Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])**

Global: 090 **Issue:** Shoulder Debridement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** October 2008 **2022 Medicare Utilization:** 6,743

2024 Work RVU: 7.03
2024 NF PE RVU:
2024 Fac PE RVU: 8.07

RUC Recommendation: 7.03 **Referred to CPT** September 2019 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29823 **Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])**

Global: 090 **Issue:** Shoulder Debridement **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / Harvard Valued - Utilization over 30,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: October 2012 **2022 Medicare Utilization:** 35,593

2024 Work RVU: 7.98
2024 NF PE RVU:
2024 Fac PE RVU: 8.49

RUC Recommendation: 7.98

Referred to CPT September 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

29824 **Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AAOS

First Identified: February 2010 **2022 Medicare Utilization:** 28,094

2024 Work RVU: 8.98
2024 NF PE RVU:
2024 Fac PE RVU: 9.84

RUC Recommendation: 8.82

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

29826 **Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AAOS

First Identified: February 2010 **2022 Medicare Utilization:** 60,904

2024 Work RVU: 3.00
2024 NF PE RVU:
2024 Fac PE RVU: 1.52

RUC Recommendation: 3.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

29827 **Arthroscopy, shoulder, surgical; with rotator cuff repair**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing/ Codes Reported Together 75% or More-Part1 / Pre-Time Analysis / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2022 Medicare Utilization:** 60,858

2024 Work RVU: 15.59
2024 NF PE RVU:
2024 Fac PE RVU: 13.60
Result: Maintain

RUC Recommendation: 15.59. Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

29828 **Arthroscopy, shoulder, surgical; biceps tenodesis**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2022 Medicare Utilization:** 19,448

2024 Work RVU: 13.16
2024 NF PE RVU:
2024 Fac PE RVU: 11.96
Result: Maintain

RUC Recommendation: 13.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

29830 **Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2022 Medicare Utilization:** 86

2024 Work RVU: 5.88
2024 NF PE RVU:
2024 Fac PE RVU: 6.97
Result: PE Only

RUC Recommendation: No NF PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29840 **Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2022 Medicare Utilization:** 68

2024 Work RVU: 5.68
2024 NF PE RVU:
2024 Fac PE RVU: 7.04
Result: PE Only

RUC Recommendation: No NF PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

29870 **Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2022 Medicare Utilization:** 339

2024 Work RVU: 5.19
2024 NF PE RVU: 10.58
2024 Fac PE RVU: 6.32
Result: PE Only

RUC Recommendation: New PE non-facility inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

29888 **Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction**

Global: 090 **Issue:** ACL Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 38 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 961

2024 Work RVU: 14.30
2024 NF PE RVU:
2024 Fac PE RVU: 12.35
Result: Maintain

RUC Recommendation: 14.14

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

29900 **Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2022 Medicare Utilization:**

2024 Work RVU: 5.88
2024 NF PE RVU:
2024 Fac PE RVU: 8.37
Result: PE Only

RUC Recommendation: No NF PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

2X005 **Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed**

Global: **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2022 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 13.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

30117 **Excision or destruction (eg, laser), intranasal lesion; internal approach**

Global: 090 **Issue:** Posterior Nasal Nerve Ablation **Screen:** RUC recommendation process, not part of RAW **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 07 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** N/A **2022 Medicare Utilization:** 19,880

2024 Work RVU: 3.91
2024 NF PE RVU: 25.26
2024 Fac PE RVU: 8.03

RUC Recommendation: CPT Assistant previously published addressed issue **Referred to CPT** **Result:** Not Part of RAW

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2019

30140 **Submucous resection inferior turbinate, partial or complete, any method**

Global: 000 **Issue:** Resection of Inferior Turbinate **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 14 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2022 Medicare Utilization:** 43,131

2024 Work RVU: 3.00
2024 NF PE RVU: 5.48
2024 Fac PE RVU: 1.90

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

30465 **Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)** **Global:** 090 **Issue:** Repair Nasal Stenosis **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2022 Medicare Utilization:** 3,083

2024 Work RVU: 12.36
2024 NF PE RVU:
2024 Fac PE RVU: 16.82

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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30901 **Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method** **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2009 **2022 Medicare Utilization:** 65,527

2024 Work RVU: 1.10
2024 NF PE RVU: 3.41
2024 Fac PE RVU: 0.40

RUC Recommendation: 1.10 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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30903 **Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method** **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2022 Medicare Utilization:** 35,148

2024 Work RVU: 1.54
2024 NF PE RVU: 5.52
2024 Fac PE RVU: 0.50

RUC Recommendation: 1.54 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

30905 **Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial**

Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2022 Medicare Utilization:** 3,814

2024 Work RVU: 1.97
2024 NF PE RVU: 8.19
2024 Fac PE RVU: 0.84

RUC Recommendation: 1.97 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

30906 **Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent**

Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2022 Medicare Utilization:** 738

2024 Work RVU: 2.45
2024 NF PE RVU: 8.43
2024 Fac PE RVU: 1.11

RUC Recommendation: 2.45 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

31231 **Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** MPC List / Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2010 **2022 Medicare Utilization:** 623,935

2024 Work RVU: 1.10
2024 NF PE RVU: 4.37
2024 Fac PE RVU: 0.67

RUC Recommendation: Review in 3 years. 1.10 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31237 **Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2011 **2022 Medicare Utilization:** 122,300

2024 Work RVU: 2.60
2024 NF PE RVU: 4.76
2024 Fac PE RVU: 1.81

RUC Recommendation: 2.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

31238 **Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2022 Medicare Utilization:** 24,805

2024 Work RVU: 2.74
2024 NF PE RVU: 4.4
2024 Fac PE RVU: 1.87

RUC Recommendation: 2.74

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

31239 **Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy**

Global: 010 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2022 Medicare Utilization:** 1,208

2024 Work RVU: 9.04
2024 NF PE RVU:
2024 Fac PE RVU: 8.13

RUC Recommendation: 9.04

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

31240 **Nasal/sinus endoscopy, surgical; with concha bullosa resection**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2022 Medicare Utilization:** 4,009

2024 Work RVU: 2.61
2024 NF PE RVU:
2024 Fac PE RVU: 1.77

RUC Recommendation: 2.61

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

31241 **Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2022 Medicare Utilization:** 450

2024 Work RVU: 8.00
2024 NF PE RVU:
2024 Fac PE RVU: 4.07

RUC Recommendation: 8.51 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31253 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2022 Medicare Utilization:** 6,322

2024 Work RVU: 9.00
2024 NF PE RVU:
2024 Fac PE RVU: 4.57

RUC Recommendation: 9.00 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31254 **Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2022 Medicare Utilization:** 10,594

2024 Work RVU: 4.27
2024 NF PE RVU: 8.25
2024 Fac PE RVU: 2.37

RUC Recommendation: 4.27 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31255 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2022 Medicare Utilization:** 7,525

2024 Work RVU: 5.75
2024 NF PE RVU:
2024 Fac PE RVU: 3.05

RUC Recommendation: 5.75 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31256 **Nasal/sinus endoscopy, surgical, with maxillary antrostomy;**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2022 Medicare Utilization:** 10,541

2024 Work RVU: 3.11
2024 NF PE RVU:
2024 Fac PE RVU: 1.82

RUC Recommendation: 3.11 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31257 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2022 Medicare Utilization:** 4,524

2024 Work RVU: 8.00
2024 NF PE RVU:
2024 Fac PE RVU: 4.10

RUC Recommendation: 8.00 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31259 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2022 Medicare Utilization:** 6,853

2024 Work RVU: 8.48
2024 NF PE RVU:
2024 Fac PE RVU: 4.32

RUC Recommendation: 8.48 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31267 **Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2022 Medicare Utilization:** 22,683

2024 Work RVU: 4.68
2024 NF PE RVU:
2024 Fac PE RVU: 2.55

RUC Recommendation: 4.68 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31276 **Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2022 Medicare Utilization:** 11,570

2024 Work RVU: 6.75
2024 NF PE RVU:
2024 Fac PE RVU: 3.53

RUC Recommendation: 6.75 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31287 **Nasal/sinus endoscopy, surgical, with sphenoidotomy;**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2022 Medicare Utilization:** 2,236

2024 Work RVU: 3.50
2024 NF PE RVU:
2024 Fac PE RVU: 2.00

RUC Recommendation: 3.50 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31288 **Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2022 Medicare Utilization:** 3,387

2024 Work RVU: 4.10
2024 NF PE RVU:
2024 Fac PE RVU: 2.28

RUC Recommendation: 4.10 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31295 **Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2022 Medicare Utilization:** 21,727

2024 Work RVU: 2.70
2024 NF PE RVU: 46.2
2024 Fac PE RVU: 1.62

RUC Recommendation: 2.70 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31296 **Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2022 Medicare Utilization:** 5,979

2024 Work RVU: 3.10
2024 NF PE RVU: 46.51
2024 Fac PE RVU: 1.81

RUC Recommendation: 3.10 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31297 **Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2022 Medicare Utilization:** 1,339

2024 Work RVU: 2.44
2024 NF PE RVU: 46.06
2024 Fac PE RVU: 1.50

RUC Recommendation: 2.44 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31298 **Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2022 Medicare Utilization:** 15,200

2024 Work RVU: 4.50
2024 NF PE RVU: 87.52
2024 Fac PE RVU: 2.47

RUC Recommendation: 4.50 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31500 **Intubation, endotracheal, emergency procedure** **Global:** 000 **Issue:** Endotracheal Intubation **Screen:** CMS High Expenditure Procedural Codes2 / Modifer -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 27 **Specialty Developing Recommendation:** ACEP, ASA **First Identified:** July 2015 **2022 Medicare Utilization:** 218,803

2024 Work RVU: 3.00
2024 NF PE RVU:
2024 Fac PE RVU: 0.74

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2016

31525 **Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn** **Global:** 000 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2024 **2022 Medicare Utilization:** 29,696

2024 Work RVU: 2.63
2024 NF PE RVU: 4.52
2024 Fac PE RVU: 1.77

RUC Recommendation: Review in 3 years **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

31551 **Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age** **Global:** 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2022 Medicare Utilization:** 1

2024 Work RVU: 21.50
2024 NF PE RVU:
2024 Fac PE RVU: 21.78

RUC Recommendation: 21.50 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31552 **Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2022 Medicare Utilization:** 24

2024 Work RVU: 20.50
2024 NF PE RVU:
2024 Fac PE RVU: 21.34

RUC Recommendation: 20.50 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31553 **Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2022 Medicare Utilization:**

2024 Work RVU: 22.00
2024 NF PE RVU:
2024 Fac PE RVU: 25.34

RUC Recommendation: 22.00 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31554 **Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2022 Medicare Utilization:** 14

2024 Work RVU: 22.00
2024 NF PE RVU:
2024 Fac PE RVU: 25.36

RUC Recommendation: 22.00 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31571 **Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope**

Global: 000 **Issue:** Laryngoscopy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2022 Medicare Utilization:** 5,189

2024 Work RVU: 4.26
2024 NF PE RVU:
2024 Fac PE RVU: 2.53

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31575 **Laryngoscopy, flexible; diagnostic**

Global: 000 **Issue:**

Screen: MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 08 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2010

2022 Medicare Utilization: 536,063

2024 Work RVU: 0.94
2024 NF PE RVU: 2.8
2024 Fac PE RVU: 0.98

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

31579 **Laryngoscopy, flexible or rigid telescopic, with stroboscopy**

Global: 000 **Issue:** Laryngoscopy

Screen: CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 08 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2008

2022 Medicare Utilization: 81,659

2024 Work RVU: 1.88
2024 NF PE RVU: 3.82
2024 Fac PE RVU: 1.45

RUC Recommendation: 1.94

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

31580 **Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion**

Global: 090 **Issue:** Laryngoplasty

Screen: 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS

First Identified: April 2014

2022 Medicare Utilization: 18

2024 Work RVU: 14.60
2024 NF PE RVU:
2024 Fac PE RVU: 21.90

RUC Recommendation: 14.60

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

31582 **Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy**

Global: **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

31584 **Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2022 Medicare Utilization:** 12

2024 Work RVU: 17.58
2024 NF PE RVU:
2024 Fac PE RVU: 22.30

RUC Recommendation: 20.00 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31587 **Laryngoplasty, cricoid split, without graft placement**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2022 Medicare Utilization:** 6

2024 Work RVU: 15.27
2024 NF PE RVU:
2024 Fac PE RVU: 18.89

RUC Recommendation: 15.27 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31588 **Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)**

Global: **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2014 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31591 **Laryngoplasty, medialization, unilateral**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAOHNS

First Identified: October 2015 **2022 Medicare Utilization:** 1,038

2024 Work RVU: 13.56 **2024 NF PE RVU:** **2024 Fac PE RVU:** 17.63

RUC Recommendation: 15.60 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31592 **Cricotracheal resection**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAOHNS

First Identified: October 2015 **2022 Medicare Utilization:** 32

2024 Work RVU: 25.00 **2024 NF PE RVU:** **2024 Fac PE RVU:** 23.44

RUC Recommendation: 25.00 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31600 **Tracheostomy, planned (separate procedure);**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAOHNS

First Identified: July 2015 **2022 Medicare Utilization:** 19,723

2024 Work RVU: 5.56 **2024 NF PE RVU:** **2024 Fac PE RVU:** 2.43

RUC Recommendation: 5.56 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

31601 **Tracheostomy, planned (separate procedure); younger than 2 years**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAOHNS

First Identified: July 2015 **2022 Medicare Utilization:** 5

2024 Work RVU: 8.00 **2024 NF PE RVU:** **2024 Fac PE RVU:** 4.23

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31603 **Tracheostomy, emergency procedure; transtracheal**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2022 Medicare Utilization:** 587

2024 Work RVU: 6.00
2024 NF PE RVU:
2024 Fac PE RVU: 2.39

RUC Recommendation: 6.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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31605 **Tracheostomy, emergency procedure; cricothyroid membrane**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2022 Medicare Utilization:** 224

2024 Work RVU: 6.45
2024 NF PE RVU:
2024 Fac PE RVU: 2.08

RUC Recommendation: 6.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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31610 **Tracheostomy, fenestration procedure with skin flaps**

Global: 090 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 15 **Specialty Developing Recommendation:** AAOHNS, ACS **First Identified:** July 2015 **2022 Medicare Utilization:** 1,072

2024 Work RVU: 12.00
2024 NF PE RVU:
2024 Fac PE RVU: 14.97

RUC Recommendation: 12.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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31611 **Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)**

Global: 090 **Issue:** Speech Prosthesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2022 Medicare Utilization:** 618

2024 Work RVU: 6.00
2024 NF PE RVU:
2024 Fac PE RVU: 9.31

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

31620 **Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])**

Global: **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

31622 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2022 Medicare Utilization:** 34,089

2024 Work RVU: 2.53
2024 NF PE RVU: 4.64
2024 Fac PE RVU: 1.06

RUC Recommendation: 2.78 **Referred to CPT** October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

31623 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings**

Global: 000 **Issue:** Diagnostic Bronchoscopy **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 09 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2016 **2022 Medicare Utilization:** 17,295

2024 Work RVU: 2.63
2024 NF PE RVU: 5.35
2024 Fac PE RVU: 1.01

RUC Recommendation: 2.63 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

31624 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage**

Global: 000 **Issue:** Diagnostic Bronchoscopy **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 09 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2017 **2022 Medicare Utilization:** 95,863

2024 Work RVU: 2.63
2024 NF PE RVU: 4.77
2024 Fac PE RVU: 1.05

RUC Recommendation: 2.63 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31625 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2013 **2022 Medicare Utilization:** 13,281

2024 Work RVU: 3.11
2024 NF PE RVU: 7.02
2024 Fac PE RVU: 1.17

RUC Recommendation: 3.36 **Referred to CPT** October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

31626 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2022 Medicare Utilization:** 2,253

2024 Work RVU: 3.91
2024 NF PE RVU: 19.07
2024 Fac PE RVU: 1.41

RUC Recommendation: 4.16 **Referred to CPT** October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

31628 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2022 Medicare Utilization:** 29,879

2024 Work RVU: 3.55
2024 NF PE RVU: 7.25
2024 Fac PE RVU: 1.29

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

31629 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2022 Medicare Utilization:** 17,310

2024 Work RVU: 3.75
2024 NF PE RVU: 9.41
2024 Fac PE RVU: 1.36

RUC Recommendation: 4.00 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31632 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: April 2013

2022 Medicare Utilization: 4,114

2024 Work RVU: 1.03
2024 NF PE RVU: 0.81
2024 Fac PE RVU: 0.31

RUC Recommendation: 1.03

Referred to CPT

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

2022 Medicare Utilization: 1,283

2024 Work RVU: 1.32
2024 NF PE RVU: 0.95
2024 Fac PE RVU: 0.39

RUC Recommendation: 1.32

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

31645 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 08 **Specialty Developing Recommendation:** ATS, CHEST

First Identified: October 2015

2022 Medicare Utilization: 33,070

2024 Work RVU: 2.88
2024 NF PE RVU: 5.04
2024 Fac PE RVU: 1.15

RUC Recommendation: 2.88

Referred to CPT May 2016

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31646 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 08 **Specialty Developing Recommendation:** ATS, CHEST

First Identified: October 2015

2022 Medicare Utilization: 3,888

2024 Work RVU: 2.78

2024 NF PE RVU:

2024 Fac PE RVU: 1.12

RUC Recommendation: 2.78

Referred to CPT May 2016

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

31652 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ATS, ACCP

First Identified: October 2014

2022 Medicare Utilization: 23,278

2024 Work RVU: 4.46

2024 NF PE RVU: 32.22

2024 Fac PE RVU: 1.57

RUC Recommendation: 5.00

Referred to CPT October 2014

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31653 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ATS, ACCP

First Identified: October 2014

2022 Medicare Utilization: 15,529

2024 Work RVU: 4.96

2024 NF PE RVU: 33.07

2024 Fac PE RVU: 1.71

RUC Recommendation: 5.50

Referred to CPT October 2014

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31654 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])**

Global: ZZZ **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ATS, ACCP

First Identified: October 2014 **2022 Medicare Utilization:** 13,207

2024 Work RVU: 1.40
2024 NF PE RVU: 2.07
2024 Fac PE RVU: 0.43

RUC Recommendation: 1.70 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

32201 **Pneumonostomy; with percutaneous drainage of abscess or cyst**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

32405 **Biopsy, lung or mediastinum, percutaneous needle**

Global: **Issue:** Lung Biopsy-CT Guidance Bundle **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 05 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32408 **Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed**

Global: 000 **Issue:** Lung Biopsy-CT Guidance Bundle **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 05 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** April 2019 **2022 Medicare Utilization:** 54,771

2024 Work RVU: 3.18
2024 NF PE RVU: 21.68
2024 Fac PE RVU: 0.96

RUC Recommendation: 4.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

32420 **Pneumocentesis, puncture of lung for aspiration**

Global: **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

32421 **Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent**

Global: **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32422 **Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)**

Global: **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** April 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

32440 **Removal of lung, pneumonectomy;**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2022 Medicare Utilization:** 132

2024 Work RVU: 27.28
2024 NF PE RVU:
2024 Fac PE RVU: 12.42

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures. **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

32480 **Removal of lung, other than pneumonectomy; single lobe (lobectomy)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2022 Medicare Utilization:** 2,488

2024 Work RVU: 25.82
2024 NF PE RVU:
2024 Fac PE RVU: 11.65

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures. **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32482 **Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)** **Global:** 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2022 Medicare Utilization:** 153

2024 Work RVU: 27.44
2024 NF PE RVU:
2024 Fac PE RVU: 12.62

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

32491 **Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed** **Global:** 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2022 Medicare Utilization:** 9

2024 Work RVU: 25.24
2024 NF PE RVU:
2024 Fac PE RVU: 12.16

RUC Recommendation: Request further information from CMS

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

32551 **Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)** **Global:** 000 **Issue:** Chest Tube Thoracostomy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** April 2011 **2022 Medicare Utilization:** 29,955

2024 Work RVU: 3.04
2024 NF PE RVU:
2024 Fac PE RVU: 1.02

RUC Recommendation: 3.50

Referred to CPT February 2012

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32554 **Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2022 Medicare Utilization:** 9,826

2024 Work RVU: 1.82
2024 NF PE RVU: 4.98
2024 Fac PE RVU: 0.58

RUC Recommendation: 1.82 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

32555 **Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2022 Medicare Utilization:** 207,717

2024 Work RVU: 2.27
2024 NF PE RVU: 6.86
2024 Fac PE RVU: 0.71

RUC Recommendation: 2.27 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

32556 **Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2022 Medicare Utilization:** 4,383

2024 Work RVU: 2.50
2024 NF PE RVU: 19.23
2024 Fac PE RVU: 0.79

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

32557 **Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2022 Medicare Utilization:** 33,651

2024 Work RVU: 3.12
2024 NF PE RVU: 16.17
2024 Fac PE RVU: 0.94

RUC Recommendation: 3.62 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32663 **Thoracoscopy, surgical; with lobectomy (single lobe)** **Global:** 090 **Issue:** RAW review **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** STS **First Identified:** October 2008 **2022 Medicare Utilization:** 8,316

2024 Work RVU: 24.64
2024 NF PE RVU:
2024 Fac PE RVU: 10.60

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

Referred to CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

33011 **Pericardiocentesis; subsequent** **Global:** **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

33015 **Tube pericardiostomy** **Global:** **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33016 **Pericardiocentesis, including imaging guidance, when performed**

Global: 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: September 2018 **2022 Medicare Utilization:** 4,118

2024 Work RVU: 4.40
2024 NF PE RVU:
2024 Fac PE RVU: 1.50

RUC Recommendation: 5.00

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

33017 **Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly**

Global: 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: September 2018 **2022 Medicare Utilization:** 3,497

2024 Work RVU: 4.62
2024 NF PE RVU:
2024 Fac PE RVU: 1.59

RUC Recommendation: 5.50

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

33018 **Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly**

Global: 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: September 2018 **2022 Medicare Utilization:** 5

2024 Work RVU: 5.40
2024 NF PE RVU:
2024 Fac PE RVU: 1.83

RUC Recommendation: 6.00

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

33019 **Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance**

Global: 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: September 2018 **2022 Medicare Utilization:** 242

2024 Work RVU: 4.29
2024 NF PE RVU:
2024 Fac PE RVU: 1.34

RUC Recommendation: 5.00

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

33020 **Pericardiotomy for removal of clot or foreign body (primary procedure)**

Global: 090 **Issue:** Pericardiotomy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 10 **Specialty Developing Recommendation:** AATS, STS

First Identified: April 2018 **2022 Medicare Utilization:** 151

2024 Work RVU: 14.31
2024 NF PE RVU:
2024 Fac PE RVU: 6.70

RUC Recommendation: 14.31

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33025 **Creation of pericardial window or partial resection for drainage**

Global: 090 **Issue:** Pericardiotomy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 10 **Specialty Developing Recommendation:** AATS, STS

First Identified: April 2017 **2022 Medicare Utilization:** 3,426

2024 Work RVU: 13.20
2024 NF PE RVU:
2024 Fac PE RVU: 6.44

RUC Recommendation: 13.20

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33207 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2022 Medicare Utilization:** 9,237

2024 Work RVU: 7.80
2024 NF PE RVU:
2024 Fac PE RVU: 4.52

RUC Recommendation: 8.05

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33208 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2022 Medicare Utilization:** 89,069

2024 Work RVU: 8.52
2024 NF PE RVU:
2024 Fac PE RVU: 4.80

RUC Recommendation: 8.77

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

33212 **Insertion of pacemaker pulse generator only; with existing single lead**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2022 Medicare Utilization:** 210

2024 Work RVU: 5.01
2024 NF PE RVU:
2024 Fac PE RVU: 3.39

RUC Recommendation: 5.26

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33213 **Insertion of pacemaker pulse generator only; with existing dual leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2022 Medicare Utilization:** 879

2024 Work RVU: 5.28
2024 NF PE RVU:
2024 Fac PE RVU: 3.51

RUC Recommendation: 5.53

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

33221 **Insertion of pacemaker pulse generator only; with existing multiple leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011

2022 Medicare Utilization: 218

2024 Work RVU: 5.55

2024 NF PE RVU:

2024 Fac PE RVU: 3.76

RUC Recommendation: 5.80

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33227 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011

2022 Medicare Utilization: 2,450

2024 Work RVU: 5.25

2024 NF PE RVU:

2024 Fac PE RVU: 3.57

RUC Recommendation: 5.50

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33228 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011

2022 Medicare Utilization: 31,716

2024 Work RVU: 5.52

2024 NF PE RVU:

2024 Fac PE RVU: 3.69

RUC Recommendation: 5.77

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

33229 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2022 Medicare Utilization:** 6,071

2024 Work RVU: 5.79
2024 NF PE RVU:
2024 Fac PE RVU: 3.90

RUC Recommendation: 6.04 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

33230 **Insertion of implantable defibrillator pulse generator only; with existing dual leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2022 Medicare Utilization:** 66

2024 Work RVU: 6.07
2024 NF PE RVU:
2024 Fac PE RVU: 3.58

RUC Recommendation: 6.32 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

33231 **Insertion of implantable defibrillator pulse generator only; with existing multiple leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2022 Medicare Utilization:** 105

2024 Work RVU: 6.34
2024 NF PE RVU:
2024 Fac PE RVU: 4.07

RUC Recommendation: 6.59 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33233 **Removal of permanent pacemaker pulse generator only**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2022 Medicare Utilization:** 7,278

2024 Work RVU: 3.14
2024 NF PE RVU:
2024 Fac PE RVU: 3.06

RUC Recommendation: 3.39 **Referred to CPT** February 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33240 **Insertion of implantable defibrillator pulse generator only; with existing single lead**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2022 Medicare Utilization:** 87

2024 Work RVU: 5.80
2024 NF PE RVU:
2024 Fac PE RVU: 3.75

RUC Recommendation: 6.06 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

33241 **Removal of implantable defibrillator pulse generator only**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2022 Medicare Utilization:** 4,615

2024 Work RVU: 3.04
2024 NF PE RVU:
2024 Fac PE RVU: 2.63

RUC Recommendation: 3.29 **Referred to CPT** February 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33249 **Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010

2022 Medicare Utilization: 30,061

2024 Work RVU: 14.92

2024 NF PE RVU:

2024 Fac PE RVU: 8.53

RUC Recommendation: 15.17

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

33262 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011

2022 Medicare Utilization: 2,428

2024 Work RVU: 5.81

2024 NF PE RVU:

2024 Fac PE RVU: 3.86

RUC Recommendation: 6.06

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33263 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011

2022 Medicare Utilization: 5,122

2024 Work RVU: 6.08

2024 NF PE RVU:

2024 Fac PE RVU: 3.95

RUC Recommendation: 6.33

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

33264 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011

2022 Medicare Utilization: 12,489

2024 Work RVU: 6.35

2024 NF PE RVU:

2024 Fac PE RVU: 4.10

RUC Recommendation: 6.60

Referred to CPT February 2011

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

33274 **Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed**

Global: 090 **Issue:** Transcatheter Insertion or Replacement of Permanent Leadless Pacemaker **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 12 **Specialty Developing Recommendation:** ACC, HRS

First Identified: April 2023

2022 Medicare Utilization: 12,586

2024 Work RVU: 7.80

2024 NF PE RVU:

2024 Fac PE RVU: 4.51

RUC Recommendation: Maintain and Review in 3 years (Sept 2026).

Referred to CPT

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

33275 **Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed**

Global: 090 **Issue:** Transcatheter Insertion or Replacement of Permanent Leadless Pacemaker **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 12 **Specialty Developing Recommendation:** ACC, HRS

First Identified: September 2023

2022 Medicare Utilization: 42

2024 Work RVU: 8.59

2024 NF PE RVU:

2024 Fac PE RVU: 4.30

RUC Recommendation: Maintain and Review in 3 years (Sept 2026).

Referred to CPT

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33276 **Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2022 Medicare Utilization:**

2024 Work RVU: 9.50
2024 NF PE RVU:
2024 Fac PE RVU: 5.39

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

33277 **Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2022 Medicare Utilization:**

2024 Work RVU: 5.43
2024 NF PE RVU:
2024 Fac PE RVU: 2.24

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

33278 **Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2022 Medicare Utilization:**

2024 Work RVU: 9.55
2024 NF PE RVU:
2024 Fac PE RVU: 5.21

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33279 **Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2022 Medicare Utilization:**

2024 Work RVU: 5.42
2024 NF PE RVU:
2024 Fac PE RVU: 3.59

RUC Recommendation: Review action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

33280 **Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2022 Medicare Utilization:**

2024 Work RVU: 3.04
2024 NF PE RVU:
2024 Fac PE RVU: 2.82

RUC Recommendation: Review action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

33281 **Repositioning of phrenic nerve stimulator transvenous lead(s)**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2022 Medicare Utilization:**

2024 Work RVU: 6.00
2024 NF PE RVU:
2024 Fac PE RVU: 3.71

RUC Recommendation: Review action Plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

33282 **Implantation of patient-activated cardiac event recorder**

Global: **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 3.50

Referred to CPT February 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

33284 **Removal of an implantable, patient-activated cardiac event recorder**

Global: **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 3.00

Referred to CPT February 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

33287 **Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2022 Medicare Utilization:**

2024 Work RVU: 6.05
2024 NF PE RVU:
2024 Fac PE RVU: 4.00

RUC Recommendation: Review action Plan

Referred to CPT **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33288 **Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2022 Medicare Utilization:**

2024 Work RVU: 8.51
2024 NF PE RVU:
2024 Fac PE RVU: 4.61

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

33364 **Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach**

Global: 000 **Issue:** Transcatheter Aortic Valve Replacement **Screen:** RAW Flag Service with Less than 30 Survey Responses **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** April 2018 **2022 Medicare Utilization:** 11

2024 Work RVU: 25.97
2024 NF PE RVU: NA
2024 Fac PE RVU: 7.90

RUC Recommendation: Review action plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

33405 **Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 40 **Specialty Developing Recommendation:** STS **First Identified:** September 2011 **2022 Medicare Utilization:** 11,794

2024 Work RVU: 41.32
2024 NF PE RVU:
2024 Fac PE RVU: 15.52

RUC Recommendation: 41.32 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33430 **Replacement, mitral valve, with cardiopulmonary bypass**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** High IWPUT / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 40 **Specialty Developing Recommendation:** STS

First Identified: February 2008 **2022 Medicare Utilization:** 6,190

2024 Work RVU: 50.93
2024 NF PE RVU:
2024 Fac PE RVU: 19.24

RUC Recommendation: 50.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

33533 **Coronary artery bypass, using arterial graft(s); single arterial graft**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 40 **Specialty Developing Recommendation:** STS

First Identified: September 2011 **2022 Medicare Utilization:** 44,477

2024 Work RVU: 33.75
2024 NF PE RVU:
2024 Fac PE RVU: 13.24

RUC Recommendation: 34.98

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

33620 **Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** STS

First Identified: January 2015 **2022 Medicare Utilization:** 64

2024 Work RVU: 30.00
2024 NF PE RVU:
2024 Fac PE RVU: 11.11

RUC Recommendation: CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33621 **Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** STS **First Identified:** January 2015 **2022 Medicare Utilization:**

2024 Work RVU: 16.18
2024 NF PE RVU:
2024 Fac PE RVU: 7.31

RUC Recommendation: CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

33622 **Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** STS **First Identified:** January 2015 **2022 Medicare Utilization:** 2

2024 Work RVU: 64.00
2024 NF PE RVU:
2024 Fac PE RVU: 20.85

RUC Recommendation: CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.

Referred to CPT

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 RUC Meeting: January 2020 **Tab:** 13 **Specialty Developing Recommendation:** **First Identified:** September 2019 **2022 Medicare Utilization:** 72

2024 Work RVU: 14.00
2024 NF PE RVU:
2024 Fac PE RVU: 4.76

RUC Recommendation: 14.00

Referred to CPT September 2019

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33745 **Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt**

Global: 000 **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 13 **Specialty Developing Recommendation:**

First Identified: September 2019 **2022 Medicare Utilization:** 8

2024 Work RVU: 20.00
2024 NF PE RVU:
2024 Fac PE RVU: 6.81

RUC Recommendation: 20.00

Referred to CPT September 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

33746 **Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 13 **Specialty Developing Recommendation:**

First Identified: September 2019 **2022 Medicare Utilization:**

2024 Work RVU: 8.00
2024 NF PE RVU:
2024 Fac PE RVU: 2.72

RUC Recommendation: 10.50

Referred to CPT September 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

33863 **Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)**

Global: 090 **Issue:** Aortic Graft **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** STS, AATS

First Identified: February 2008 **2022 Medicare Utilization:** 1,873

2024 Work RVU: 58.79
2024 NF PE RVU:
2024 Fac PE RVU: 19.32

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

33945 **Heart transplant, with or without recipient cardiectomy**

Global: 090 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2022 Medicare Utilization:** 702

2024 Work RVU: 89.50
2024 NF PE RVU:
2024 Fac PE RVU: 31.71

RUC Recommendation: 16.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33946 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2014 **2022 Medicare Utilization:** 418

2024 Work RVU: 6.00
2024 NF PE RVU:
2024 Fac PE RVU: 1.78

RUC Recommendation: 6.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33947 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2022 Medicare Utilization:** 1,309

2024 Work RVU: 6.63
2024 NF PE RVU:
2024 Fac PE RVU: 1.97

RUC Recommendation: 6.63 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33948 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2022 Medicare Utilization:** 4,715

2024 Work RVU: 4.73
2024 NF PE RVU:
2024 Fac PE RVU: 1.44

RUC Recommendation: 4.73 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33949 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2022 Medicare Utilization:** 5,755

2024 Work RVU: 4.60
2024 NF PE RVU:
2024 Fac PE RVU: 1.40

RUC Recommendation: 4.60 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33951 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2022 Medicare Utilization:**

2024 Work RVU: 8.15
2024 NF PE RVU:
2024 Fac PE RVU: 2.29

RUC Recommendation: 8.15 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33952 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2022 Medicare Utilization:** 1,293

2024 Work RVU: 8.15
2024 NF PE RVU:
2024 Fac PE RVU: 2.51

RUC Recommendation: 8.43 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33953 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2022 Medicare Utilization:**

2024 Work RVU: 9.11
2024 NF PE RVU:
2024 Fac PE RVU: 2.54

RUC Recommendation: 9.83 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33954 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2022 Medicare Utilization:** 240

2024 Work RVU: 9.11
2024 NF PE RVU:
2024 Fac PE RVU: 2.64

RUC Recommendation: 9.43 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33956 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2022 Medicare Utilization:** 381

2024 Work RVU: 16.00
2024 NF PE RVU:
2024 Fac PE RVU: 4.59

RUC Recommendation: 16.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33957 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2022 Medicare Utilization:**

2024 Work RVU: 3.51
2024 NF PE RVU:
2024 Fac PE RVU: 1.05

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33958 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2022 Medicare Utilization:** 63

2024 Work RVU: 3.51
2024 NF PE RVU:
2024 Fac PE RVU: 1.05

RUC Recommendation: 4.05 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33959 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2022 Medicare Utilization:**

2024 Work RVU: 4.47
2024 NF PE RVU:
2024 Fac PE RVU: 1.31

RUC Recommendation: 4.69 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33960 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day**

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

33961 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day**

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

33962 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2022 Medicare Utilization:** 18

2024 Work RVU: 4.47
2024 NF PE RVU:
2024 Fac PE RVU: 1.31

RUC Recommendation: 4.73 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33963 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2022 Medicare Utilization:**

2024 Work RVU: 9.00
2024 NF PE RVU:
2024 Fac PE RVU: 2.51

RUC Recommendation: 9.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33964 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2022 Medicare Utilization:** 17

2024 Work RVU: 9.50
2024 NF PE RVU:
2024 Fac PE RVU: 2.65

RUC Recommendation: 9.50 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33965 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2022 Medicare Utilization:**

2024 Work RVU: 3.51
2024 NF PE RVU:
2024 Fac PE RVU: 1.05

RUC Recommendation: 3.51 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33966 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2022 Medicare Utilization:** 422

2024 Work RVU: 4.50
2024 NF PE RVU:
2024 Fac PE RVU: 1.40

RUC Recommendation: 4.50 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33969 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2022 Medicare Utilization:** 1

2024 Work RVU: 5.22
2024 NF PE RVU:
2024 Fac PE RVU: 1.50

RUC Recommendation: 6.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33984 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2022 Medicare Utilization:** 423

2024 Work RVU: 5.46
2024 NF PE RVU:
2024 Fac PE RVU: 1.53

RUC Recommendation: 6.38 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33985 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2022 Medicare Utilization:**

2024 Work RVU: 9.89
2024 NF PE RVU:
2024 Fac PE RVU: 2.75

RUC Recommendation: 9.89 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33986 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2022 Medicare Utilization:** 200

2024 Work RVU: 10.00
2024 NF PE RVU:
2024 Fac PE RVU: 2.92

RUC Recommendation: 10.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33987 **Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2022 Medicare Utilization:** 38

2024 Work RVU: 4.04
2024 NF PE RVU:
2024 Fac PE RVU: 1.08

RUC Recommendation: 4.08 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33988 **Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2022 Medicare Utilization:** 23

2024 Work RVU: 15.00
2024 NF PE RVU:
2024 Fac PE RVU: 4.11

RUC Recommendation: 15.00 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33989 **Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2022 Medicare Utilization:** 6

2024 Work RVU: 9.50
2024 NF PE RVU:
2024 Fac PE RVU: 2.65

RUC Recommendation: 9.50 **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

34701 **Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 597

2024 Work RVU: 23.71
2024 NF PE RVU:
2024 Fac PE RVU: 6.68

RUC Recommendation: 23.71 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34702 **Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 79

2024 Work RVU: 36.00
2024 NF PE RVU:
2024 Fac PE RVU: 9.08
Result: Decrease

RUC Recommendation: 36.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34703 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 585

2024 Work RVU: 26.52
2024 NF PE RVU:
2024 Fac PE RVU: 7.16
Result: Decrease

RUC Recommendation: 26.52

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34704 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 89

2024 Work RVU: 45.00
2024 NF PE RVU:
2024 Fac PE RVU: 10.97
Result: Decrease

RUC Recommendation: 45.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34705 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 9,807

2024 Work RVU: 29.58
2024 NF PE RVU:
2024 Fac PE RVU: 7.85
Result: Decrease

RUC Recommendation: 29.58

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34706 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 571

2024 Work RVU: 45.00
2024 NF PE RVU:
2024 Fac PE RVU: 10.51
Result: Decrease

RUC Recommendation: 45.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34707 **Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 363

2024 Work RVU: 22.28
2024 NF PE RVU:
2024 Fac PE RVU: 6.23
Result: Decrease

RUC Recommendation: 22.28

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34708 **Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 77

2024 Work RVU: 36.50
2024 NF PE RVU:
2024 Fac PE RVU: 7.56
Result: Decrease

RUC Recommendation: 36.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34709 **Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 2,121

2024 Work RVU: 6.50
2024 NF PE RVU:
2024 Fac PE RVU: 1.32
Result: Decrease

RUC Recommendation: 6.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34710 **Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 941

2024 Work RVU: 15.00
2024 NF PE RVU:
2024 Fac PE RVU: 4.67
Result: Decrease

RUC Recommendation: 15.00
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34711 **Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 254

2024 Work RVU: 6.00
2024 NF PE RVU:
2024 Fac PE RVU: 1.11
Result: Decrease

RUC Recommendation: 6.00
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34712 **Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 635

2024 Work RVU: 12.00
2024 NF PE RVU:
2024 Fac PE RVU: 4.34
Result: Decrease

RUC Recommendation: 12.00
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34713 **Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 15,069

2024 Work RVU: 2.50
2024 NF PE RVU:
2024 Fac PE RVU: 0.49

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

34714 **Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 412

2024 Work RVU: 5.25
2024 NF PE RVU:
2024 Fac PE RVU: 1.35

RUC Recommendation: 5.25 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

34715 **Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 178

2024 Work RVU: 6.00
2024 NF PE RVU:
2024 Fac PE RVU: 1.22

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34716 **Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2022 Medicare Utilization:** 1,381

2024 Work RVU: 7.19
2024 NF PE RVU:
2024 Fac PE RVU: 1.96

RUC Recommendation: 7.19 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

34800 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

34802 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis / Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34803 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs)**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

34804 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

34805 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorto-unifemoral prosthesis**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34806 **Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

34812 **Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2022 Medicare Utilization:** 4,768

2024 Work RVU: 4.13
2024 NF PE RVU:
2024 Fac PE RVU: 0.85

RUC Recommendation: 4.13 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

34820 **Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2022 Medicare Utilization:** 40

2024 Work RVU: 7.00
2024 NF PE RVU:
2024 Fac PE RVU: 1.09

RUC Recommendation: 7.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34825 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis / Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

34826 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

34833 **Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2022 Medicare Utilization:** 16

2024 Work RVU: 8.16
2024 NF PE RVU:
2024 Fac PE RVU: 1.27

RUC Recommendation: 8.16 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34834 **Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2022 Medicare Utilization:** 341

2024 Work RVU: 2.65
2024 NF PE RVU:
2024 Fac PE RVU: 0.46

RUC Recommendation: 2.65 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

34900 **Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35301 **Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision**

Global: 090 **Issue:** Thromboendarterectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 21 **Specialty Developing Recommendation:** SVS **First Identified:** September 2011 **2022 Medicare Utilization:** 23,542

2024 Work RVU: 21.16
2024 NF PE RVU:
2024 Fac PE RVU: 6.59

RUC Recommendation: 21.16 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35450 **Transluminal balloon angioplasty, open; renal or other visceral artery**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35452 **Transluminal balloon angioplasty, open; aortic**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35454 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35456 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35458 **Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35459 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35460 **Transluminal balloon angioplasty, open; venous**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35470 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** October 2008 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35471 **Transluminal balloon angioplasty, percutaneous; renal or visceral artery**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2009 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35472 **Transluminal balloon angioplasty, percutaneous; aortic**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2009 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** Removed from CPT referral **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35473 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35474 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** October 2008 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35475 **Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35476 **Transluminal balloon angioplasty, percutaneous; venous**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35490 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35491 **Deleted from CPT** **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35492 **Deleted from CPT** **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35493 **Deleted from CPT** **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35494 **Deleted from CPT** **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35495 **Deleted from CPT** **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35701 **Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian)** **Global:** 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2022 Medicare Utilization:** 664

2024 Work RVU: 7.50
2024 NF PE RVU:
2024 Fac PE RVU: 4.22

RUC Recommendation: 7.50 **Referred to CPT** September 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

35702 **Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)** **Global:** 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2022 Medicare Utilization:** 354

2024 Work RVU: 7.12
2024 NF PE RVU:
2024 Fac PE RVU: 3.31

RUC Recommendation: 7.12 **Referred to CPT** September 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

35703 **Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)** **Global:** 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2022 Medicare Utilization:** 531

2024 Work RVU: 7.50
2024 NF PE RVU:
2024 Fac PE RVU: 2.95

RUC Recommendation: 7.50 **Referred to CPT** September 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35721 **Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery**

Global: **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35741 **Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery**

Global: **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35761 **Exploration (not followed by surgical repair), with or without lysis of artery; other vessels**

Global: **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** April 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

36000 **Introduction of needle or intracatheter, vein**

Global: XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC, AUR, AAP, AAFP, ACRh **First Identified:** October 2009 **2022 Medicare Utilization:**

2024 Work RVU: 0.18
2024 NF PE RVU: 0.73
2024 Fac PE RVU: 0.07

RUC Recommendation: CMS consider a bundled status for this code **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36010 **Introduction of catheter, superior or inferior vena cava**

Global: XXX **Issue:** Introduction of Catheter **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 11,484

2024 Work RVU: 2.18
2024 NF PE RVU: 13.32
2024 Fac PE RVU: 0.59

RUC Recommendation: Remove from re-review. **Referred to CPT** February 2011 **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

36140 **Introduction of needle or intracatheter, upper or lower extremity artery**

Global: XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACRO **First Identified:** April 2011 **2022 Medicare Utilization:** 15,613

2024 Work RVU: 1.76
2024 NF PE RVU: 12.97
2024 Fac PE RVU: 0.48

RUC Recommendation: Remove from re-review **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

36145 **Deleted from CPT**

Global: **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 9 **Specialty Developing Recommendation:** **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36147 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)**

Global: **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

36148 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure)**

Global: **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

36215 **Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family**

Global: 000 **Issue:** Selective Catheter Placement **Screen:** Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million / Harvard Valued - Utilization greater than 30,000-Part2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 23 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 29,794

2024 Work RVU: 4.17
2024 NF PE RVU: 25.76
2024 Fac PE RVU: 1.44

RUC Recommendation: 4.17 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36216 **Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family**

Global: 000 **Issue:** Selective Catheter Placement **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 3,179

2024 Work RVU: 5.27
2024 NF PE RVU: 25.1
2024 Fac PE RVU: 1.61

RUC Recommendation: 5.27 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

36217 **Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family**

Global: 000 **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2011 **2022 Medicare Utilization:** 3,484

2024 Work RVU: 6.29
2024 NF PE RVU: 45.72
2024 Fac PE RVU: 2.03

RUC Recommendation: 6.29 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

36218 **Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)**

Global: ZZZ **Issue:** Selective Catheter Placement **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** July 2015 **2022 Medicare Utilization:** 1,782

2024 Work RVU: 1.01
2024 NF PE RVU: 5
2024 Fac PE RVU: 0.32

RUC Recommendation: 1.01 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36221 **Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 1,228

2024 Work RVU: 3.92
2024 NF PE RVU: 24.32
2024 Fac PE RVU: 1.05

RUC Recommendation: 4.51 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36222 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 5,149

2024 Work RVU: 5.28
2024 NF PE RVU: 29.94
2024 Fac PE RVU: 1.84

RUC Recommendation: 6.00 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36223 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 25,259

2024 Work RVU: 5.75
2024 NF PE RVU: 42.25
2024 Fac PE RVU: 2.34

RUC Recommendation: 6.50 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36224 **Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 33,266

2024 Work RVU: 6.25
2024 NF PE RVU: 53.13
2024 Fac PE RVU: 2.77

RUC Recommendation: 7.55 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36225 **Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 9,323

2024 Work RVU: 5.75
2024 NF PE RVU: 39.76
2024 Fac PE RVU: 2.27

RUC Recommendation: 6.50 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36226 **Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 28,071

2024 Work RVU: 6.25
2024 NF PE RVU: 51.59
2024 Fac PE RVU: 2.73

RUC Recommendation: 7.55 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36227 **Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 15,940

2024 Work RVU: 2.09
2024 NF PE RVU: 4.56
2024 Fac PE RVU: 0.86

RUC Recommendation: 2.32 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36228 **Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 1,884

2024 Work RVU: 4.25
2024 NF PE RVU: 32.91
2024 Fac PE RVU: 1.77

RUC Recommendation: 4.25 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36245 **Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: XXX **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 22 **Specialty Developing Recommendation:** ACC, ACR, SIR, SCAI, SVS **First Identified:** October 2009 **2022 Medicare Utilization:** 30,297

2024 Work RVU: 4.65
2024 NF PE RVU: 31.02
2024 Fac PE RVU: 1.40

RUC Recommendation: 4.90 **Referred to CPT** February 2010 and February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36246 **Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: 000 **Issue:** Vascular Injection Procedures **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2022 Medicare Utilization:** 26,912

2024 Work RVU: 5.02
2024 NF PE RVU: 18.52
2024 Fac PE RVU: 1.32

RUC Recommendation: 5.27 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

36247 **Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: 000 **Issue:** Vascular Injection Procedures **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2022 Medicare Utilization:** 60,850

2024 Work RVU: 6.04
2024 NF PE RVU: 34.69
2024 Fac PE RVU: 1.62

RUC Recommendation: 7.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

36248 **Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)**

Global: ZZZ **Issue:** Catheter Placement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2022 Medicare Utilization:** 29,154

2024 Work RVU: 1.01
2024 NF PE RVU: 2.3
2024 Fac PE RVU: 0.27

RUC Recommendation: Remove from screen **Referred to CPT** February 2010 **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36251 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2022 Medicare Utilization:** 2,594

2024 Work RVU: 5.10
2024 NF PE RVU: 31.81
2024 Fac PE RVU: 1.44

RUC Recommendation: 5.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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36252 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2022 Medicare Utilization:** 4,570

2024 Work RVU: 6.74
2024 NF PE RVU: 32.81
2024 Fac PE RVU: 2.20

RUC Recommendation: 7.38 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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36253 **Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2022 Medicare Utilization:** 1,700

2024 Work RVU: 7.30
2024 NF PE RVU: 50.84
2024 Fac PE RVU: 2.11

RUC Recommendation: 7.55 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

36254 **Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2022 Medicare Utilization:** 204

2024 Work RVU: 7.90
2024 NF PE RVU: 48.56
2024 Fac PE RVU: 2.54

RUC Recommendation: 8.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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36410 **Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)**

Global: XXX **Issue:** Venipunture **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 36 **Specialty Developing Recommendation:** ACP **First Identified:** October 2009 **2022 Medicare Utilization:** 134,762

2024 Work RVU: 0.18
2024 NF PE RVU: 0.33
2024 Fac PE RVU: 0.07

RUC Recommendation: 0.18 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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36475 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2022 Medicare Utilization:** 83,381

2024 Work RVU: 5.30
2024 NF PE RVU: 25.26
2024 Fac PE RVU: 1.70

RUC Recommendation: 5.30 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

36476 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** October 2013 **2022 Medicare Utilization:** 5,091

2024 Work RVU: 2.65
2024 NF PE RVU: 5.14
2024 Fac PE RVU: 0.69

RUC Recommendation: 2.65 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36478 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2022 Medicare Utilization:** 32,008

2024 Work RVU: 5.30
2024 NF PE RVU: 22.57
2024 Fac PE RVU: 1.76

RUC Recommendation: 5.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36479 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2022 Medicare Utilization:** 3,645

2024 Work RVU: 2.65
2024 NF PE RVU: 5.78
2024 Fac PE RVU: 0.78

RUC Recommendation: 2.65 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36481 **Percutaneous portal vein catheterization by any method**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR

First Identified: NA

2022 Medicare Utilization: 637

2024 Work RVU: 6.73
2024 NF PE RVU: 43.29
2024 Fac PE RVU: 2.00

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

36511 **Therapeutic apheresis; for white blood cells**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017

2022 Medicare Utilization: 333

2024 Work RVU: 2.00
2024 NF PE RVU:
2024 Fac PE RVU: 1.15

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Increase

36512 **Therapeutic apheresis; for red blood cells**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017

2022 Medicare Utilization: 2,732

2024 Work RVU: 2.00
2024 NF PE RVU:
2024 Fac PE RVU: 1.00

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Increase

36513 **Therapeutic apheresis; for platelets**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017

2022 Medicare Utilization: 208

2024 Work RVU: 2.00
2024 NF PE RVU:
2024 Fac PE RVU: 0.94

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

36514 **Therapeutic apheresis; for plasma pheresis**

Global: 000 **Issue:** Therapeutic Apheresis and Photopheresis **Screen:** CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 11 **Specialty Developing Recommendation:** AAFP, ASCO, ASH, ASTCT, CAP, ES **First Identified:** January 2017 **2022 Medicare Utilization:** 21,488

2024 Work RVU: 1.81
2024 NF PE RVU: 17.98
2024 Fac PE RVU: 0.79

RUC Recommendation: PE Only. 1.81. CPT Assistant article published.

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Increase

36515 **Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion**

Global: **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 12 **Specialty Developing Recommendation:** CAP, RPA **First Identified:** January 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Deleted from CPT

36516 **Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion**

Global: 000 **Issue:** Therapeutic Apheresis and Photopheresis **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 11 **Specialty Developing Recommendation:** AAFP, ASCO, ASH, ASTCT, CAP, ES **First Identified:** October 2008 **2022 Medicare Utilization:** 1,105

2024 Work RVU: 1.56
2024 NF PE RVU: 51.39
2024 Fac PE RVU: 0.67

RUC Recommendation: PE Only. 1.56. CPT Assistant article published.

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

36522 **Photopheresis, extracorporeal** **Global:** 000 **Issue:** Therapeutic Apheresis and Photopheresis **Screen:** CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 11 **Specialty Developing Recommendation:** AAFP, ASCO, ASH, ASTCT, CAP, ES **First Identified:** January 2017 **2022 Medicare Utilization:** 6,661

2024 Work RVU: 1.75
2024 NF PE RVU: 38.04
2024 Fac PE RVU: 0.95
Result: Increase

RUC Recommendation: PE Only. 1.75. CPT Assistant article published.

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

36555 **Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age** **Global:** 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 16 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2022 Medicare Utilization:** 24

2024 Work RVU: 1.93
2024 NF PE RVU: 3.51
2024 Fac PE RVU: 0.39
Result: Decrease

RUC Recommendation: 1.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36556 **Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older** **Global:** 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 16 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2022 Medicare Utilization:** 340,702

2024 Work RVU: 1.75
2024 NF PE RVU: 4.37
2024 Fac PE RVU: 0.51
Result: Decrease

RUC Recommendation: 1.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36557 **Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, SIR, SVS **First Identified:** April 2023 **2022 Medicare Utilization:** 38

2024 Work RVU: 4.89
2024 NF PE RVU: 28
2024 Fac PE RVU: 3.46

RUC Recommendation: Refer to CPT **Referred to CPT** February 2025 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

36558 **Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, SIR, SVS **First Identified:** April 2023 **2022 Medicare Utilization:** 99,678

2024 Work RVU: 4.59
2024 NF PE RVU: 19.07
2024 Fac PE RVU: 2.40

RUC Recommendation: Refer to CPT **Referred to CPT** Feb 2025 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

36560 **Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, SIR, SVS **First Identified:** April 2023 **2022 Medicare Utilization:** 13

2024 Work RVU: 6.04
2024 NF PE RVU: 28.84
2024 Fac PE RVU: 3.88

RUC Recommendation: Refer to CPT **Referred to CPT** February 2025 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36561 **Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, SIR, SVS **First Identified:** April 2023 **2022 Medicare Utilization:** 113,563

2024 Work RVU: 5.79
2024 NF PE RVU: 21.99
2024 Fac PE RVU: 3.06

RUC Recommendation: Refer to CPT **Referred to CPT** February 2025 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

36563 **Insertion of tunneled centrally inserted central venous access device with subcutaneous pump**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, OEIS, SIR, SVS **First Identified:** April 2023 **2022 Medicare Utilization:** 202

2024 Work RVU: 5.99
2024 NF PE RVU: 25.09
2024 Fac PE RVU: 3.50

RUC Recommendation: Refer to CPT **Referred to CPT** February 2025 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

36565 **Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, OEIS, SIR, SVS **First Identified:** April 2023 **2022 Medicare Utilization:** 660

2024 Work RVU: 5.79
2024 NF PE RVU: 17.45
2024 Fac PE RVU: 2.94

RUC Recommendation: Refer to CPT **Referred to CPT** February 2025 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36566 **Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** OEIS, SIR, SVS **First Identified:** April 2023 **2022 Medicare Utilization:** 297

2024 Work RVU: 6.29
2024 NF PE RVU: 116.57
2024 Fac PE RVU: 3.14

RUC Recommendation: Refer to CPT **Referred to CPT** February 2025 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

36568 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age**

Global: 000 **Issue:** PICC Line Procedures **Screen:** Identified in RUC review of other services **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2016 **2022 Medicare Utilization:**

2024 Work RVU: 2.11
2024 NF PE RVU:
2024 Fac PE RVU: 0.34

RUC Recommendation: 2.11 **Referred to CPT** September 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36569 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older**

Global: 000 **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** July 2015 **2022 Medicare Utilization:** 9,219

2024 Work RVU: 1.90
2024 NF PE RVU:
2024 Fac PE RVU: 0.60

RUC Recommendation: 1.90. **Referred to CPT** September 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36572 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age**

Global: 000 **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2017 **2022 Medicare Utilization:** 17

2024 Work RVU: 1.82
2024 NF PE RVU: 8.97
2024 Fac PE RVU: 0.33
Result: Decrease

RUC Recommendation: 2.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36573 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older**

Global: 000 **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2017 **2022 Medicare Utilization:** 58,842

2024 Work RVU: 1.70
2024 NF PE RVU: 9.39
2024 Fac PE RVU: 0.57
Result: Decrease

RUC Recommendation: 1.90

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36584 **Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement**

Global: 000 **Issue:** PICC Line Procedures **Screen:** Identified in RUC review of other services **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2016 **2022 Medicare Utilization:** 2,717

2024 Work RVU: 1.20
2024 NF PE RVU: 8.25
2024 Fac PE RVU: 0.39
Result: Decrease

RUC Recommendation: 1.47

Referred to CPT September 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36620 **Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75%or More-Part4 / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2022 Medicare Utilization:** 515,373

2024 Work RVU: 1.00
2024 NF PE RVU:
2024 Fac PE RVU: 0.21
Result: Decrease

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36818 **Arteriovenous anastomosis, open; by upper arm cephalic vein transposition**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2022 Medicare Utilization:** 2,970

2024 Work RVU: 12.39
2024 NF PE RVU:
2024 Fac PE RVU: 4.82
Result: Increase

RUC Recommendation: 13.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36819 **Arteriovenous anastomosis, open; by upper arm basilic vein transposition**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2022 Medicare Utilization:** 4,319

2024 Work RVU: 13.29
2024 NF PE RVU:
2024 Fac PE RVU: 4.85
Result: Increase

RUC Recommendation: 15.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36820 **Arteriovenous anastomosis, open; by forearm vein transposition**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2022 Medicare Utilization:** 888

2024 Work RVU: 13.07
2024 NF PE RVU:
2024 Fac PE RVU: 5.04

RUC Recommendation: 13.99 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36821 **Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2022 Medicare Utilization:** 21,155

2024 Work RVU: 11.90
2024 NF PE RVU:
2024 Fac PE RVU: 4.56

RUC Recommendation: 11.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36822 **Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)**

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** February 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36825 **Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2022 Medicare Utilization:** 1,140

2024 Work RVU: 14.17
2024 NF PE RVU:
2024 Fac PE RVU: 5.62

RUC Recommendation: 15.93 **Referred to CPT** **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 **2022 Medicare Utilization:** 12,221

2024 Work RVU: 12.03
2024 NF PE RVU:
2024 Fac PE RVU: 4.58

RUC Recommendation: 11.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36834 **Deleted from CPT**

Global: **Issue:** Aneurysm Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AVA, ACS **First Identified:** September 2007 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36870 **Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)**

Global: **Issue:** Dialysis Circuit -1 **Screen:** Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2007 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

36901 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2022 Medicare Utilization:** 40,164

2024 Work RVU: 3.36
2024 NF PE RVU: 16.92
2024 Fac PE RVU: 1.03

RUC Recommendation: 3.36 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36902 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2022 Medicare Utilization:** 122,237

2024 Work RVU: 4.83
2024 NF PE RVU: 29.98
2024 Fac PE RVU: 1.44

RUC Recommendation: 4.83 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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36903 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2022 Medicare Utilization:** 12,740

2024 Work RVU: 6.39
2024 NF PE RVU: 117.09
2024 Fac PE RVU: 1.77

RUC Recommendation: 6.39 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

36904 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2022 Medicare Utilization:** 2,202

2024 Work RVU: 7.50
2024 NF PE RVU: 44.54
2024 Fac PE RVU: 2.10

RUC Recommendation: 7.50 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36905 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2022 Medicare Utilization:** 22,013

2024 Work RVU: 9.00
2024 NF PE RVU: 56.61
2024 Fac PE RVU: 2.63

RUC Recommendation: 9.00 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36906 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2022 Medicare Utilization:** 8,498

2024 Work RVU: 10.42
2024 NF PE RVU: 146.55
2024 Fac PE RVU: 2.93
Result: Decrease

RUC Recommendation: 10.42 **Referred to CPT** October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

36907 **Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2022 Medicare Utilization:** 42,805

2024 Work RVU: 3.00
2024 NF PE RVU: 13.88
2024 Fac PE RVU: 0.80
Result: Decrease

RUC Recommendation: 3.00 **Referred to CPT** October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

36908 **Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2022 Medicare Utilization:** 3,119

2024 Work RVU: 4.25
2024 NF PE RVU: 36.57
2024 Fac PE RVU: 1.07
Result: Decrease

RUC Recommendation: 4.25 **Referred to CPT** October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36909 **Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2022 Medicare Utilization:** 3,804

2024 Work RVU: 4.12
2024 NF PE RVU: 50.75
2024 Fac PE RVU: 1.06

RUC Recommendation: 4.12 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37183 **Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recannulization/dilatation, stent placement and all associated imaging guidance and documentation)**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2022 Medicare Utilization:** 756

2024 Work RVU: 7.74
2024 NF PE RVU: 161.66
2024 Fac PE RVU: 2.31

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

37191 **Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2011 **2022 Medicare Utilization:** 20,415

2024 Work RVU: 4.46
2024 NF PE RVU: 54.11
2024 Fac PE RVU: 1.33

RUC Recommendation: 4.71 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37192 **Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2011 **2022 Medicare Utilization:** 20

2024 Work RVU: 7.10
2024 NF PE RVU: 28.86
2024 Fac PE RVU: 1.20

RUC Recommendation: 8.00 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37193 **Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2011 **2022 Medicare Utilization:** 5,734

2024 Work RVU: 7.10
2024 NF PE RVU: 35.84
2024 Fac PE RVU: 1.93

RUC Recommendation: 8.00 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37201 **Transcatheter therapy, infusion for thrombolysis other than coronary**

Global: **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37203 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)**

Global: **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2011 **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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37205 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37206 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37207 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37208 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37209 **Exchange of a previously placed intravascular catheter during thrombolytic therapy**

Global: **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37210 **Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure**

Global: **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 08 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37211 **Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 7,474

2024 Work RVU: 7.75
2024 NF PE RVU:
2024 Fac PE RVU: 2.06

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37212 **Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 1,269

2024 Work RVU: 6.81
2024 NF PE RVU:
2024 Fac PE RVU: 1.84

RUC Recommendation: 7.06 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37213 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 1,278

2024 Work RVU: 4.75
2024 NF PE RVU:
2024 Fac PE RVU: 1.16

RUC Recommendation: 5.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37214 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 3,458

2024 Work RVU: 2.49
2024 NF PE RVU:
2024 Fac PE RVU: 0.61

RUC Recommendation: 3.04 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37220 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 10,830

2024 Work RVU: 7.90
2024 NF PE RVU: 64.01
2024 Fac PE RVU: 2.00

RUC Recommendation: Refer to CPT. 8.15

Referred to CPT September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 25,781

2024 Work RVU: 9.75
2024 NF PE RVU: 78.45
2024 Fac PE RVU: 2.38

RUC Recommendation: Refer to CPT. 10.00

Referred to CPT September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 2,977

2024 Work RVU: 3.73
2024 NF PE RVU: 13.64
2024 Fac PE RVU: 0.84

RUC Recommendation: Refer to CPT. 3.73

Referred to CPT September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 3,639

2024 Work RVU: 4.25
2024 NF PE RVU: 32.06
2024 Fac PE RVU: 0.93

RUC Recommendation: Refer to CPT. 4.25 **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37224 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 27,252

2024 Work RVU: 8.75
2024 NF PE RVU: 74.89
2024 Fac PE RVU: 2.20

RUC Recommendation: Refer to CPT. 9.00 **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37225 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 38,629

2024 Work RVU: 11.75
2024 NF PE RVU: 242.42
2024 Fac PE RVU: 3.12

RUC Recommendation: Refer to CPT. **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37226 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 17,660

2024 Work RVU: 10.24
2024 NF PE RVU: 225.22
2024 Fac PE RVU: 2.52

RUC Recommendation: Refer to CPT. 10.49 **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37227 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 19,666

2024 Work RVU: 14.25
2024 NF PE RVU: 310.49
2024 Fac PE RVU: 3.51

RUC Recommendation: Refer to CPT. 14.50 **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37228 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 27,661

2024 Work RVU: 10.75
2024 NF PE RVU: 108.21
2024 Fac PE RVU: 2.60

RUC Recommendation: Refer to CPT. 11.00 **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37229 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / PE Screen - High Cost Supplies / High Volume Growth5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 37,918

2024 Work RVU: 13.80
2024 NF PE RVU: 244.61
2024 Fac PE RVU: 3.56

RUC Recommendation: Refer to CPT. 14.05

Referred to CPT September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 2,077

2024 Work RVU: 13.55
2024 NF PE RVU: 245.11
2024 Fac PE RVU: 3.65

RUC Recommendation: Refer to CPT. 13.80

Referred to CPT September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 3,076

2024 Work RVU: 14.75
2024 NF PE RVU: 327.98
2024 Fac PE RVU: 3.92

RUC Recommendation: Refer to CPT. 15.00

Referred to CPT September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

37232 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 12,223

2024 Work RVU: 4.00
2024 NF PE RVU: 19.32
2024 Fac PE RVU: 0.97

RUC Recommendation: Refer to CPT. 4.00 **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37233 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 9,179

2024 Work RVU: 6.50
2024 NF PE RVU: 23.26
2024 Fac PE RVU: 1.61

RUC Recommendation: Refer to CPT. 6.50 **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37234 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 288

2024 Work RVU: 5.50
2024 NF PE RVU: 100
2024 Fac PE RVU: 1.50

RUC Recommendation: Refer to CPT. 5.50 **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37235 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 304

2024 Work RVU: 7.80
2024 NF PE RVU: 106.98
2024 Fac PE RVU: 1.79

RUC Recommendation: Refer to CPT. 7.80 **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37236 **Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2022 Medicare Utilization:** 9,863

2024 Work RVU: 8.75
2024 NF PE RVU: 70.03
2024 Fac PE RVU: 2.18

RUC Recommendation: 9.00 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37237 **Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2022 Medicare Utilization:** 1,094

2024 Work RVU: 4.25
2024 NF PE RVU: 32.73
2024 Fac PE RVU: 0.94

RUC Recommendation: 4.25 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37238 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2022 Medicare Utilization:** 10,117

2024 Work RVU: 6.04
2024 NF PE RVU: 94.05
2024 Fac PE RVU: 1.70

RUC Recommendation: 6.29 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37239 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2022 Medicare Utilization:** 3,903

2024 Work RVU: 2.97
2024 NF PE RVU: 47.06
2024 Fac PE RVU: 0.82

RUC Recommendation: 3.34 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37241 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2022 Medicare Utilization:** 1,429

2024 Work RVU: 8.75
2024 NF PE RVU: 125.62
2024 Fac PE RVU: 2.39

RUC Recommendation: 9.00 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37242 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2022 Medicare Utilization:** 8,173

2024 Work RVU: 9.80
2024 NF PE RVU: 196.02
2024 Fac PE RVU: 2.50

RUC Recommendation: 11.98 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37243 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2022 Medicare Utilization:** 14,498

2024 Work RVU: 11.74
2024 NF PE RVU: 238.31
2024 Fac PE RVU: 3.29

RUC Recommendation: 14.00 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37244 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2022 Medicare Utilization:** 13,397

2024 Work RVU: 13.75
2024 NF PE RVU: 176.71
2024 Fac PE RVU: 3.92

RUC Recommendation: 14.00 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37246 **Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2022 Medicare Utilization:** 6,249

2024 Work RVU: 7.00
2024 NF PE RVU: 45.02
2024 Fac PE RVU: 1.83

RUC Recommendation: 7.00 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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37247 **Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2022 Medicare Utilization:** 686

2024 Work RVU: 3.50
2024 NF PE RVU: 13.16
2024 Fac PE RVU: 0.87

RUC Recommendation: 3.50 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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37248 **Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2022 Medicare Utilization:** 12,112

2024 Work RVU: 6.00
2024 NF PE RVU: 32.86
2024 Fac PE RVU: 1.74

RUC Recommendation: 6.00 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

37249 **Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2022 Medicare Utilization:** 3,705

2024 Work RVU: 2.97
2024 NF PE RVU: 9.51
2024 Fac PE RVU: 0.74

RUC Recommendation: 2.97 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37250 **Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 07 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** July 2014 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37251 **Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37252 **Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 / Work Neutrality (CPT 2016) **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 14 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2022 Medicare Utilization:** 69,562

2024 Work RVU: 1.80
2024 NF PE RVU: 25.7
2024 Fac PE RVU: 0.44
Result: Decrease

RUC Recommendation: 1.80

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

37253 **Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 / Work Neutrality (CPT 2016) **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 14 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2022 Medicare Utilization:** 106,729

2024 Work RVU: 1.44
2024 NF PE RVU: 3.41
2024 Fac PE RVU: 0.35
Result: Decrease

RUC Recommendation: 1.44

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

37609 **Ligation or biopsy, temporal artery**

Global: 010 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** September 2007 **2022 Medicare Utilization:** 9,940

2024 Work RVU: 3.05
2024 NF PE RVU: 5.65
2024 Fac PE RVU: 2.42
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37619 **Ligation of inferior vena cava**

Global: 090 **Issue:** Ligation of Inferior Vena Cava **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** February 2011 **2022 Medicare Utilization:** 14

2024 Work RVU: 30.00
2024 NF PE RVU:
2024 Fac PE RVU: 13.78

RUC Recommendation: 37.60 **Referred to CPT** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

37620 **Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)**

Global: **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37760 **Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg**

Global: 090 **Issue:** Perorator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** September 2007 **2022 Medicare Utilization:** 38

2024 Work RVU: 10.78
2024 NF PE RVU:
2024 Fac PE RVU: 3.54

RUC Recommendation: 10.69 **Referred to CPT** February 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37761 **Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg**

Global: 090 **Issue:** Perforator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** April 2009 **2022 Medicare Utilization:** 223

2024 Work RVU: 9.13
2024 NF PE RVU:
2024 Fac PE RVU: 4.55
Result: Increase

RUC Recommendation: 9.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37765 **Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions**

Global: 010 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 12 **Specialty Developing Recommendation:** ACS, SIR, SVS **First Identified:** February 2008 **2022 Medicare Utilization:** 10,636

2024 Work RVU: 4.80
2024 NF PE RVU: 6.66
2024 Fac PE RVU: 2.09
Result: Decrease

RUC Recommendation: 4.80

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37766 **Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions**

Global: 010 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 12 **Specialty Developing Recommendation:** ACS, SIR, SVS **First Identified:** February 2008 **2022 Medicare Utilization:** 7,773

2024 Work RVU: 6.00
2024 NF PE RVU: 7.41
2024 Fac PE RVU: 2.43
Result: Decrease

RUC Recommendation: 6.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37785 **Ligation, division, and/or excision of varicose vein cluster(s), 1 leg**

Global: 090 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, SVS, ACS **First Identified:** September 2007 **2022 Medicare Utilization:** 810

2024 Work RVU: 3.93
2024 NF PE RVU: 5.55
2024 Fac PE RVU: 2.68
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37X10

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37X11

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37X12

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

37X13

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37X14

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37X15

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

37X16

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37X17

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37X18

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

37X19

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37X20

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37X21

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

37X22

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:**

Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS

First Identified: September 2024

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37X23

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:**

Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS

First Identified: September 2024

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37X24

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:**

Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS

First Identified: September 2024

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

37X25

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37X26

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37X27

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

37X28

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:**

Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS

First Identified: September 2024

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37X29

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:**

Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS

First Identified: September 2024

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37X30

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:**

Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS

First Identified: September 2024

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

37X31

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:**

Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS

First Identified: September 2024

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37X32

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:**

Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS

First Identified: September 2024

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37X33

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:**

Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS

First Identified: September 2024

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

37X34

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:**

Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS

First Identified: September 2024

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37X35

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:**

Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS

First Identified: September 2024

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37X36

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:**

Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS

First Identified: September 2024

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

37X37

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:**

Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS

First Identified: September 2024

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37X38

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:**

Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS

First Identified: September 2024

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37X39

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:**

Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS

First Identified: September 2024

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

37X40

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37X41

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37X42

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

37X43

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:**

Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS

First Identified: September 2024

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37X44

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:**

Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS

First Identified: September 2024

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37X45

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:**

Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS

First Identified: September 2024

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

37X46

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37XX1

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37XX2

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

37XX3

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37XX4

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37XX5

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

37XX6

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37XX7

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

37XX8

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

37XX9

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

38220 Diagnostic bone marrow; aspiration(s)

Global: XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** February 2016 **2022 Medicare Utilization:** 4,284

2024 Work RVU: 1.20
2024 NF PE RVU: 3.42
2024 Fac PE RVU: 0.69

RUC Recommendation: 1.20

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

38221 Diagnostic bone marrow; biopsy(ies)

Global: XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** July 2015 **2022 Medicare Utilization:** 6,771

2024 Work RVU: 1.28
2024 NF PE RVU: 3.5
2024 Fac PE RVU: 0.70

RUC Recommendation: 1.28

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

38222 **Diagnostic bone marrow; biopsy(ies) and aspiration(s)**

Global: XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 / Different Performing Specialty from Survey5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** February 2016 **2022 Medicare Utilization:** 116,990

2024 Work RVU: 1.44
2024 NF PE RVU: 3.7
2024 Fac PE RVU: 0.66

RUC Recommendation: 1.44 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

38505 **Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)**

Global: 000 **Issue:** Needle Biopsy of Lymph Nodes **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2019 **2022 Medicare Utilization:** 35,416

2024 Work RVU: 1.59
2024 NF PE RVU: 3.46
2024 Fac PE RVU: 0.78

RUC Recommendation: 1.59 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

38542 **Dissection, deep jugular node(s)**

Global: 090 **Issue:** Jugular Node Dissection **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 40 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2022 Medicare Utilization:** 459

2024 Work RVU: 7.95
2024 NF PE RVU:
2024 Fac PE RVU: 6.47

RUC Recommendation: 7.85 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

38570 **Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple**

Global: 010 **Issue:** Laparoscopic Prostatectomy **Screen:** 010-Day Global Post-Operative Visits / Codes Reported Together 75% or More-Part6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** January 2014 **2022 Medicare Utilization:** 7,249

2024 Work RVU: 8.49
2024 NF PE RVU:
2024 Fac PE RVU: 5.55

RUC Recommendation: Review at RAW in 3 years. 9.34 **Referred to CPT** May 2024 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

38571 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy**

Global: 010 **Issue:** Laparoscopic Prostatectomy **Screen:** CMS Fastest Growing / 010-Day Global Post-Operative Visits / Site of Service Anomaly - 2023 / Codes Reported Together 75% or More-Part6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** October 2008 **2022 Medicare Utilization:** 17,170

2024 Work RVU: 12.00
2024 NF PE RVU:
2024 Fac PE RVU: 6.21

RUC Recommendation: Review at RAW in 3 years.12.00 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

38572 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple**

Global: 010 **Issue:** Laparoscopic Prostatectomy **Screen:** 010-Day Global Post-Operative Visits / Codes Reported Together 75% or More-Part6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** January 2014 **2022 Medicare Utilization:** 1,419

2024 Work RVU: 15.60
2024 NF PE RVU:
2024 Fac PE RVU: 8.86

RUC Recommendation: Review at RAW in 3 years.15.60 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

38573 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed**

Global: 010 **Issue:** Laparoscopic Prostatectomy **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** May 2024 **2022 Medicare Utilization:** 247

2024 Work RVU: 20.00
2024 NF PE RVU: NA
2024 Fac PE RVU: 11.91

RUC Recommendation: Review at RAW in 3 years.

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

38792 **Injection procedure; radioactive tracer for identification of sentinel node**

Global: 000 **Issue:** Radioactive Tracer **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 23 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2022 Medicare Utilization:** 28,784

2024 Work RVU: 0.65
2024 NF PE RVU: 1.74
2024 Fac PE RVU: 0.22

RUC Recommendation: 0.65

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

39400 **Mediastinoscopy, includes biopsy(ies), when performed**

Global: **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 08 **Specialty Developing Recommendation:** STS **First Identified:** January 2014 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

39401 **Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed**

Global: 000 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 08 **Specialty Developing Recommendation:** STS **First Identified:** October 2014 **2022 Medicare Utilization:** 238

2024 Work RVU: 5.44
2024 NF PE RVU:
2024 Fac PE RVU: 2.38

RUC Recommendation: 5.44

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

39402 **Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)** **Global:** 000 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 08 **Specialty Developing Recommendation:** STS **First Identified:** October 2014 **2022 Medicare Utilization:** 2,102

2024 Work RVU: 7.25
2024 NF PE RVU:
2024 Fac PE RVU: 2.88

RUC Recommendation: 7.50 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

40490 **Biopsy of lip** **Global:** 000 **Issue:** Biopsy of Lip **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 21 **Specialty Developing Recommendation:** AAO-HNS, AAD **First Identified:** April 2011 **2022 Medicare Utilization:** 27,498

2024 Work RVU: 1.22
2024 NF PE RVU: 2.33
2024 Fac PE RVU: 0.71

RUC Recommendation: 1.22 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

40650 **Repair lip, full thickness; vermilion only** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 309

2024 Work RVU: 3.78
2024 NF PE RVU: 10.06
2024 Fac PE RVU: 5.10

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016

40800 **Drainage of abscess, cyst, hematoma, vestibule of mouth; simple** **Global:** 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2022 Medicare Utilization:** 2,729

2024 Work RVU: 1.23
2024 NF PE RVU: 4.72
2024 Fac PE RVU: 2.22

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

40801 **Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated**

Global: 010 **Issue:** Ostectomy **Screen:** Site of Service Anomaly (99238-Only) / 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 1,050

2024 Work RVU: 2.63
2024 NF PE RVU: 5.87
2024 Fac PE RVU: 3.08
Result: PE Only

RUC Recommendation: Maintain. Reduced 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

40808 **Biopsy, vestibule of mouth**

Global: 010 **Issue:** Biopsy of Mouth Lesion **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAOHNS, AAOMS **First Identified:** April 2017 **2022 Medicare Utilization:** 9,065

2024 Work RVU: 1.05
2024 NF PE RVU: 3.92
2024 Fac PE RVU: 1.51
Result: Increase

RUC Recommendation: 1.05

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

40812 **Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2022 Medicare Utilization:** 6,982

2024 Work RVU: 2.37
2024 NF PE RVU: 5.7
2024 Fac PE RVU: 2.85
Result: Maintain

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

40820 **Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2022 Medicare Utilization:** 1,304

2024 Work RVU: 1.34
2024 NF PE RVU: 6.31
2024 Fac PE RVU: 3.53

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

41530 **Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session**

Global: 000 **Issue:** Submucosal ablation of tongue base **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 26 **Specialty Developing Recommendation:** AAO-HNS

First Identified: July 2014 **2022 Medicare Utilization:** 100

2024 Work RVU: 3.50
2024 NF PE RVU: 23.34
2024 Fac PE RVU: 7.36

RUC Recommendation: 3.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

42145 **Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)**

Global: 090 **Issue:** Palatopharyngoplasty **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 41 **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2007 **2022 Medicare Utilization:** 398

2024 Work RVU: 9.78
2024 NF PE RVU:
2024 Fac PE RVU: 9.57

RUC Recommendation: 9.63

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

42415 **Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve**

Global: 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS

First Identified: September 2007 **2022 Medicare Utilization:** 4,610

2024 Work RVU: 17.16
2024 NF PE RVU:
2024 Fac PE RVU: 12.17

RUC Recommendation: 18.12

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

42420 **Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve**

Global: 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2022 Medicare Utilization:** 1,320

2024 Work RVU: 19.53
2024 NF PE RVU:
2024 Fac PE RVU: 13.25

RUC Recommendation: 21.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

42440 **Excision of submandibular (submaxillary) gland**

Global: 090 **Issue:** Submandibular Gland Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 64 **Specialty Developing Recommendation:** AAO-HNS, ACS **First Identified:** September 2007 **2022 Medicare Utilization:** 1,504

2024 Work RVU: 6.14
2024 NF PE RVU:
2024 Fac PE RVU: 5.55

RUC Recommendation: 7.13 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

43191 **Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 2,124

2024 Work RVU: 2.49
2024 NF PE RVU:
2024 Fac PE RVU: 1.79

RUC Recommendation: 2.78 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

43192 **Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 201

2024 Work RVU: 2.79
2024 NF PE RVU:
2024 Fac PE RVU: 1.89

RUC Recommendation: 3.21 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

43193 **Esophagoscopy, rigid, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 201

2024 Work RVU: 2.79
2024 NF PE RVU:
2024 Fac PE RVU: 1.87

RUC Recommendation: 3.36 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

43194 **Esophagoscopy, rigid, transoral; with removal of foreign body(s)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 106

2024 Work RVU: 3.51
2024 NF PE RVU:
2024 Fac PE RVU: 1.61

RUC Recommendation: 3.99 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

43195 **Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 561

2024 Work RVU: 3.07
2024 NF PE RVU:
2024 Fac PE RVU: 2.02

RUC Recommendation: 3.21 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

43196 **Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 324

2024 Work RVU: 3.31
2024 NF PE RVU:
2024 Fac PE RVU: 2.10

RUC Recommendation: 3.36 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

43197 **Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2022 Medicare Utilization:** 1,115

2024 Work RVU: 1.52
2024 NF PE RVU: 3.96
2024 Fac PE RVU: 0.68

RUC Recommendation: 1.59 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43198 **Esophagoscopy, flexible, transnasal; with biopsy, single or multiple**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2022 Medicare Utilization:** 282

2024 Work RVU: 1.82
2024 NF PE RVU: 4.27
2024 Fac PE RVU: 0.84

RUC Recommendation: 1.89 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43200 **Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 3,562

2024 Work RVU: 1.42
2024 NF PE RVU: 6.26
2024 Fac PE RVU: 0.98

RUC Recommendation: 1.59 **Referred to CPT** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43201 **Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 170

2024 Work RVU: 1.72
2024 NF PE RVU: 5.83
2024 Fac PE RVU: 1.12

RUC Recommendation: 1.90 **Referred to CPT** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43202 **Esophagoscopy, flexible, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 1,704

2024 Work RVU: 1.72
2024 NF PE RVU: 8.71
2024 Fac PE RVU: 1.11

RUC Recommendation: 1.89 **Referred to CPT** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43204 **Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 5

2024 Work RVU: 2.33
2024 NF PE RVU:
2024 Fac PE RVU: 1.39

RUC Recommendation: 2.89 **Referred to CPT** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43205 **Esophagoscopy, flexible, transoral; with band ligation of esophageal varices**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 76

2024 Work RVU: 2.44
2024 NF PE RVU:
2024 Fac PE RVU: 1.44

RUC Recommendation: 3.00 **Referred to CPT** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43206 **Esophagoscopy, flexible, transoral; with optical endomicroscopy**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 15

2024 Work RVU: 2.29
2024 NF PE RVU: 6.54
2024 Fac PE RVU: 1.37

RUC Recommendation: 2.39 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43211 **Esophagoscopy, flexible, transoral; with endoscopic mucosal resection** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 81

2024 Work RVU: 4.20
2024 NF PE RVU:
2024 Fac PE RVU: 2.23
Result: Decrease

RUC Recommendation: 4.58 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

43212 **Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 488

2024 Work RVU: 3.40
2024 NF PE RVU:
2024 Fac PE RVU: 1.63
Result: Decrease

RUC Recommendation: 3.73 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

43213 **Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 143

2024 Work RVU: 4.63
2024 NF PE RVU: 31
2024 Fac PE RVU: 2.31
Result: Decrease

RUC Recommendation: 5.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

43214 **Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 193

2024 Work RVU: 3.40
2024 NF PE RVU:
2024 Fac PE RVU: 1.83
Result: Decrease

RUC Recommendation: 3.78 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43215 **Esophagoscopy, flexible, transoral; with removal of foreign body(s)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 660

2024 Work RVU: 2.44
2024 NF PE RVU: 8.93
2024 Fac PE RVU: 1.37

RUC Recommendation: 2.60 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43216 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 216

2024 Work RVU: 2.30
2024 NF PE RVU: 9.65
2024 Fac PE RVU: 1.38

RUC Recommendation: 2.40 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43217 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 29

2024 Work RVU: 2.80
2024 NF PE RVU: 9.46
2024 Fac PE RVU: 1.60

RUC Recommendation: 2.90 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43219 **Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent** **Global:** **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43220 **Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 1,664

2024 Work RVU: 2.00
2024 NF PE RVU: 24.43
2024 Fac PE RVU: 1.23

RUC Recommendation: 2.10 **Referred to CPT** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43226 **Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 1,280

2024 Work RVU: 2.24
2024 NF PE RVU: 8.95
2024 Fac PE RVU: 1.27

RUC Recommendation: 2.34 **Referred to CPT** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43227 **Esophagoscopy, flexible, transoral; with control of bleeding, any method**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 115

2024 Work RVU: 2.89
2024 NF PE RVU: 14.48
2024 Fac PE RVU: 1.62

RUC Recommendation: 3.26 **Referred to CPT** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43228 **Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43229 **Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 1,235

2024 Work RVU: 3.49
2024 NF PE RVU: 17.23
2024 Fac PE RVU: 1.88

RUC Recommendation: 3.72 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43231 **Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 568

2024 Work RVU: 2.80
2024 NF PE RVU:
2024 Fac PE RVU: 1.53

RUC Recommendation: 3.19 **Referred to CPT** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43232 **Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 286

2024 Work RVU: 3.59
2024 NF PE RVU:
2024 Fac PE RVU: 1.87

RUC Recommendation: 3.83 **Referred to CPT** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43233 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2022 Medicare Utilization:** 1,079

2024 Work RVU: 4.07
2024 NF PE RVU:
2024 Fac PE RVU: 2.07

RUC Recommendation: 4.45 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43234 **Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)**

Global: **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43235 **Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** EGD **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2010 **2022 Medicare Utilization:** 241,095

2024 Work RVU: 2.09
2024 NF PE RVU: 6.28
2024 Fac PE RVU: 1.28

RUC Recommendation: 2.26 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43236 **Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2008 **2022 Medicare Utilization:** 13,129

2024 Work RVU: 2.39
2024 NF PE RVU: 9.33
2024 Fac PE RVU: 1.41

RUC Recommendation: 2.57 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2009 and Jun 2010

Status Report: CMS Requests and Relativity Assessment Issues

43237 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 18,516

2024 Work RVU: 3.47
2024 NF PE RVU:
2024 Fac PE RVU: 1.90

RUC Recommendation: 3.85 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43238 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 15,935

2024 Work RVU: 4.16
2024 NF PE RVU:
2024 Fac PE RVU: 2.20

RUC Recommendation: 4.50 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43239 **Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** EGD with Biopsy **Screen:** MPC List / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, SAGES **First Identified:** October 2010 **2022 Medicare Utilization:** 1,190,694

2024 Work RVU: 2.39
2024 NF PE RVU: 8.59
2024 Fac PE RVU: 1.41

RUC Recommendation: 2.39 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43240 **Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 1,137

2024 Work RVU: 7.15
2024 NF PE RVU:
2024 Fac PE RVU: 3.54

RUC Recommendation: 7.25 **Referred to CPT** February 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

43241 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 4,116

2024 Work RVU: 2.49
2024 NF PE RVU:
2024 Fac PE RVU: 1.39

RUC Recommendation: 2.59 **Referred to CPT** October 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43242 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** October 2008 **2022 Medicare Utilization:** 23,327

2024 Work RVU: 4.73
2024 NF PE RVU:
2024 Fac PE RVU: 2.46

RUC Recommendation: 5.39 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

Status Report: CMS Requests and Relativity Assessment Issues

43243 **Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 360

2024 Work RVU: 4.27
2024 NF PE RVU:
2024 Fac PE RVU: 2.17

RUC Recommendation: 4.37 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43244 **Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 17,560

2024 Work RVU: 4.40
2024 NF PE RVU:
2024 Fac PE RVU: 2.31

RUC Recommendation: 4.50 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43245 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 12,033

2024 Work RVU: 3.08
2024 NF PE RVU: 14.2
2024 Fac PE RVU: 1.67

RUC Recommendation: 3.18 **Referred to CPT** October 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43246 **Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 54,284

2024 Work RVU: 3.56
2024 NF PE RVU:
2024 Fac PE RVU: 1.81

RUC Recommendation: 4.32 **Referred to CPT** October 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43247 **Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 22,490

2024 Work RVU: 3.11
2024 NF PE RVU: 7.98
2024 Fac PE RVU: 1.71

RUC Recommendation: 3.27 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43248 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 86,763

2024 Work RVU: 2.91
2024 NF PE RVU: 9.11
2024 Fac PE RVU: 1.64

RUC Recommendation: 3.01 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43249 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 114,199

2024 Work RVU: 2.67
2024 NF PE RVU: 29.03
2024 Fac PE RVU: 1.53

RUC Recommendation: 2.77 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43250 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 2,839

2024 Work RVU: 2.97
2024 NF PE RVU: 10.05
2024 Fac PE RVU: 1.63

RUC Recommendation: 3.07 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43251 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 39,239

2024 Work RVU: 3.47
2024 NF PE RVU: 10.9
2024 Fac PE RVU: 1.89

RUC Recommendation: 3.57 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43253 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** February 2012 **2022 Medicare Utilization:** 1,982

2024 Work RVU: 4.73
2024 NF PE RVU:
2024 Fac PE RVU: 2.45

RUC Recommendation: 5.39 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43254 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2022 Medicare Utilization:** 5,670

2024 Work RVU: 4.87
2024 NF PE RVU:
2024 Fac PE RVU: 2.51

RUC Recommendation: 5.25 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43255 **Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 52,448

2024 Work RVU: 3.56
2024 NF PE RVU: 14.71
2024 Fac PE RVU: 1.93

RUC Recommendation: 4.20 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43256 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)**

Global: **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43257 **Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 103

2024 Work RVU: 4.15
2024 NF PE RVU:
2024 Fac PE RVU: 2.15

RUC Recommendation: 4.25 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43258 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43259 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** October 2008 **2022 Medicare Utilization:** 28,838

2024 Work RVU: 4.04
2024 NF PE RVU:
2024 Fac PE RVU: 2.15

RUC Recommendation: 4.74 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

43260 **Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 3,498

2024 Work RVU: 5.85
2024 NF PE RVU:
2024 Fac PE RVU: 2.95

RUC Recommendation: 5.95 **Referred to CPT** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43261 **Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 6,123

2024 Work RVU: 6.15
2024 NF PE RVU:
2024 Fac PE RVU: 3.08

RUC Recommendation: 6.25 **Referred to CPT** January 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43262 **Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 24,597

2024 Work RVU: 6.50
2024 NF PE RVU:
2024 Fac PE RVU: 3.24

RUC Recommendation: 6.60 **Referred to CPT** January 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43263 **Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 15

2024 Work RVU: 6.50
2024 NF PE RVU:
2024 Fac PE RVU: 3.25

RUC Recommendation: 7.28 **Referred to CPT** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43264 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2022 Medicare Utilization:** 51,524

2024 Work RVU: 6.63
2024 NF PE RVU:
2024 Fac PE RVU: 3.30

RUC Recommendation: 6.73 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43265 **Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 2,139

2024 Work RVU: 7.93
2024 NF PE RVU:
2024 Fac PE RVU: 3.87

RUC Recommendation: 8.03 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43266 **Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2022 Medicare Utilization:** 5,751

2024 Work RVU: 3.92
2024 NF PE RVU:
2024 Fac PE RVU: 1.98

RUC Recommendation: 4.40 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43267 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube**

Global: **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43268 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct**

Global: **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43269 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent**

Global: **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43270 **Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2022 Medicare Utilization:** 17,190

2024 Work RVU: 4.01
2024 NF PE RVU: 17.29
2024 Fac PE RVU: 2.13

RUC Recommendation: 4.39 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43271 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)**

Global: **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43272 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43273 **Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)**

Global: ZZZ **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 7,021

2024 Work RVU: 2.24
2024 NF PE RVU:
2024 Fac PE RVU: 1.00

RUC Recommendation: 2.24 **Referred to CPT** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43274 **Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 39,080

2024 Work RVU: 8.48
2024 NF PE RVU:
2024 Fac PE RVU: 4.11

RUC Recommendation: 8.74 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43275 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 12,813

2024 Work RVU: 6.86
2024 NF PE RVU:
2024 Fac PE RVU: 3.40

RUC Recommendation: 6.96 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43276 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 15,738

2024 Work RVU: 8.84 **2024 NF PE RVU:** **2024 Fac PE RVU:** 4.27

RUC Recommendation: 9.10 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43277 **Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 5,248

2024 Work RVU: 6.90 **2024 NF PE RVU:** **2024 Fac PE RVU:** 3.42

RUC Recommendation: 7.11 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43278 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 443

2024 Work RVU: 7.92 **2024 NF PE RVU:** **2024 Fac PE RVU:** 3.87

RUC Recommendation: 8.08 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43450 **Dilation of esophagus, by unguided sound or bougie, single or multiple passes** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2022 Medicare Utilization:** 54,759

2024 Work RVU: 1.28
2024 NF PE RVU: 4.18
2024 Fac PE RVU: 0.93

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43453 **Dilation of esophagus, over guide wire** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2022 Medicare Utilization:** 1,055

2024 Work RVU: 1.41
2024 NF PE RVU: 22.13
2024 Fac PE RVU: 0.98

RUC Recommendation: 1.51 **Referred to CPT** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43456 **Dilation of esophagus, by balloon or dilator, retrograde** **Global:** **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43458 **Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia** **Global:** **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43760 **Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance**

Global: **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** July 2016 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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:**

43762 **Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract**

Global: 000 **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 20 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** September 2017 **2022 Medicare Utilization:** 44,809

2024 Work RVU: 0.75
2024 NF PE RVU: 5.87
2024 Fac PE RVU: 0.22

RUC Recommendation: 0.75. CPT Assistant article **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** June 2022

43763 **Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract**

Global: 000 **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 20 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** September 2017 **2022 Medicare Utilization:** 2,091

2024 Work RVU: 1.41
2024 NF PE RVU: 8.32
2024 Fac PE RVU: 0.93

RUC Recommendation: 1.41. CPT Assistant article. **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** June 2022

Status Report: CMS Requests and Relativity Assessment Issues

44143 **Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)** **Global:** 090 **Issue:** RAW **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2022 Medicare Utilization:** 8,038

2024 Work RVU: 27.79
2024 NF PE RVU:
2024 Fac PE RVU: 15.00

RUC Recommendation: 99214 visit appropriate. Remove from screen. **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

44205 **Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy** **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** October 2008 **2022 Medicare Utilization:** 10,367

2024 Work RVU: 22.95
2024 NF PE RVU:
2024 Fac PE RVU: 12.02

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

44207 **Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)** **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** February 2008 **2022 Medicare Utilization:** 8,494

2024 Work RVU: 31.92
2024 NF PE RVU:
2024 Fac PE RVU: 15.55

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

44380 **Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)** **Global:** 000 **Issue:** Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2022 Medicare Utilization:** 1,458

2024 Work RVU: 0.87
2024 NF PE RVU: 4.93
2024 Fac PE RVU: 0.73

RUC Recommendation: 0.97 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44381 **Ileoscopy, through stoma; with transendoscopic balloon dilation** **Global:** 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2022 Medicare Utilization:** 134

2024 Work RVU: 1.38
2024 NF PE RVU: 27.57
2024 Fac PE RVU: 0.96

RUC Recommendation: 1.48 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44382 **Ileoscopy, through stoma; with biopsy, single or multiple** **Global:** 000 **Issue:** Ileoscopy Ileoscopy Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2022 Medicare Utilization:** 1,204

2024 Work RVU: 1.17
2024 NF PE RVU: 7.61
2024 Fac PE RVU: 0.88

RUC Recommendation: 1.27 **Referred to CPT** May 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

44383 **Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)** **Global:** **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

44384 **Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2022 Medicare Utilization:** 61

2024 Work RVU: 2.85
2024 NF PE RVU:
2024 Fac PE RVU: 1.30

RUC Recommendation: 3.11 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44385 **Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 914

2024 Work RVU: 1.20
2024 NF PE RVU: 5.12
2024 Fac PE RVU: 0.80

RUC Recommendation: 1.30 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44386 **Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple**

Global: 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 1,755

2024 Work RVU: 1.50
2024 NF PE RVU: 7.61
2024 Fac PE RVU: 0.96

RUC Recommendation: 1.60 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44388 **Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2022 Medicare Utilization:** 3,230

2024 Work RVU: 2.72
2024 NF PE RVU: 6.35
2024 Fac PE RVU: 1.49

RUC Recommendation: 2.82 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

44389 **Colonoscopy through stoma; with biopsy, single or multiple**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2022 Medicare Utilization:** 2,137

2024 Work RVU: 3.02
2024 NF PE RVU: 8.91
2024 Fac PE RVU: 1.65

RUC Recommendation: 3.12 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44390 **Colonoscopy through stoma; with removal of foreign body(s)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2022 Medicare Utilization:** 22

2024 Work RVU: 3.74
2024 NF PE RVU: 7.94
2024 Fac PE RVU: 2.02

RUC Recommendation: 3.82 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

44391 **Colonoscopy through stoma; with control of bleeding, any method**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2022 Medicare Utilization:** 152

2024 Work RVU: 4.12
2024 NF PE RVU: 14.45
2024 Fac PE RVU: 2.17

RUC Recommendation: 4.22 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44392 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2022 Medicare Utilization:** 209

2024 Work RVU: 3.53
2024 NF PE RVU: 7.55
2024 Fac PE RVU: 1.78

RUC Recommendation: 3.63 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44393 **Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44394 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2022 Medicare Utilization:** 1,836

2024 Work RVU: 4.03
2024 NF PE RVU: 8.56
2024 Fac PE RVU: 2.08

RUC Recommendation: 4.13 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44397 **Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)**

Global: **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

44401 **Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2022 Medicare Utilization:** 59

2024 Work RVU: 4.34
2024 NF PE RVU: 65.33
2024 Fac PE RVU: 2.29

RUC Recommendation: 4.44 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44402 **Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2022 Medicare Utilization:** 8

2024 Work RVU: 4.70
2024 NF PE RVU:
2024 Fac PE RVU: 2.45

RUC Recommendation: 4.96 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44403 **Colonoscopy through stoma; with endoscopic mucosal resection** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2022 Medicare Utilization:** 60

2024 Work RVU: 5.50
2024 NF PE RVU:
2024 Fac PE RVU: 2.80

RUC Recommendation: 5.81 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44404 **Colonoscopy through stoma; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2022 Medicare Utilization:** 171

2024 Work RVU: 3.02
2024 NF PE RVU: 9.18
2024 Fac PE RVU: 1.65

RUC Recommendation: 3.13 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44405 **Colonoscopy through stoma; with transendoscopic balloon dilation** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2022 Medicare Utilization:** 50

2024 Work RVU: 3.23
2024 NF PE RVU: 12.97
2024 Fac PE RVU: 1.79

RUC Recommendation: 3.33 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44406 **Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2022 Medicare Utilization:**

2024 Work RVU: 4.10
2024 NF PE RVU:
2024 Fac PE RVU: 2.18

RUC Recommendation: 4.41 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44407 **Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2022 Medicare Utilization:**

2024 Work RVU: 4.96
2024 NF PE RVU:
2024 Fac PE RVU: 2.56

RUC Recommendation: 5.06 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44408 **Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2022 Medicare Utilization:** 44

2024 Work RVU: 4.14
2024 NF PE RVU:
2024 Fac PE RVU: 2.20

RUC Recommendation: 4.24 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44901 **Incision and drainage of appendiceal abscess; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44970 **Laparoscopy, surgical, appendectomy** **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACS **First Identified:** October 2008 **2022 Medicare Utilization:** 19,437

2024 Work RVU: 9.45
2024 NF PE RVU:
2024 Fac PE RVU: 6.39

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

45170 **Deleted from CPT** **Global:** **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45171 **Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)** **Global:** 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2022 Medicare Utilization:** 2,047

2024 Work RVU: 8.13
2024 NF PE RVU:
2024 Fac PE RVU: 8.92

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45172 **Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)** **Global:** 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2022 Medicare Utilization:** 1,666

2024 Work RVU: 12.13
2024 NF PE RVU:
2024 Fac PE RVU: 10.47

RUC Recommendation: 12.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45300 **Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)**

Global: 000 **Issue:** Diagnostic Proctosigmoidoscopy - Rigid **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 13 **Specialty Developing Recommendation:** ACS, ASCRS, SAGES **First Identified:** July 2016 **2022 Medicare Utilization:** 15,380

2024 Work RVU: 0.80
2024 NF PE RVU: 2.92
2024 Fac PE RVU: 0.51

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

45330 **Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** April 2011 **2022 Medicare Utilization:** 39,725

2024 Work RVU: 0.84
2024 NF PE RVU: 4.63
2024 Fac PE RVU: 0.73

RUC Recommendation: 0.84 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45331 **Sigmoidoscopy, flexible; with biopsy, single or multiple**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 28,532

2024 Work RVU: 1.14
2024 NF PE RVU: 7.29
2024 Fac PE RVU: 0.86

RUC Recommendation: 1.14 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45332 **Sigmoidoscopy, flexible; with removal of foreign body(s)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 281

2024 Work RVU: 1.76
2024 NF PE RVU: 6.32
2024 Fac PE RVU: 1.13

RUC Recommendation: 1.85 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45333 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 467

2024 Work RVU: 1.55
2024 NF PE RVU: 8.04
2024 Fac PE RVU: 1.01

RUC Recommendation: 1.65 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45334 **Sigmoidoscopy, flexible; with control of bleeding, any method** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 2,918

2024 Work RVU: 2.00
2024 NF PE RVU: 12.44
2024 Fac PE RVU: 1.24

RUC Recommendation: 2.10 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45335 **Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 2,482

2024 Work RVU: 1.04
2024 NF PE RVU: 7.53
2024 Fac PE RVU: 0.81

RUC Recommendation: 1.15 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45337 **Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 1,620

2024 Work RVU: 2.10
2024 NF PE RVU:
2024 Fac PE RVU: 1.01

RUC Recommendation: 2.20 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45338 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 4,729

2024 Work RVU: 2.05
2024 NF PE RVU: 6.66
2024 Fac PE RVU: 1.25

RUC Recommendation: 2.15 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45339 **Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique** **Global:** **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45340 **Sigmoidoscopy, flexible; with transendoscopic balloon dilation** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 929

2024 Work RVU: 1.25
2024 NF PE RVU: 12.18
2024 Fac PE RVU: 0.90

RUC Recommendation: 1.35 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45341 **Sigmoidoscopy, flexible; with endoscopic ultrasound examination** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2022 Medicare Utilization:** 1,784

2024 Work RVU: 2.12
2024 NF PE RVU:
2024 Fac PE RVU: 1.30

RUC Recommendation: 2.43 **Referred to CPT** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45342 **Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2022 Medicare Utilization:** 370

2024 Work RVU: 2.98
2024 NF PE RVU:
2024 Fac PE RVU: 1.66

RUC Recommendation: 3.08 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45345 **Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)**

Global: **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

45346 **Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** May 2013 **2022 Medicare Utilization:** 886

2024 Work RVU: 2.81
2024 NF PE RVU: 64.69
2024 Fac PE RVU: 1.58

RUC Recommendation: 2.97 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45347 **Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** May 2013 **2022 Medicare Utilization:** 532

2024 Work RVU: 2.72
2024 NF PE RVU:
2024 Fac PE RVU: 1.50

RUC Recommendation: 2.98 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45349 **Sigmoidoscopy, flexible; with endoscopic mucosal resection** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2022 Medicare Utilization:** 636

2024 Work RVU: 3.52
2024 NF PE RVU:
2024 Fac PE RVU: 1.91

RUC Recommendation: 3.83 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45350 **Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2022 Medicare Utilization:** 1,100

2024 Work RVU: 1.68
2024 NF PE RVU: 18.07
2024 Fac PE RVU: 1.09

RUC Recommendation: 1.78 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45355 **Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple** **Global:** **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

45378 **Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)** **Global:** 000 **Issue:** Colonoscopy **Screen:** CMS High Expenditure Procedural Codes1 / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 252,515

2024 Work RVU: 3.26
2024 NF PE RVU: 6.51
2024 Fac PE RVU: 1.77

RUC Recommendation: 3.36 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45379 **Colonoscopy, flexible; with removal of foreign body(s)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 850

2024 Work RVU: 4.28
2024 NF PE RVU: 8.21
2024 Fac PE RVU: 2.23

RUC Recommendation: 4.37 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45380 **Colonoscopy, flexible; with biopsy, single or multiple** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2010 **2022 Medicare Utilization:** 922,055

2024 Work RVU: 3.56
2024 NF PE RVU: 8.99
2024 Fac PE RVU: 1.92

RUC Recommendation: 3.66 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45381 **Colonoscopy, flexible; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Colonoscopy **Screen:** CMS Fastest Growing / MPC List / Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 31 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2008 **2022 Medicare Utilization:** 64,291

2024 Work RVU: 3.56
2024 NF PE RVU: 9.26
2024 Fac PE RVU: 1.91

RUC Recommendation: 3.67 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2010

45382 **Colonoscopy, flexible; with control of bleeding, any method** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 20,188

2024 Work RVU: 4.66
2024 NF PE RVU: 14.66
2024 Fac PE RVU: 2.41

RUC Recommendation: 4.76 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45383 **Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

45384 **Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 44,803

2024 Work RVU: 4.07
2024 NF PE RVU: 9.93
2024 Fac PE RVU: 2.05

RUC Recommendation: 4.17 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45385 **Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List / Codes Reported Together 75%or More-Part4 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES **First Identified:** October 2010 **2022 Medicare Utilization:** 974,423

2024 Work RVU: 4.57
2024 NF PE RVU: 8.47
2024 Fac PE RVU: 2.36

RUC Recommendation: 4.57 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45386 **Colonoscopy, flexible; with transendoscopic balloon dilation** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 1,836

2024 Work RVU: 3.77
2024 NF PE RVU: 13.95
2024 Fac PE RVU: 2.00

RUC Recommendation: 3.87 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45387 **Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)** **Global:** **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

45388 **Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2022 Medicare Utilization:** 18,936

2024 Work RVU: 4.88
2024 NF PE RVU: 66.99
2024 Fac PE RVU: 2.46

RUC Recommendation: 4.98 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45389 **Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2022 Medicare Utilization:** 400

2024 Work RVU: 5.24
2024 NF PE RVU:
2024 Fac PE RVU: 2.66

RUC Recommendation: 5.50 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45390 **Colonoscopy, flexible; with endoscopic mucosal resection** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2022 Medicare Utilization:** 26,316

2024 Work RVU: 6.04
2024 NF PE RVU:
2024 Fac PE RVU: 3.03

RUC Recommendation: 6.35 **Referred to CPT** October 2013 **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 **2022 Medicare Utilization:** 687

2024 Work RVU: 4.64
2024 NF PE RVU:
2024 Fac PE RVU: 2.41

RUC Recommendation: 4.95 **Referred to CPT** October 2013 **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 **2022 Medicare Utilization:** 97

2024 Work RVU: 5.50
2024 NF PE RVU:
2024 Fac PE RVU: 2.80

RUC Recommendation: 5.60 **Referred to CPT** October 2013 **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 **2022 Medicare Utilization:** 1,870

2024 Work RVU: 4.68
2024 NF PE RVU:
2024 Fac PE RVU: 2.12

RUC Recommendation: 4.78 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45398 **Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2022 Medicare Utilization:** 3,282

2024 Work RVU: 4.20
2024 NF PE RVU: 19.69
2024 Fac PE RVU: 2.12

RUC Recommendation: 4.30 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

46020 **Placement of seton**

Global: 000 **Issue:** Placement/Removal of Seton **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 16 **Specialty Developing Recommendation:** ACS, ASCRS (col) **First Identified:** October 2019 **2022 Medicare Utilization:** 1,274

2024 Work RVU: 1.86
2024 NF PE RVU:
2024 Fac PE RVU: 1.29

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

46030 **Removal of anal seton, other marker**

Global: 000 **Issue:** Placement/ Removal of Seton **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 16 **Specialty Developing Recommendation:** ACS, ASCRS (col) **First Identified:** April 2020 **2022 Medicare Utilization:** 286

2024 Work RVU: 1.48
2024 NF PE RVU: 5.89
2024 Fac PE RVU: 0.87

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

46200 **Fissurectomy, including sphincterotomy, when performed** **Global:** 090 **Issue:** Fissurectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2022 Medicare Utilization:** 758

2024 Work RVU: 3.59
2024 NF PE RVU: 10.13
2024 Fac PE RVU: 6.06

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

46500 **Injection of sclerosing solution, hemorrhoids** **Global:** 010 **Issue:** Hemorrhoid Injection **Screen:** 010-Day Global Post-Operative Visits / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 24 **Specialty Developing Recommendation:** ACS, ASCRS (colon) **First Identified:** January 2014 **2022 Medicare Utilization:** 12,398

2024 Work RVU: 1.74
2024 NF PE RVU: 7.38
2024 Fac PE RVU: 3.54

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47011 **Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages** **Global:** **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47135 **Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age**

Global: 090 **Issue:** Liver Allotransplantation **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACS, ASTS **First Identified:** January 2014 **2022 Medicare Utilization:** 1,407

2024 Work RVU: 90.00
2024 NF PE RVU:
2024 Fac PE RVU: 48.63

RUC Recommendation: 91.78 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47136 **Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age**

Global: **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 52 **Specialty Developing Recommendation:** ACS, ASTS **First Identified:** April 2014 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47382 **Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency**

Global: 010 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2022 Medicare Utilization:** 2,601

2024 Work RVU: 14.97
2024 NF PE RVU: 90.71
2024 Fac PE RVU: 4.96

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47490 **Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation**

Global: 010 **Issue:** Cholecystostomy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 04 **Specialty Developing Recommendation:** ACR

First Identified: October 2008 **2022 Medicare Utilization:** 12,012

2024 Work RVU: 4.76
2024 NF PE RVU:
2024 Fac PE RVU: 4.56

RUC Recommendation: 4.76 **Referred to CPT** June 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

47500 **Injection procedure for percutaneous transhepatic cholangiography**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47505 **Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47510 **Introduction of percutaneous transhepatic catheter for biliary drainage**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47511 **Introduction of percutaneous transhepatic stent for internal and external biliary drainage**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47525 **Change of percutaneous biliary drainage catheter**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47530 **Revision and/or reinsertion of transhepatic tube**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47531 **Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2022 Medicare Utilization:** 6,459

2024 Work RVU: 1.30
2024 NF PE RVU: 11.05
2024 Fac PE RVU: 0.63

RUC Recommendation: 1.30 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47532 **Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2022 Medicare Utilization:** 393

2024 Work RVU: 4.25
2024 NF PE RVU: 20.04
2024 Fac PE RVU: 1.42

RUC Recommendation: 4.50 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47533 **Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2022 Medicare Utilization:** 1,183

2024 Work RVU: 5.38
2024 NF PE RVU: 28.32
2024 Fac PE RVU: 1.71

RUC Recommendation: 5.63 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47534 **Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2022 Medicare Utilization:** 3,944

2024 Work RVU: 7.60
2024 NF PE RVU: 29.25
2024 Fac PE RVU: 2.32

RUC Recommendation: 7.85 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47535 **Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2022 Medicare Utilization:** 383

2024 Work RVU: 3.95
2024 NF PE RVU: 21.73
2024 Fac PE RVU: 1.33

RUC Recommendation: 4.20 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47536 **Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2022 Medicare Utilization:** 13,161

2024 Work RVU: 2.61
2024 NF PE RVU: 15.8
2024 Fac PE RVU: 0.95

RUC Recommendation: 2.86 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47537 **Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2022 Medicare Utilization:** 1,952

2024 Work RVU: 1.84
2024 NF PE RVU: 12.43
2024 Fac PE RVU: 0.78

RUC Recommendation: 1.85 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47538 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2022 Medicare Utilization:** 781

2024 Work RVU: 4.75
2024 NF PE RVU: 104.71
2024 Fac PE RVU: 1.56

RUC Recommendation: 5.00 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47539 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2022 Medicare Utilization:** 120

2024 Work RVU: 8.75
2024 NF PE RVU: 113.95
2024 Fac PE RVU: 2.66
Result: Increase

RUC Recommendation: 9.00 **Referred to CPT** February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

47540 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2022 Medicare Utilization:** 151

2024 Work RVU: 9.03
2024 NF PE RVU: 113.39
2024 Fac PE RVU: 2.73
Result: Increase

RUC Recommendation: 9.28 **Referred to CPT** February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

47541 **Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2022 Medicare Utilization:** 135

2024 Work RVU: 6.75
2024 NF PE RVU: 26.81
2024 Fac PE RVU: 2.27
Result: Increase

RUC Recommendation: 7.00 **Referred to CPT** February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47542 **Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2022 Medicare Utilization:** 1,031

2024 Work RVU: 2.85
2024 NF PE RVU: 11.5
2024 Fac PE RVU: 0.78

RUC Recommendation: 2.85 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47543 **Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2022 Medicare Utilization:** 615

2024 Work RVU: 3.00
2024 NF PE RVU: 8.24
2024 Fac PE RVU: 0.84

RUC Recommendation: 3.00 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47544 **Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2022 Medicare Utilization:** 281

2024 Work RVU: 3.28
2024 NF PE RVU: 20.93
2024 Fac PE RVU: 0.90

RUC Recommendation: 3.28 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47560 **Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy**

Global: **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:**

First Identified: July 2013 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

47562 **Laparoscopy, surgical; cholecystectomy**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ACS

First Identified: September 2011 **2022 Medicare Utilization:** 75,951

2024 Work RVU: 10.47
2024 NF PE RVU:
2024 Fac PE RVU: 6.81

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

47563 **Laparoscopy, surgical; cholecystectomy with cholangiography**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:**

First Identified: September 2011 **2022 Medicare Utilization:** 31,109

2024 Work RVU: 11.47
2024 NF PE RVU:
2024 Fac PE RVU: 7.29

RUC Recommendation: No further action. 12.11

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

47600 **Cholecystectomy;**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 36 **Specialty Developing Recommendation:** ACS, SAGES

First Identified: September 2011 **2022 Medicare Utilization:** 5,266

2024 Work RVU: 17.48
2024 NF PE RVU:
2024 Fac PE RVU: 10.36

RUC Recommendation: 20.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

47605 **Cholecystectomy; with cholangiography**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 36 **Specialty Developing Recommendation:** ACS, SAGES

First Identified: September 2011 **2022 Medicare Utilization:** 719

2024 Work RVU: 18.48
2024 NF PE RVU:
2024 Fac PE RVU: 10.75

RUC Recommendation: 21.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

48102 **Biopsy of pancreas, percutaneous needle**

Global: 010 **Issue:** Percutaneous Needle Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** SIR

First Identified: September 2007 **2022 Medicare Utilization:** 583

2024 Work RVU: 4.70
2024 NF PE RVU: 10.02
2024 Fac PE RVU: 1.74

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

48511 **External drainage, pseudocyst of pancreas; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49021 **Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49041 **Drainage of subdiaphragmatic or subphrenic abscess; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49061 **Drainage of retroperitoneal abscess; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49080 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial**

Global: **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** October 2009 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49081 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent**

Global: **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49082 **Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2022 Medicare Utilization:** 9,041

2024 Work RVU: 1.24
2024 NF PE RVU: 4.92
2024 Fac PE RVU: 0.75

RUC Recommendation: 1.35 **Referred to CPT** June 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49083 **Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2022 Medicare Utilization:** 242,716

2024 Work RVU: 2.00
2024 NF PE RVU: 6.51
2024 Fac PE RVU: 0.92

RUC Recommendation: 2.00 **Referred to CPT** June 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49084 **Peritoneal lavage, including imaging guidance, when performed** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2022 Medicare Utilization:** 1,495

2024 Work RVU: 2.00
2024 NF PE RVU:
2024 Fac PE RVU: 0.72

RUC Recommendation: 2.50 **Referred to CPT** June 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49405 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2022 Medicare Utilization:** 4,897

2024 Work RVU: 4.00
2024 NF PE RVU: 21.7
2024 Fac PE RVU: 1.27

RUC Recommendation: 4.25 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49406 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2022 Medicare Utilization:** 28,883

2024 Work RVU: 4.00
2024 NF PE RVU: 21.71
2024 Fac PE RVU: 1.27

RUC Recommendation: 4.25 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49407 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2022 Medicare Utilization:** 149

2024 Work RVU: 4.25
2024 NF PE RVU: 17.55
2024 Fac PE RVU: 1.28

RUC Recommendation: 4.50 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49418 **Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** February 2010 **2022 Medicare Utilization:** 6,786

2024 Work RVU: 3.96
2024 NF PE RVU: 24.53
2024 Fac PE RVU: 1.46

RUC Recommendation: 4.21 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49420 **Deleted from CPT**

Global: **Issue:** Insertion of Intraperitoneal Cannula or Catheter **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** ACS **First Identified:** April 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49421 **Insertion of tunneled intraperitoneal catheter for dialysis, open**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** September 2007 **2022 Medicare Utilization:** 1,077

2024 Work RVU: 4.21
2024 NF PE RVU:
2024 Fac PE RVU: 1.51

RUC Recommendation: 4.21 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49422 **Removal of tunneled intraperitoneal catheter**

Global: 000 **Issue:** Removal of Intraperitoneal Catheter **Screen:** Site of Service Anomaly - 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACS, SVS

First Identified: October 2016

2022 Medicare Utilization: 10,313

2024 Work RVU: 4.00

2024 NF PE RVU:

2024 Fac PE RVU: 1.63

RUC Recommendation: 4.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

49436 **Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter**

Global: 010 **Issue:** Delayed Creation of Exit Site from Embedded Catheter **Screen:** CMS Request - Final Rule for 2022 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 16 **Specialty Developing Recommendation:** ACS

First Identified: November 2021

2022 Medicare Utilization: 246

2024 Work RVU: 2.72

2024 NF PE RVU: 12.67

2024 Fac PE RVU: 2.20

RUC Recommendation: PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

49505 **Repair initial inguinal hernia, age 5 years or older; reducible**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** ACS

First Identified: September 2011

2022 Medicare Utilization: 37,728

2024 Work RVU: 7.96

2024 NF PE RVU:

2024 Fac PE RVU: 5.85

RUC Recommendation: Reaffirmed

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

49507 **Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated**

Global: 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 29 **Specialty Developing Recommendation:** ACS

First Identified: September 2007

2022 Medicare Utilization: 8,147

2024 Work RVU: 9.09

2024 NF PE RVU:

2024 Fac PE RVU: 6.40

RUC Recommendation: 10.05

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

49521 **Repair recurrent inguinal hernia, any age; incarcerated or strangulated** **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 29 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2022 Medicare Utilization:** 1,465

2024 Work RVU: 11.48
2024 NF PE RVU:
2024 Fac PE RVU: 7.26

RUC Recommendation: 12.44 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49560 **Repair initial incisional or ventral hernia; reducible** **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:** 14,923

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49561 **Repair initial incisional or ventral hernia; incarcerated or strangulated** **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:** 9,579

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49565 **Repair recurrent incisional or ventral hernia; reducible** **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** October 2019 **2022 Medicare Utilization:** 3,102

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49566 **Repair recurrent incisional or ventral hernia; incarcerated or strangulated** **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:** 2,432 **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **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 **2022 Medicare Utilization:** 18,598 **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **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 **2022 Medicare Utilization:** 452 **2024 Work RVU:** **2024 NF PE RVU:** **2024 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **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 **2022 Medicare Utilization:** 389

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **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 **2022 Medicare Utilization:** 2

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **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 **2022 Medicare Utilization:** 0

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **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 **2022 Medicare Utilization:** 14,177

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49587 **Repair umbilical hernia, age 5 years or older; incarcerated or strangulated**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** September 2007 **2022 Medicare Utilization:** 6,075

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49590 **Repair spigelian hernia**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:** 506

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49591 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 5.96
2024 NF PE RVU:
2024 Fac PE RVU: 2.80

RUC Recommendation: 6.27 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49592 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 8.46
2024 NF PE RVU:
2024 Fac PE RVU: 3.65

RUC Recommendation: 9.00 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49593 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 10.26
2024 NF PE RVU:
2024 Fac PE RVU: 4.33

RUC Recommendation: 10.80 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49594 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 13.46
2024 NF PE RVU:
2024 Fac PE RVU: 5.48

RUC Recommendation: 14.00 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49595 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 13.94
2024 NF PE RVU:
2024 Fac PE RVU: 5.68

RUC Recommendation: 14.88 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49596 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 18.67
2024 NF PE RVU:
2024 Fac PE RVU: 7.38

RUC Recommendation: 20.00 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49613 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 7.42
2024 NF PE RVU:
2024 Fac PE RVU: 3.39

RUC Recommendation: 7.75 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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49614 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 10.25
2024 NF PE RVU:
2024 Fac PE RVU: 4.31

RUC Recommendation: 10.79 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49615 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 11.46
2024 NF PE RVU:
2024 Fac PE RVU: 4.83

RUC Recommendation: 12.00 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49616 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 15.55
2024 NF PE RVU:
2024 Fac PE RVU: 6.26

RUC Recommendation: 16.50 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49617 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 16.03
2024 NF PE RVU:
2024 Fac PE RVU: 6.55

RUC Recommendation: 16.97 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49618 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 22.67
2024 NF PE RVU:
2024 Fac PE RVU: 8.87

RUC Recommendation: 24.00 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49621 **Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 13.70
2024 NF PE RVU:
2024 Fac PE RVU: 5.45

RUC Recommendation: 14.24 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49622 **Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 17.06
2024 NF PE RVU:
2024 Fac PE RVU: 6.58

RUC Recommendation: 18.00 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49623 **Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 3.75
2024 NF PE RVU:
2024 Fac PE RVU: 1.34

RUC Recommendation: 5.00 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49652 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** June 2010 **2022 Medicare Utilization:** 9,196

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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49653 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** June 2010 **2022 Medicare Utilization:** 6,826

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49654 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** June 2010 **2022 Medicare Utilization:** 6,939

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49655 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** June 2010 **2022 Medicare Utilization:** 4,967

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49656 **Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:** 1,392

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49657 **Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:** 1,546

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

50021 **Drainage of perirenal or renal abscess; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

50080 **Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; simple (eg, stone[s] up to 2 cm in single location of kidney or renal pelvis, nonbranching stones)**

Global: 090 **Issue:** Percutaneous Nephrostolithotomy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 08 **Specialty Developing Recommendation:** AUA **First Identified:** October 2019 **2022 Medicare Utilization:** 2,029

2024 Work RVU: 12.41
2024 NF PE RVU:
2024 Fac PE RVU: 6.86

RUC Recommendation: 13.50 **Referred to CPT** September 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50081 **Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; complex (eg, stone[s] > 2 cm, branching stones, stones in multiple locations, ureter stones, complicated anatomy)**

Global: 090 **Issue:** Percutaneous Nephrostolithotomy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 08 **Specialty Developing Recommendation:** AUA

First Identified: October 2019

2022 Medicare Utilization: 5,760

2024 Work RVU: 20.91

2024 NF PE RVU:

2024 Fac PE RVU: 9.98

RUC Recommendation: 22.00

Referred to CPT September 2021

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

50200 **Renal biopsy; percutaneous, by trocar or needle**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR

First Identified: NA

2022 Medicare Utilization: 31,892

2024 Work RVU: 2.38

2024 NF PE RVU: 12.58

2024 Fac PE RVU: 1.10

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

50360 **Renal allotransplantation, implantation of graft; without recipient nephrectomy**

Global: 090 **Issue:** Renal Allotransplantation **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR

First Identified: July 2012

2022 Medicare Utilization: 10,485

2024 Work RVU: 39.88

2024 NF PE RVU:

2024 Fac PE RVU: 23.36

RUC Recommendation: 40.90

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

50387 **Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2022 Medicare Utilization:** 7,656

2024 Work RVU: 1.75
2024 NF PE RVU: 14.32
2024 Fac PE RVU: 0.49

RUC Recommendation: 2.00 **Referred to CPT** October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

50392 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

50393 **Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50394 **Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

50395 **Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous**

Global: **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

50398 **Change of nephrostomy or pyelostomy tube**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50430 **Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2022 Medicare Utilization:** 810

2024 Work RVU: 2.90
2024 NF PE RVU: 15.52
2024 Fac PE RVU: 1.29

RUC Recommendation: 3.15 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50431 **Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2022 Medicare Utilization:** 7,040

2024 Work RVU: 1.10
2024 NF PE RVU: 8.31
2024 Fac PE RVU: 0.73

RUC Recommendation: 1.42 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50432 **Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2022 Medicare Utilization:** 28,826

2024 Work RVU: 4.00
2024 NF PE RVU: 22.33
2024 Fac PE RVU: 1.56

RUC Recommendation: 4.00 **Referred to CPT** October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50433 **Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:**

First Identified: September 2017 **2022 Medicare Utilization:** 5,403

2024 Work RVU: 5.05
2024 NF PE RVU: 27.71
2024 Fac PE RVU: 1.83
Result: Maintain

RUC Recommendation: 5.05

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

50434 **Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2022 Medicare Utilization:** 2,094

2024 Work RVU: 3.75
2024 NF PE RVU: 22.57
2024 Fac PE RVU: 1.41
Result: Increase

RUC Recommendation: 4.20

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

50435 **Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2022 Medicare Utilization:** 48,218

2024 Work RVU: 1.82
2024 NF PE RVU: 15.59
2024 Fac PE RVU: 0.91
Result: Increase

RUC Recommendation: 2.00

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50436 **Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed;**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2022 Medicare Utilization:** 395

2024 Work RVU: 2.78
2024 NF PE RVU:
2024 Fac PE RVU: 1.31

RUC Recommendation: 3.37 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

50437 **Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2022 Medicare Utilization:** 528

2024 Work RVU: 4.85
2024 NF PE RVU:
2024 Fac PE RVU: 1.93

RUC Recommendation: 5.44 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

50542 **Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** AUA **First Identified:** October 2008 **2022 Medicare Utilization:** 99

2024 Work RVU: 21.36
2024 NF PE RVU:
2024 Fac PE RVU: 10.53

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50548 **Laparoscopy, surgical; nephrectomy with total ureterectomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** AUA

First Identified: October 2008 **2022 Medicare Utilization:** 2,106

2024 Work RVU: 25.36
2024 NF PE RVU:
2024 Fac PE RVU: 11.31

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

50590 **Lithotripsy, extracorporeal shock wave**

Global: 090 **Issue:** Lithotripsy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 42 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2022 Medicare Utilization:** 41,182

2024 Work RVU: 9.77
2024 NF PE RVU: 11.28
2024 Fac PE RVU: 6.17

RUC Recommendation: 9.77

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

50605 **Ureterotomy for insertion of indwelling stent, all types**

Global: 090 **Issue:** Ureterotomy **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AUA, SIR

First Identified: October 2008 **2022 Medicare Utilization:** 2,207

2024 Work RVU: 16.79
2024 NF PE RVU:
2024 Fac PE RVU: 9.56

RUC Recommendation: Review action plan at the RAW Oct 2015. CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

50606 **Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 08 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2022 Medicare Utilization:** 56

2024 Work RVU: 3.16
2024 NF PE RVU: 10.72
2024 Fac PE RVU: 0.51

RUC Recommendation: 3.16 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50693 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2022 Medicare Utilization:** 3,391

2024 Work RVU: 3.96
2024 NF PE RVU: 24.91
2024 Fac PE RVU: 1.57

RUC Recommendation: 4.60 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50694 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2022 Medicare Utilization:** 695

2024 Work RVU: 5.25
2024 NF PE RVU: 27.05
2024 Fac PE RVU: 1.97

RUC Recommendation: 6.00 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50695 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2022 Medicare Utilization:** 940

2024 Work RVU: 6.80
2024 NF PE RVU: 31.93
2024 Fac PE RVU: 2.44

RUC Recommendation: 7.55 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50705 **Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 08 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2022 Medicare Utilization:** 58

2024 Work RVU: 4.03
2024 NF PE RVU: 49.19
2024 Fac PE RVU: 0.65

RUC Recommendation: 4.03 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50706 **Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 08 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2022 Medicare Utilization:** 1,097

2024 Work RVU: 3.80
2024 NF PE RVU: 20.45
2024 Fac PE RVU: 1.05

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51040 **Cystostomy, cystotomy with drainage**

Global: 090 **Issue:** Cystostomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2022 Medicare Utilization:** 4,128

2024 Work RVU: 4.49
2024 NF PE RVU:
2024 Fac PE RVU: 3.76

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

51102 **Aspiration of bladder; with insertion of suprapubic catheter**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2022 Medicare Utilization:** 12,977

2024 Work RVU: 2.70
2024 NF PE RVU: 4.15
2024 Fac PE RVU: 1.21

RUC Recommendation: 2.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

51700 **Bladder irrigation, simple, lavage and/or instillation**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 32 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2022 Medicare Utilization:** 172,260

2024 Work RVU: 0.60
2024 NF PE RVU: 1.62
2024 Fac PE RVU: 0.21

RUC Recommendation: 0.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

51701 **Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 32 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2022 Medicare Utilization:** 139,810

2024 Work RVU: 0.50
2024 NF PE RVU: 0.77
2024 Fac PE RVU: 0.19

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

51702 **Insertion of temporary indwelling bladder catheter; simple (eg, Foley)** **Global:** 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2022 Medicare Utilization:** 218,125

2024 Work RVU: 0.50
2024 NF PE RVU: 1.31
2024 Fac PE RVU: 0.19

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

51703 **Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)** **Global:** 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2022 Medicare Utilization:** 50,484

2024 Work RVU: 1.47
2024 NF PE RVU: 2.84
2024 Fac PE RVU: 0.61

RUC Recommendation: 1.47 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

51720 **Bladder instillation of anticarcinogenic agent (including retention time)** **Global:** 000 **Issue:** Treatment of Bladder Lesion **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 33 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2022 Medicare Utilization:** 157,422

2024 Work RVU: 0.87
2024 NF PE RVU: 1.68
2024 Fac PE RVU: 0.31

RUC Recommendation: 0.87 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51726 **Complex cystometrogram (ie, calibrated electronic equipment);** **Global:** 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2008 **2022 Medicare Utilization:** 2,860

2024 Work RVU: 1.71
2024 NF PE RVU: 7.13
2024 Fac PE RVU: NA

RUC Recommendation: 1.71 **Referred to CPT** February 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51727 **Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2022 Medicare Utilization:** 1,764

2024 Work RVU: 2.11
2024 NF PE RVU: 8.62
2024 Fac PE RVU: NA

RUC Recommendation: 2.11 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51728 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2022 Medicare Utilization:** 80,110

2024 Work RVU: 2.11
2024 NF PE RVU: 8.59
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 2.11 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2024

51729 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2022 Medicare Utilization:** 49,749

2024 Work RVU: 2.51
2024 NF PE RVU: 8.71
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 2.51 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2024

Status Report: CMS Requests and Relativity Assessment Issues

51736 **Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)** **Global:** XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 11 **Specialty Developing Recommendation:** AUA **First Identified:** February 2010 **2022 Medicare Utilization:** 9,095

2024 Work RVU: 0.17
2024 NF PE RVU: 0.22
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51741 **Complex uroflowmetry (eg, calibrated electronic equipment)** **Global:** XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2022 Medicare Utilization:** 329,247

2024 Work RVU: 0.17
2024 NF PE RVU: 0.23
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 0.17 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2024

51772 **Deleted from CPT** **Global:** **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 16 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51784 **Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique**

Global: XXX **Issue:** Electromyography Studies (EMG) **Screen:** Codes Reported Together 75% or More-Part2 / CMS High Expenditure Procedural Codes2 / CPT Assistant Analysis 2018 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA

First Identified: October 2012 **2022 Medicare Utilization:** 119,552

2024 Work RVU: 0.75
2024 NF PE RVU: 1.1
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 0.75.

Referred to CPT February 2014
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2024

Result: Decrease

51792 **Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)**

Global: 000 **Issue:** Urinary Reflex Studies with EMG **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** AUA

First Identified: October 2012 **2022 Medicare Utilization:** 4,062

2024 Work RVU: 1.10
2024 NF PE RVU: 6.95
2024 Fac PE RVU: NA

RUC Recommendation: CPT edits and CPT Assistant article complete.

Referred to CPT February 2014
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2014

Result: Maintain

51795 **Deleted from CPT**

Global: **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:**

First Identified: February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

51797 **Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:**

First Identified: February 2008 **2022 Medicare Utilization:** 93,588

2024 Work RVU: 0.80
2024 NF PE RVU: 4.79
2024 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** February 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

51798 **Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging**

Global: XXX **Issue:** Voiding Pressure Studies **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 25 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2022 Medicare Utilization:** 1,883,773

2024 Work RVU: 0.00
2024 NF PE RVU: 0.33
2024 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

52000 **Cystourethroscopy (separate procedure)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 35 **Specialty Developing Recommendation:** AUA, ACOG

First Identified: October 2010 **2022 Medicare Utilization:** 770,017

2024 Work RVU: 1.53
2024 NF PE RVU: 5.47
2024 Fac PE RVU: 0.66

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52214 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AUA **First Identified:** June 2008 **2022 Medicare Utilization:** 15,192

2024 Work RVU: 3.50
2024 NF PE RVU: 18.39
2024 Fac PE RVU: 1.23

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009 and May 2016

52224 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2022 Medicare Utilization:** 27,619

2024 Work RVU: 4.05
2024 NF PE RVU: 18.77
2024 Fac PE RVU: 1.42

RUC Recommendation: 4.05 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009 and May 2016

52234 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2022 Medicare Utilization:** 23,602

2024 Work RVU: 4.62
2024 NF PE RVU:
2024 Fac PE RVU: 2.07

RUC Recommendation: 4.62 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

Status Report: CMS Requests and Relativity Assessment Issues

52235 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AUA **First Identified:** April 2011 **2022 Medicare Utilization:** 30,890

2024 Work RVU: 5.44
2024 NF PE RVU:
2024 Fac PE RVU: 2.40

RUC Recommendation: 5.44 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

52240 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2022 Medicare Utilization:** 19,470

2024 Work RVU: 7.50
2024 NF PE RVU:
2024 Fac PE RVU: 3.13

RUC Recommendation: 8.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

52281 **Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 38 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2022 Medicare Utilization:** 49,376

2024 Work RVU: 2.75
2024 NF PE RVU: 6.7
2024 Fac PE RVU: 1.41

RUC Recommendation: 2.80 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52287 **Cystourethroscopy, with injection(s) for chemodenervation of the bladder** **Global:** 000 **Issue:** **Screen:** High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:**

First Identified: October 2019 **2022 Medicare Utilization:** 60,498

2024 Work RVU: 3.20
2024 NF PE RVU: 8.01
2024 Fac PE RVU: 1.38

RUC Recommendation: Remove from Screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

52332 **Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)** **Global:** 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 13 **Specialty Developing Recommendation:** AUA

First Identified: October 2009 **2022 Medicare Utilization:** 135,354

2024 Work RVU: 2.82
2024 NF PE RVU: 8.82
2024 Fac PE RVU: 1.43

RUC Recommendation: 2.82

Referred to CPT February 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

52334 **Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde** **Global:** 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:**

First Identified: September 2017 **2022 Medicare Utilization:** 234

2024 Work RVU: 3.37
2024 NF PE RVU:
2024 Fac PE RVU: 1.62

RUC Recommendation: 3.37

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

52341 **Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2022 Medicare Utilization:** 1,850

2024 Work RVU: 5.35
2024 NF PE RVU:
2024 Fac PE RVU: 2.37
Result: Decrease

RUC Recommendation: 5.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52342 **Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2022 Medicare Utilization:** 143

2024 Work RVU: 5.85
2024 NF PE RVU:
2024 Fac PE RVU: 2.55
Result: Decrease

RUC Recommendation: 5.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52343 **Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2022 Medicare Utilization:** 24

2024 Work RVU: 6.55
2024 NF PE RVU:
2024 Fac PE RVU: 2.79
Result: Decrease

RUC Recommendation: 6.55

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52344 **Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2022 Medicare Utilization:** 3,092

2024 Work RVU: 7.05
2024 NF PE RVU:
2024 Fac PE RVU: 2.97
Result: Decrease

RUC Recommendation: 7.05

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52345 **Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2022 Medicare Utilization:** 403

2024 Work RVU: 7.55
2024 NF PE RVU:
2024 Fac PE RVU: 3.14
Result: Decrease

RUC Recommendation: 7.55

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52346 **Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2022 Medicare Utilization:** 415

2024 Work RVU: 8.58
2024 NF PE RVU:
2024 Fac PE RVU: 3.50
Result: Decrease

RUC Recommendation: 8.58

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52351 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2022 Medicare Utilization:** 21,054

2024 Work RVU: 5.75
2024 NF PE RVU:
2024 Fac PE RVU: 2.47
Result: Decrease

RUC Recommendation: 5.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52352 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2022 Medicare Utilization:** 19,659

2024 Work RVU: 6.75
2024 NF PE RVU:
2024 Fac PE RVU: 2.86
Result: Decrease

RUC Recommendation: 6.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52353 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 13 **Specialty Developing Recommendation:** AUA **First Identified:** April 2011 **2022 Medicare Utilization:** 10,320

2024 Work RVU: 7.50
2024 NF PE RVU:
2024 Fac PE RVU: 3.12
Result: Decrease

RUC Recommendation: 7.50 **Referred to CPT** February 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

52354 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2022 Medicare Utilization:** 8,347

2024 Work RVU: 8.00
2024 NF PE RVU:
2024 Fac PE RVU: 3.30
Result: Increase

RUC Recommendation: 8.58 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

52355 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2022 Medicare Utilization:** 733

2024 Work RVU: 9.00
2024 NF PE RVU:
2024 Fac PE RVU: 3.65
Result: Increase

RUC Recommendation: 10.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52356 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 13 **Specialty Developing Recommendation:** AUA **First Identified:** January 2013 **2022 Medicare Utilization:** 82,797

2024 Work RVU: 8.00
2024 NF PE RVU:
2024 Fac PE RVU: 3.26

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52400 **Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2022 Medicare Utilization:** 64

2024 Work RVU: 8.69
2024 NF PE RVU:
2024 Fac PE RVU: 4.46

RUC Recommendation: 8.69 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52442 **Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** PE Subcommittee **Screen:** PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AUA, AACU **First Identified:** April 2020 **2022 Medicare Utilization:** 90,771

2024 Work RVU: 1.01
2024 NF PE RVU: 24.51
2024 Fac PE RVU: 0.36

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52500 **Transurethral resection of bladder neck (separate procedure)**

Global: 090 **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2022 Medicare Utilization:** 2,334

2024 Work RVU: 8.14
2024 NF PE RVU:
2024 Fac PE RVU: 5.67

RUC Recommendation: 6.00

Referred to CPT May 2024
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 Robotic-assisted Resection of Prostate **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA

First Identified: October 2015 **2022 Medicare Utilization:** 39,607

2024 Work RVU: 13.16
2024 NF PE RVU:
2024 Fac PE RVU: 6.96

RUC Recommendation: 10.00

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

52630 **Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)**

Global: 090 **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** High Volume Category III Codes 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA

First Identified: May 2024 **2022 Medicare Utilization:** 4,929

2024 Work RVU: 6.55
2024 NF PE RVU: NA
2024 Fac PE RVU: 4.86

RUC Recommendation: 6.55

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

52640 **Transurethral resection; of postoperative bladder neck contracture** **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 45 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2022 Medicare Utilization:** 1,129

2024 Work RVU: 4.79
2024 NF PE RVU:
2024 Fac PE RVU: 4.37

RUC Recommendation: 4.79 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52647 **Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)** **Global:** 090 **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** High Volume Category III Codes 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA **First Identified:** May 2024 **2022 Medicare Utilization:** 90

2024 Work RVU: 11.30
2024 NF PE RVU: 34.07
2024 Fac PE RVU: 6.77

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

52648 **Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)** **Global:** 090 **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2022 Medicare Utilization:** 14,767

2024 Work RVU: 12.15
2024 NF PE RVU: 34.57
2024 Fac PE RVU: 7.08

RUC Recommendation: 10.05 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52649 **Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)**

Global: 090 **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** High Volume Category III Codes 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA

First Identified: May 2024

2022 Medicare Utilization: 7,122

2024 Work RVU: 14.56
2024 NF PE RVU: NA
2024 Fac PE RVU: 8.31

RUC Recommendation: 14.56

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

52XX1

Global: 090 **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** High Volume Category III Codes 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA

First Identified: May 2024

2022 Medicare Utilization:

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 10.25

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

53445 **Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 31 **Specialty Developing Recommendation:** AUA

First Identified: September 2007

2022 Medicare Utilization: 1,959

2024 Work RVU: 13.00
2024 NF PE RVU:
2024 Fac PE RVU: 8.07

RUC Recommendation: 13.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

53850 **Transurethral destruction of prostate tissue; by microwave thermotherapy**

Global: 090 **Issue:** Transurethral Destruction of Prostate Tissue **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 43 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2022 Medicare Utilization:** 950

2024 Work RVU: 5.42
2024 NF PE RVU: 36.11
2024 Fac PE RVU: 4.64

RUC Recommendation: 10.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

54405 **Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2022 Medicare Utilization:** 4,474

2024 Work RVU: 14.52
2024 NF PE RVU:
2024 Fac PE RVU: 7.84

RUC Recommendation: 14.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

54410 **Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 31 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2022 Medicare Utilization:** 1,130

2024 Work RVU: 15.18
2024 NF PE RVU:
2024 Fac PE RVU: 8.78

RUC Recommendation: 15.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

54520 **Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach**

Global: 090 **Issue:** Removal of Testical **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2022 Medicare Utilization:** 1,941

2024 Work RVU: 5.30
2024 NF PE RVU:
2024 Fac PE RVU: 3.87

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

54530 **Orchiectomy, radical, for tumor; inguinal approach** **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2022 Medicare Utilization:** 1,012

2024 Work RVU: 8.46
2024 NF PE RVU:
2024 Fac PE RVU: 5.76

RUC Recommendation: 8.46 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

55700 **Biopsy, prostate; needle or punch, single or multiple, any approach** **Global:** 000 **Issue:** Prostate Biopsy Services **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA **First Identified:** July 2015 **2022 Medicare Utilization:** 139,388

2024 Work RVU: 2.50
2024 NF PE RVU: 4.42
2024 Fac PE RVU: 1.05

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

55705 **Biopsy, prostate, any approach, nonimaging-guided** **Global:** 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** May 2024 **2022 Medicare Utilization:** 58

2024 Work RVU: 4.61
2024 NF PE RVU: NA
2024 Fac PE RVU: 2.75

RUC Recommendation: 1.93. Refer to CPT **Referred to CPT** February 2025; May 2024 (Tab 15) **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55706 **Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance**

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** 010-Day Global Post-Operative Visits / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** January 2014 **2022 Medicare Utilization:** 3,387

2024 Work RVU: 6.28
2024 NF PE RVU:
2024 Fac PE RVU: 4.23

RUC Recommendation: 4.27. Refer to CPT **Referred to CPT** February 2025; May 2024 (Tab 15) **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55840 **Prostatectomy, retropubic radical, with or without nerve sparing;**

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA **First Identified:** October 2013 **2022 Medicare Utilization:** 1,119

2024 Work RVU: 21.36
2024 NF PE RVU:
2024 Fac PE RVU: 10.82

RUC Recommendation: 21.36 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55842 **Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)**

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA **First Identified:** October 2013 **2022 Medicare Utilization:** 78

2024 Work RVU: 21.36
2024 NF PE RVU:
2024 Fac PE RVU: 10.81

RUC Recommendation: 21.36 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55845 **Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes**

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA **First Identified:** July 2013 **2022 Medicare Utilization:** 497

2024 Work RVU: 25.18
2024 NF PE RVU:
2024 Fac PE RVU: 12.17

RUC Recommendation: 25.18 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55866 **Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed**

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** New Technology / CMS Fastest Growing / CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2022 Medicare Utilization:** 19,034

2024 Work RVU: 22.46
2024 NF PE RVU:
2024 Fac PE RVU: 10.33

RUC Recommendation: 22.46 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55867 **Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed**

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA **First Identified:** May 2024 **2022 Medicare Utilization:** 0

2024 Work RVU: 19.53
2024 NF PE RVU: NA
2024 Fac PE RVU: 9.30

RUC Recommendation: 19.53 **Referred to CPT** May 2024 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55873 **Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)**

Global: 090 **Issue:** Cryoablation of Prostate **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 25 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2022 Medicare Utilization:** 1,134

2024 Work RVU: 13.60
2024 NF PE RVU: 154.94
2024 Fac PE RVU: 7.59

RUC Recommendation: 13.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

55875 **Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy**

Global: 090 **Issue:** RAW **Screen:** RUC request **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:**

First Identified: April 2015 **2022 Medicare Utilization:** 4,859

2024 Work RVU: 13.46
2024 NF PE RVU:
2024 Fac PE RVU: 8.41

RUC Recommendation: Review data at RAW

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Not Part of RAW

558X1

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA

First Identified: May 2024 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 22.46

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

558X2

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA **First Identified:** May 2024 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 29.35 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

56515 **Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)**

Global: 010 **Issue:** Destruction of Lesions **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** September 2007 **2022 Medicare Utilization:** 2,361

2024 Work RVU: 3.08
2024 NF PE RVU: 4.81
2024 Fac PE RVU: 2.85

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT**

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

56620 **Vulvectomy simple; partial**

Global: 090 **Issue:** Partial Removal of Vulva **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** D **Specialty Developing Recommendation:** ACOG **First Identified:** September 2007 **2022 Medicare Utilization:** 2,801

2024 Work RVU: 7.53
2024 NF PE RVU:
2024 Fac PE RVU: 9.01

RUC Recommendation: 7.35 **Referred to CPT**

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

57150 **Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease**

Global: 000 **Issue:** Vaginal Treatments **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 15 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2016 **2022 Medicare Utilization:** 18,396

2024 Work RVU: 0.50
2024 NF PE RVU: 1.16
2024 Fac PE RVU: 0.19

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57155 **Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy**

Global: 000 **Issue:** RAW **Screen:** Site of Service Anomaly / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2022 Medicare Utilization:** 2,436

2024 Work RVU: 5.15
2024 NF PE RVU: 6.37
2024 Fac PE RVU: 2.88

RUC Recommendation: 5.40 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57156 **Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy**

Global: 000 **Issue:** RAW **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2022 Medicare Utilization:** 15,742

2024 Work RVU: 2.69
2024 NF PE RVU: 3.98
2024 Fac PE RVU: 1.61

RUC Recommendation: 2.69 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

57160 **Fitting and insertion of pessary or other intravaginal support device**

Global: 000 **Issue:** Vaginal Treatments **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 15 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2016 **2022 Medicare Utilization:** 74,056

2024 Work RVU: 0.89
2024 NF PE RVU: 1.21
2024 Fac PE RVU: 0.34

RUC Recommendation: 0.89 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

57240 **Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** October 2015 **2022 Medicare Utilization:** 6,757

2024 Work RVU: 10.08
2024 NF PE RVU:
2024 Fac PE RVU: 6.86

RUC Recommendation: 10.08 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57250 **Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2022 Medicare Utilization:** 8,365

2024 Work RVU: 10.08
2024 NF PE RVU:
2024 Fac PE RVU: 6.88

RUC Recommendation: 10.08 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

57260 **Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2022 Medicare Utilization:** 8,276

2024 Work RVU: 13.25
2024 NF PE RVU:
2024 Fac PE RVU: 8.07

RUC Recommendation: 13.25 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57265 **Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2022 Medicare Utilization:** 3,521

2024 Work RVU: 15.00
2024 NF PE RVU:
2024 Fac PE RVU: 8.79

RUC Recommendation: 15.00 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57282 **Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)**

Global: 090 **Issue:** Colpopexy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 26 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2022 Medicare Utilization:** 6,291

2024 Work RVU: 11.63
2024 NF PE RVU:
2024 Fac PE RVU: 7.46

RUC Recommendation: 13.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

57283 **Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)**

Global: 090 **Issue:** Colpopexy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 26 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2022 Medicare Utilization:** 4,959

2024 Work RVU: 11.66
2024 NF PE RVU:
2024 Fac PE RVU: 7.51

RUC Recommendation: 13.51 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

57287 **Removal or revision of sling for stress incontinence (eg, fascia or synthetic)** **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** C **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2022 Medicare Utilization:** 1,342

2024 Work RVU: 11.15
2024 NF PE RVU:
2024 Fac PE RVU: 9.58
Result: Decrease

RUC Recommendation: 10.97 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

57288 **Sling operation for stress incontinence (eg, fascia or synthetic)** **Global:** 090 **Issue:** Sling Operation for Stress Incontinence **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** O **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** September 2007 **2022 Medicare Utilization:** 19,924

2024 Work RVU: 12.13
2024 NF PE RVU:
2024 Fac PE RVU: 8.44
Result: Decrease

RUC Recommendation: 12.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

57425 **Laparoscopy, surgical, colpopexy (suspension of vaginal apex)** **Global:** 090 **Issue:** Laparoscopic Colopexy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 27 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2022 Medicare Utilization:** 10,619

2024 Work RVU: 17.03
2024 NF PE RVU:
2024 Fac PE RVU: 9.56
Result: Increase

RUC Recommendation: 18.02 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

58100 **Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)** **Global:** 000 **Issue:** Biopsy of Uterus Lining **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2016 **2022 Medicare Utilization:** 59,384

2024 Work RVU: 1.21
2024 NF PE RVU: 1.65
2024 Fac PE RVU: 0.48
Result: Decrease

RUC Recommendation: 1.21 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58110 **Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biopsy of Uterus Lining **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2017 **2022 Medicare Utilization:** 663

2024 Work RVU: 0.77
2024 NF PE RVU: 0.61
2024 Fac PE RVU: 0.30

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

58555 **Hysteroscopy, diagnostic (separate procedure)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2022 Medicare Utilization:** 1,212

2024 Work RVU: 2.65
2024 NF PE RVU: 7.75
2024 Fac PE RVU: 1.44

RUC Recommendation: 3.07 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

58558 **Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2022 Medicare Utilization:** 42,979

2024 Work RVU: 4.17
2024 NF PE RVU: 34.67
2024 Fac PE RVU: 2.04

RUC Recommendation: 4.37 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58559 **Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)** **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2022 Medicare Utilization:** 75

2024 Work RVU: 5.20
2024 NF PE RVU:
2024 Fac PE RVU: 2.41

RUC Recommendation: 5.54 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

58560 **Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)** **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2022 Medicare Utilization:** 21

2024 Work RVU: 5.75
2024 NF PE RVU:
2024 Fac PE RVU: 2.62

RUC Recommendation: 6.15 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

58561 **Hysteroscopy, surgical; with removal of leiomyomata** **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2022 Medicare Utilization:** 2,058

2024 Work RVU: 6.60
2024 NF PE RVU:
2024 Fac PE RVU: 2.97

RUC Recommendation: 7.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58562 **Hysteroscopy, surgical; with removal of impacted foreign body**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2022 Medicare Utilization:** 175

2024 Work RVU: 4.00
2024 NF PE RVU: 8.28
2024 Fac PE RVU: 1.95
Result: Decrease

RUC Recommendation: 4.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

58563 **Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2022 Medicare Utilization:** 1,475

2024 Work RVU: 4.47
2024 NF PE RVU: 57.45
2024 Fac PE RVU: 2.13
Result: Decrease

RUC Recommendation: 4.62

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

58660 **Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** September 2007 **2022 Medicare Utilization:** 610

2024 Work RVU: 11.59
2024 NF PE RVU:
2024 Fac PE RVU: 6.81
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58661 **Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)**

Global: 010 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACOG

First Identified: September 2007 **2022 Medicare Utilization:** 11,612

2024 Work RVU: 11.35
2024 NF PE RVU:
2024 Fac PE RVU: 6.38

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

58823 **Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

59200 **Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)**

Global: 000 **Issue:** Insertion of Cervical Dilator **Screen:** CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 13 **Specialty Developing Recommendation:** ACOG

First Identified: November 2023 **2022 Medicare Utilization:** 185

2024 Work RVU: 0.79
2024 NF PE RVU: 2.14
2024 Fac PE RVU: 0.31

RUC Recommendation: 1.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

59400 **Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2022 Medicare Utilization:** 1,827

2024 Work RVU: 37.00
2024 NF PE RVU:
2024 Fac PE RVU: 25.80
Result: Increase

RUC Recommendation: 32.69

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59409 **Vaginal delivery only (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2022 Medicare Utilization:** 985

2024 Work RVU: 14.37
2024 NF PE RVU:
2024 Fac PE RVU: 5.73
Result: Increase

RUC Recommendation: 14.37

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59410 **Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2022 Medicare Utilization:** 517

2024 Work RVU: 18.76
2024 NF PE RVU:
2024 Fac PE RVU: 8.60
Result: Increase

RUC Recommendation: 18.54

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59412 **External cephalic version, with or without tocolysis**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2022 Medicare Utilization:** 28

2024 Work RVU: 1.71
2024 NF PE RVU:
2024 Fac PE RVU: 0.86
Result: Maintain

RUC Recommendation: 1.71

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59414 **Delivery of placenta (separate procedure)** **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2022 Medicare Utilization:** 50

2024 Work RVU: 1.61 **2024 NF PE RVU:** **2024 Fac PE RVU:** 0.62

RUC Recommendation: 1.61 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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59425 **Antepartum care only; 4-6 visits** **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2022 Medicare Utilization:** 538

2024 Work RVU: 7.80 **2024 NF PE RVU:** 7.05 **2024 Fac PE RVU:** 3.07

RUC Recommendation: 6.31 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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59426 **Antepartum care only; 7 or more visits** **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2022 Medicare Utilization:** 430

2024 Work RVU: 14.30 **2024 NF PE RVU:** 12.82 **2024 Fac PE RVU:** 5.63

RUC Recommendation: 11.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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59430 **Postpartum care only (separate procedure)** **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2022 Medicare Utilization:** 609

2024 Work RVU: 3.22 **2024 NF PE RVU:** 3.87 **2024 Fac PE RVU:** 1.27

RUC Recommendation: 2.47 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

59510 **Routine obstetric care including antepartum care, cesarean delivery, and postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2022 Medicare Utilization:** 1,497

2024 Work RVU: 41.05
2024 NF PE RVU:
2024 Fac PE RVU: 27.63
Result: Increase

RUC Recommendation: 36.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59514 **Cesarean delivery only;**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** October 2008 **2022 Medicare Utilization:** 798

2024 Work RVU: 16.13
2024 NF PE RVU:
2024 Fac PE RVU: 6.32
Result: Increase

RUC Recommendation: 16.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59515 **Cesarean delivery only; including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2022 Medicare Utilization:** 462

2024 Work RVU: 22.79
2024 NF PE RVU:
2024 Fac PE RVU: 10.69
Result: Increase

RUC Recommendation: 22.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59610 **Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2022 Medicare Utilization:** 45

2024 Work RVU: 38.71
2024 NF PE RVU:
2024 Fac PE RVU: 25.92
Result: Increase

RUC Recommendation: 34.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59612 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2022 Medicare Utilization:** 35

2024 Work RVU: 16.09
2024 NF PE RVU:
2024 Fac PE RVU: 6.20
Result: Increase

RUC Recommendation: 16.09

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59614 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2022 Medicare Utilization:** 27

2024 Work RVU: 20.48
2024 NF PE RVU:
2024 Fac PE RVU: 8.40
Result: Increase

RUC Recommendation: 20.26

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59618 **Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2022 Medicare Utilization:** 17

2024 Work RVU: 41.57
2024 NF PE RVU:
2024 Fac PE RVU: 27.69
Result: Increase

RUC Recommendation: 36.69

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59620 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2022 Medicare Utilization:** 8

2024 Work RVU: 16.66
2024 NF PE RVU:
2024 Fac PE RVU: 6.42
Result: Decrease

RUC Recommendation: 16.66

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59622 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2022 Medicare Utilization:** 16

2024 Work RVU: 23.32
2024 NF PE RVU:
2024 Fac PE RVU: 11.36

RUC Recommendation: 22.53 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Increase

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5XX00

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** May 2024 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 2.63. Refer to CPT **Referred to CPT** February 2025; May 2024 (Tab 15)
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

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5XX01

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** May 2024 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 3.39. Refer to CPT **Referred to CPT** February 2025; May 2024 (Tab 15)
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

5XX02

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** May 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: 3.23. Refer to CPT **Referred to CPT** February 2025; May 2024 (Tab 15) **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

5XX03

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** May 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: 3.81. Refer to CPT **Referred to CPT** February 2025; May 2024 (Tab 15) **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

5XX04

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** May 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: 2.61. Refer to CPT **Referred to CPT** February 2025; May 2024 (Tab 15) **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

5XX07

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** May 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: 3.10. Refer to CPT **Referred to CPT** February 2025; May 2024 (Tab 15) **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

5XX08

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** May 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: 4.00. Refer to CPT **Referred to CPT** February 2025; May 2024 (Tab 15) **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

5XX09

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** May 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: 3.62. Refer to CPT **Referred to CPT** February 2025; May 2024 (Tab 15) **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

5XX10 **Global:** ZZZ **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** May 2024 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 1.05. Refer to CPT **Referred to CPT** February 2025; May 2024 (Tab 15) **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

60220 **Total thyroid lobectomy, unilateral; with or without isthmusectomy** **Global:** 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2022 Medicare Utilization:** 6,529

2024 Work RVU: 11.19
2024 NF PE RVU:
2024 Fac PE RVU: 7.98

RUC Recommendation: 12.29 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

60225 **Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy** **Global:** 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2022 Medicare Utilization:** 194

2024 Work RVU: 14.79
2024 NF PE RVU:
2024 Fac PE RVU: 10.63

RUC Recommendation: 14.67 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

60240 **Thyroidectomy, total or complete** **Global:** 090 **Issue:** Thyroidectomy **Screen:** CPT Referral to the RUC **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAO-HNS, ACS **First Identified:** September 2024 **2022 Medicare Utilization:** 5,183

2024 Work RVU: 15.04
2024 NF PE RVU: NA
2024 Fac PE RVU: 9.50

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

60260 **Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid**

Global: 090 **Issue:** Thyroidectomy **Screen:** CPT Referral to the RUC **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAO-HNS, ACS **First Identified:** September 2024 **2022 Medicare Utilization:** 979

2024 Work RVU: 18.26
2024 NF PE RVU: NA
2024 Fac PE RVU: 10.96

RUC Recommendation:

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

60520 **Thymectomy, partial or total; transcervical approach (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** **First Identified:** November 2011 **2022 Medicare Utilization:** 340

2024 Work RVU: 17.16
2024 NF PE RVU:
2024 Fac PE RVU: 10.23

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

60521 **Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** **First Identified:** November 2011 **2022 Medicare Utilization:** 216

2024 Work RVU: 19.18
2024 NF PE RVU:
2024 Fac PE RVU: 9.64

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

60522 **Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2022 Medicare Utilization:** 96

2024 Work RVU: 23.48
2024 NF PE RVU:
2024 Fac PE RVU: 11.24

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

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 **2022 Medicare Utilization:** 87

2024 Work RVU: 2.10
2024 NF PE RVU:
2024 Fac PE RVU: 1.04

RUC Recommendation: Editorial change

Referred to CPT October 2013

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:** Endovascular Therapy with Imaging **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 04 **Specialty Developing Recommendation:** AANS, ACR, ASNR, CNS, OEIS, SIR

First Identified: April 2022 **2022 Medicare Utilization:** 10,270

2024 Work RVU: 20.12
2024 NF PE RVU:
2024 Fac PE RVU: 8.36

RUC Recommendation: 20.00

Referred to CPT February 2024

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61626 **Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)**

Global: 000 **Issue:** Endovascular Therapy with Imaging **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 04 **Specialty Developing Recommendation:** AANS, ACR, ASNR, CNS, OEIS, SIR **First Identified:** February 2024 **2022 Medicare Utilization:** 1,347

2024 Work RVU: 16.60
2024 NF PE RVU: NA
2024 Fac PE RVU: 6.29

RUC Recommendation: 15.31 **Referred to CPT** February 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61781 **Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** October 2009 **2022 Medicare Utilization:** 15,392

2024 Work RVU: 3.75
2024 NF PE RVU:
2024 Fac PE RVU: 1.79

RUC Recommendation: 3.75 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61782 **Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAO-HNS **First Identified:** October 2009 **2022 Medicare Utilization:** 17,763

2024 Work RVU: 3.18
2024 NF PE RVU:
2024 Fac PE RVU: 1.48

RUC Recommendation: 3.18 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61783 **Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing / High Volume Growth10 **Complete?** No

Most Recent RUC Meeting: February 2010 **Tab:** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** October 2009 **2022 Medicare Utilization:** 26,207

2024 Work RVU: 3.75
2024 NF PE RVU:
2024 Fac PE RVU: 1.83

RUC Recommendation: 3.75 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61793 **Deleted from CPT**

Global: **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** AANS **First Identified:** September 2007 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

61795 **Deleted from CPT**

Global: **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** NASS, AAO-HNS, AANS **First Identified:** October 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61796 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:**

First Identified: NA

2022 Medicare Utilization: 5,843

2024 Work RVU: 13.93
2024 NF PE RVU:
2024 Fac PE RVU: 11.48

RUC Recommendation: 15.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

61797 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:**

First Identified: NA

2022 Medicare Utilization: 7,831

2024 Work RVU: 3.48
2024 NF PE RVU:
2024 Fac PE RVU: 1.67

RUC Recommendation: 3.48

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

61798 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:**

First Identified: NA

2022 Medicare Utilization: 2,820

2024 Work RVU: 19.85
2024 NF PE RVU:
2024 Fac PE RVU: 14.19

RUC Recommendation: 19.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

61799 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:**

First Identified: NA **2022 Medicare Utilization:** 633

2024 Work RVU: 4.81
2024 NF PE RVU:
2024 Fac PE RVU: 2.31

RUC Recommendation: 4.81

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

61800 **Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 16 **Specialty Developing Recommendation:**

First Identified: February 2008 **2022 Medicare Utilization:** 3,856

2024 Work RVU: 2.25
2024 NF PE RVU:
2024 Fac PE RVU: 1.36

RUC Recommendation: 2.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

61885 **Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array**

Global: 090 **Issue:** Vagal Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 14 **Specialty Developing Recommendation:** AANS/CNS

First Identified: September 2007 **2022 Medicare Utilization:** 4,146

2024 Work RVU: 6.05
2024 NF PE RVU:
2024 Fac PE RVU: 7.76

RUC Recommendation: 6.44

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62263 **Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days**

Global: 010 **Issue:** Epidual Lysis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 66 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, NASS **First Identified:** September 2007 **2022 Medicare Utilization:** 199

2024 Work RVU: 5.00
2024 NF PE RVU: 13.92
2024 Fac PE RVU: 4.22

RUC Recommendation: 6.54 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

62270 **Spinal puncture, lumbar, diagnostic;**

Global: 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR, SIR **First Identified:** October 2017 **2022 Medicare Utilization:** 22,631

2024 Work RVU: 1.22
2024 NF PE RVU: 2.9
2024 Fac PE RVU: 0.41

RUC Recommendation: 1.44 **Referred to CPT** September 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

62272 **Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);**

Global: 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 09 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2022 Medicare Utilization:** 3,156

2024 Work RVU: 1.58
2024 NF PE RVU: 3.52
2024 Fac PE RVU: 0.71

RUC Recommendation: 1.80 **Referred to CPT** September 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62281 **Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic**

Global: 010 **Issue:** Injection of Neurolytic Agent **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ASA

First Identified: September 2007 **2022 Medicare Utilization:** 96

2024 Work RVU: 2.66
2024 NF PE RVU: 4.32
2024 Fac PE RVU: 1.75

RUC Recommendation: Remove 99238

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Q&A May 2010

Result: PE Only

62284 **Injection procedure for myelography and/or computed tomography, lumbar**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2012 **2022 Medicare Utilization:** 14,175

2024 Work RVU: 1.54
2024 NF PE RVU: 3.89
2024 Fac PE RVU: 0.75

RUC Recommendation: 1.54

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

62287 **Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar**

Global: 090 **Issue:** Percutaneous Diskectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ASA

First Identified: September 2007 **2022 Medicare Utilization:** 103

2024 Work RVU: 9.03
2024 NF PE RVU:
2024 Fac PE RVU: 8.10

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

62290 **Injection procedure for discography, each level; lumbar**

Global: 000 **Issue:** Injection for discography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, AUR, NASS, ACR, ASNR, ISIS, AANS **First Identified:** October 2009 **2022 Medicare Utilization:** 4,934

2024 Work RVU: 3.00
2024 NF PE RVU: 7.01
2024 Fac PE RVU: 1.36

RUC Recommendation: 3.00, CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2011

Result: Maintain

62302 **Myelography via lumbar injection, including radiological supervision and interpretation; cervical**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2022 Medicare Utilization:** 2,064

2024 Work RVU: 2.29
2024 NF PE RVU: 5.08
2024 Fac PE RVU: 1.00

RUC Recommendation: 2.29

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

62303 **Myelography via lumbar injection, including radiological supervision and interpretation; thoracic**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2022 Medicare Utilization:** 307

2024 Work RVU: 2.29
2024 NF PE RVU: 5.22
2024 Fac PE RVU: 1.01

RUC Recommendation: 2.29

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62304 **Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2022 Medicare Utilization:** 9,215

2024 Work RVU: 2.25
2024 NF PE RVU: 5.08
2024 Fac PE RVU: 1.00

RUC Recommendation: 2.25 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62305 **Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2022 Medicare Utilization:** 4,331

2024 Work RVU: 2.35
2024 NF PE RVU: 5.65
2024 Fac PE RVU: 1.03

RUC Recommendation: 2.35 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62310 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62311 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62318 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62319 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62320 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2022 Medicare Utilization:** 1,661

2024 Work RVU: 1.80
2024 NF PE RVU: 2.87
2024 Fac PE RVU: 0.93

RUC Recommendation: 1.80 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62321 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2022 Medicare Utilization:** 175,954

2024 Work RVU: 1.95
2024 NF PE RVU: 5.75
2024 Fac PE RVU: 1.06

RUC Recommendation: 1.95 **Referred to CPT** May 2015 **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 **2022 Medicare Utilization:** 21,604

2024 Work RVU: 1.55
2024 NF PE RVU: 2.34
2024 Fac PE RVU: 0.64

RUC Recommendation: 1.55 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62323 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2022 Medicare Utilization:** 548,699

2024 Work RVU: 1.80
2024 NF PE RVU: 5.78
2024 Fac PE RVU: 0.98

RUC Recommendation: 1.80 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62324 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2022 Medicare Utilization:** 10,995

2024 Work RVU: 1.89
2024 NF PE RVU: 2.06
2024 Fac PE RVU: 0.59

RUC Recommendation: 1.89 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62325 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2022 Medicare Utilization:** 731

2024 Work RVU: 2.20
2024 NF PE RVU: 5.1
2024 Fac PE RVU: 0.88

RUC Recommendation: 2.20 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62326 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2022 Medicare Utilization:** 1,641

2024 Work RVU: 1.78
2024 NF PE RVU: 2.18
2024 Fac PE RVU: 0.59

RUC Recommendation: 1.78 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62327 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2022 Medicare Utilization:** 1,126

2024 Work RVU: 1.90
2024 NF PE RVU: 6.09
2024 Fac PE RVU: 1.10

RUC Recommendation: 1.90 **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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62328 **Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance**

Global: 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 09 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2022 Medicare Utilization:** 40,475

2024 Work RVU: 1.73
2024 NF PE RVU: 4.74
2024 Fac PE RVU: 0.62

RUC Recommendation: 1.95 **Referred to CPT** September 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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62329 **Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance**

Global: 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 09 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2022 Medicare Utilization:** 2,067

2024 Work RVU: 2.03
2024 NF PE RVU: 5.5
2024 Fac PE RVU: 0.76

RUC Recommendation: 2.25 **Referred to CPT** September 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

Status Report: CMS Requests and Relativity Assessment Issues

62350 **Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2022 Medicare Utilization:** 3,825

2024 Work RVU: 6.05
2024 NF PE RVU:
2024 Fac PE RVU: 4.78
Result: Decrease

RUC Recommendation: 6.05

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62355 **Removal of previously implanted intrathecal or epidural catheter**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2022 Medicare Utilization:** 741

2024 Work RVU: 3.55
2024 NF PE RVU:
2024 Fac PE RVU: 3.98
Result: Decrease

RUC Recommendation: 4.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62360 **Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** April 2008 **2022 Medicare Utilization:** 211

2024 Work RVU: 4.33
2024 NF PE RVU:
2024 Fac PE RVU: 4.10
Result: Decrease

RUC Recommendation: 4.33

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62361 **Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** April 2008 **2022 Medicare Utilization:** 28

2024 Work RVU: 5.00
2024 NF PE RVU:
2024 Fac PE RVU: 6.28
Result: Decrease

RUC Recommendation: 5.65

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62362 **Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2022 Medicare Utilization:** 5,790

2024 Work RVU: 5.60
2024 NF PE RVU:
2024 Fac PE RVU: 4.76

RUC Recommendation: 6.10 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62365 **Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** September 2007 **2022 Medicare Utilization:** 904

2024 Work RVU: 3.93
2024 NF PE RVU:
2024 Fac PE RVU: 4.12

RUC Recommendation: 4.65 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62367 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill**

Global: XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2009 **2022 Medicare Utilization:** 6,627

2024 Work RVU: 0.48
2024 NF PE RVU: 0.42
2024 Fac PE RVU: 0.20

RUC Recommendation: New PE inputs. 0.48 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62368 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming**

Global: XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2009 **2022 Medicare Utilization:** 29,798

2024 Work RVU: 0.67
2024 NF PE RVU: 0.58
2024 Fac PE RVU: 0.27

RUC Recommendation: New PE inputs. 0.67 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62369 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill**

Global: XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2010 **2022 Medicare Utilization:** 20,819

2024 Work RVU: 0.67
2024 NF PE RVU: 2.02
2024 Fac PE RVU: 0.29

RUC Recommendation: New PE inputs. 0.67 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62370 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)**

Global: XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2010 **2022 Medicare Utilization:** 86,854

2024 Work RVU: 0.90
2024 NF PE RVU: 1.77
2024 Fac PE RVU: 0.36

RUC Recommendation: New PE inputs. 1.10 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63020 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical**

Global: 090 **Issue:** Lumbar Laminotomy with Decompression **Screen:** Site of Service Anomaly - 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 17 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** January 2022 **2022 Medicare Utilization:** 851

2024 Work RVU: 14.91
2024 NF PE RVU:
2024 Fac PE RVU: 13.60

RUC Recommendation: 15.95 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63030 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar**

Global: 090 **Issue:** Lumbar Laminotomy with Decompression **Screen:** Pre-Time Analysis / Site of Service Anomaly - 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 17 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** January 2014 **2022 Medicare Utilization:** 19,263

2024 Work RVU: 12.00
2024 NF PE RVU:
2024 Fac PE RVU: 11.95

RUC Recommendation: 13.18 **Referred to CPT** September 2021 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63035 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Laminotomy with Decompression **Screen:** Site of Service Anomaly - 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 17 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** January 2022 **2022 Medicare Utilization:** 3,991

2024 Work RVU: 3.86
2024 NF PE RVU:
2024 Fac PE RVU: 1.91

RUC Recommendation: 4.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63042 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AANS, AAOS, NASS **First Identified:** January 2014 **2022 Medicare Utilization:** 7,182

2024 Work RVU: 18.76
2024 NF PE RVU:
2024 Fac PE RVU: 14.90
Result: Maintain

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

63045 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 16 **Specialty Developing Recommendation:** **First Identified:** November 2013 **2022 Medicare Utilization:** 10,185

2024 Work RVU: 17.95
2024 NF PE RVU:
2024 Fac PE RVU: 14.84
Result: Maintain

RUC Recommendation: 17.95

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

63046 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 16 **Specialty Developing Recommendation:** **First Identified:** November 2013 **2022 Medicare Utilization:** 4,093

2024 Work RVU: 17.25
2024 NF PE RVU:
2024 Fac PE RVU: 14.35
Result: Maintain

RUC Recommendation: 17.25

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63047 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar**

Global: 090 **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 24 **Specialty Developing Recommendation:** NASS, AANS

First Identified: September 2011 **2022 Medicare Utilization:** 81,538

2024 Work RVU: 15.37
2024 NF PE RVU:
2024 Fac PE RVU: 13.32

RUC Recommendation: 15.37 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

63048 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 24 **Specialty Developing Recommendation:** NASS, AANS

First Identified: January 2012 **2022 Medicare Utilization:** 103,832

2024 Work RVU: 3.47
2024 NF PE RVU:
2024 Fac PE RVU: 1.72

RUC Recommendation: 3.47 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

63056 **Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** NASS, AANS

First Identified: October 2008 **2022 Medicare Utilization:** 4,385

2024 Work RVU: 21.86
2024 NF PE RVU:
2024 Fac PE RVU: 16.05

RUC Recommendation: Review action plan at RAW Oct 2015. Maintain **Referred to CPT** February 2010

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

63075 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace**

Global: 090 **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2022 Medicare Utilization:** 207

2024 Work RVU: 19.60
2024 NF PE RVU:
2024 Fac PE RVU: 15.09

RUC Recommendation: 19.60 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63076 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2022 Medicare Utilization:** 156

2024 Work RVU: 4.04
2024 NF PE RVU:
2024 Fac PE RVU: 2.00

RUC Recommendation: 4.04 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63081 **Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** April 2022 **2022 Medicare Utilization:** 3,436

2024 Work RVU: 26.10
2024 NF PE RVU:
2024 Fac PE RVU: 18.56

RUC Recommendation: Refer to CPT Assistant **Referred to CPT** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2023

Status Report: CMS Requests and Relativity Assessment Issues

63090 **Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment**

Global: 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS, AANS **First Identified:** January 2015 **2022 Medicare Utilization:** 564

2024 Work RVU: 30.93
2024 NF PE RVU:
2024 Fac PE RVU: 19.29

RUC Recommendation: Maintain **Referred to CPT** September 2016 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

63620 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2022 Medicare Utilization:** 527

2024 Work RVU: 15.60
2024 NF PE RVU:
2024 Fac PE RVU: 12.33

RUC Recommendation: 15.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63621 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2022 Medicare Utilization:** 183

2024 Work RVU: 4.00
2024 NF PE RVU:
2024 Fac PE RVU: 1.92

RUC Recommendation: 4.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63650 **Percutaneous implantation of neurostimulator electrode array, epidural** **Global:** 010 **Issue:** Percutaneous implantation of neurostimulator **Screen:** Site of Service Anomaly / CMS Fastest Growing / CMS Request - Final Rule for 2013 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2022 Medicare Utilization:** 79,512

2024 Work RVU: 7.15
2024 NF PE RVU: 60.33
2024 Fac PE RVU: 4.45

RUC Recommendation: 7.20. New PE Inputs **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63655 **Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural** **Global:** 090 **Issue:** Neurostimulator (Spinal) **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2022 Medicare Utilization:** 6,501

2024 Work RVU: 10.92
2024 NF PE RVU:
2024 Fac PE RVU: 10.86

RUC Recommendation: 11.43 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

63660 **Deleted from CPT** **Global:** **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63661 **Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** April 2008 **2022 Medicare Utilization:** 3,706

2024 Work RVU: 5.08
2024 NF PE RVU: 14.52
2024 Fac PE RVU: 3.85

RUC Recommendation: 5.03 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63662 **Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** April 2008 **2022 Medicare Utilization:** 1,893

2024 Work RVU: 11.00
2024 NF PE RVU:
2024 Fac PE RVU: 11.06

RUC Recommendation: 10.87 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63663 **Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** April 2008 **2022 Medicare Utilization:** 1,445

2024 Work RVU: 7.75
2024 NF PE RVU: 18.26
2024 Fac PE RVU: 4.67

RUC Recommendation: 70 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63664 **Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** April 2008 **2022 Medicare Utilization:** 545

2024 Work RVU: 11.52
2024 NF PE RVU:
2024 Fac PE RVU: 11.40

RUC Recommendation: 11.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63685 **Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver**

Global: 010 **Issue:** Spinal Neurostimulator **Screen:** Site of Service Anomaly / CMS Fastest Growing/ High Volume Growth7 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 04 **Specialty Developing Recommendation:** AANS, AAPM, AAPM&R, ASA, ASIPP, CNS, NANS, NASS, SIS **First Identified:** September 2007 **2022 Medicare Utilization:** 25,687

2024 Work RVU: 5.19
2024 NF PE RVU:
2024 Fac PE RVU: 3.98

RUC Recommendation: 5.19 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63688 **Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array**

Global: 010 **Issue:** Spinal Neurostimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 04 **Specialty Developing Recommendation:** AANS, AAPM, AAPM&R, ASA, ASIPP, CNS, NANS, NASS, SIS **First Identified:** September 2007 **2022 Medicare Utilization:** 7,096

2024 Work RVU: 4.35
2024 NF PE RVU:
2024 Fac PE RVU: 3.73

RUC Recommendation: 4.35 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64400 **Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAN, AAPM&R, AAPM, NANS, SIS **First Identified:** October 2021 **2022 Medicare Utilization:** 37,413

2024 Work RVU: 0.75
2024 NF PE RVU: 2.46
2024 Fac PE RVU: 0.59

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64405 **Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAN, AAPM, AAPM&R, NANS, SIS **First Identified:** July 2016 **2022 Medicare Utilization:** 120,882

2024 Work RVU: 0.94
2024 NF PE RVU: 1.11
2024 Fac PE RVU: 0.42

RUC Recommendation: 0.94 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64408 **Injection(s), anesthetic agent(s) and/or steroid; vagus nerve**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, NANS, SIS **First Identified:** October 2021 **2022 Medicare Utilization:** 1,567

2024 Work RVU: 0.75
2024 NF PE RVU: 1.59
2024 Fac PE RVU: 0.48

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64412 **Injection, anesthetic agent; spinal accessory nerve**

Global: **Issue:** Anesthetic Injection – Spinal Nerve **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 36 **Specialty Developing Recommendation:** AAN, ASA, AAPMR, ISIS **First Identified:** April 2013 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** FAQ Sept 2015

Status Report: CMS Requests and Relativity Assessment Issues

64415 **Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA

First Identified: October 2008 **2022 Medicare Utilization:** 192,508

2024 Work RVU: 1.50
2024 NF PE RVU: 2.39
2024 Fac PE RVU: 0.43

RUC Recommendation: 1.50 **Referred to CPT** May 2021 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

64416 **Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA

First Identified: September 2007 **2022 Medicare Utilization:** 13,485

2024 Work RVU: 1.80
2024 NF PE RVU:
2024 Fac PE RVU: 0.33

RUC Recommendation: 1.80 **Referred to CPT** May 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64417 **Injection(s), anesthetic agent(s) and/or steroid; axillary nerve, including imaging guidance, when performed**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** part of New/Revised Review **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA

First Identified: October 2018 **2022 Medicare Utilization:** 15,886

2024 Work RVU: 1.31
2024 NF PE RVU: 3.37
2024 Fac PE RVU: 0.46

RUC Recommendation: 1.31 **Referred to CPT** May 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64418 **Injection(s), anesthetic agent(s) and/or steroid; suprascapular nerve** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, SIS **First Identified:** October 2015 **2022 Medicare Utilization:** 28,406

2024 Work RVU: 1.10
2024 NF PE RVU: 1.37
2024 Fac PE RVU: 0.43

RUC Recommendation: 1.10 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64420 **Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS **First Identified:** October 2021 **2022 Medicare Utilization:** 22,533

2024 Work RVU: 1.08
2024 NF PE RVU: 1.76
2024 Fac PE RVU: 0.55

RUC Recommendation: 1.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64421 **Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS **First Identified:** October 2021 **2022 Medicare Utilization:** 17,399

2024 Work RVU: 0.50
2024 NF PE RVU: 0.45
2024 Fac PE RVU: 0.19

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64425 **Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS **First Identified:** October 2021 **2022 Medicare Utilization:** 6,972

2024 Work RVU: 1.00
2024 NF PE RVU: 2.22
2024 Fac PE RVU: 0.52

RUC Recommendation: 1.19 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64430 **Injection(s), anesthetic agent(s) and/or steroid; pudendal nerve** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ACOG, NANS, SIS **First Identified:** October 2021 **2022 Medicare Utilization:** 4,492

2024 Work RVU: 1.00
2024 NF PE RVU: 1.83
2024 Fac PE RVU: 0.51

RUC Recommendation: 1.15 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64435 **Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ACOG, NANS, SIS **First Identified:** October 2021 **2022 Medicare Utilization:** 37

2024 Work RVU: 0.75
2024 NF PE RVU: 1.54
2024 Fac PE RVU: 0.43

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64445 **Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, including imaging guidance, when performed** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ASA **First Identified:** October 2008 **2022 Medicare Utilization:** 131,118

2024 Work RVU: 1.39
2024 NF PE RVU: 3.23
2024 Fac PE RVU: 0.61

RUC Recommendation: 1.39 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

64446 **Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly / High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** February 2008 **2022 Medicare Utilization:** 4,622

2024 Work RVU: 1.75
2024 NF PE RVU:
2024 Fac PE RVU: 0.33

RUC Recommendation: 1.75 **Referred to CPT** May 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64447 **Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2022 Medicare Utilization:** 340,001

2024 Work RVU: 1.34
2024 NF PE RVU: 2.03
2024 Fac PE RVU: 0.42

RUC Recommendation: 1.34 **Referred to CPT** May 2021 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

64448 **Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly / High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** February 2008 **2022 Medicare Utilization:** 28,796

2024 Work RVU: 1.68
2024 NF PE RVU:
2024 Fac PE RVU: 0.31

RUC Recommendation: 1.68 **Referred to CPT** May 2021 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

64449 **Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, NANS, SIS **First Identified:** September 2007 **2022 Medicare Utilization:** 914

2024 Work RVU: 1.27
2024 NF PE RVU:
2024 Fac PE RVU: 0.48

RUC Recommendation: 1.55 **Referred to CPT** February 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64450 **Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Harvard Valued - Utilization over 100,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million / High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, APMA, NANS, SIS **First Identified:** October 2009 **2022 Medicare Utilization:** 362,024

2024 Work RVU: 0.75
2024 NF PE RVU: 1.42
2024 Fac PE RVU: 0.41

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2013

64451 **Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS **First Identified:** October 2021 **2022 Medicare Utilization:** 22,213

2024 Work RVU: 1.52
2024 NF PE RVU: 5.18
2024 Fac PE RVU: 0.77

RUC Recommendation: 1.52 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64454 **Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, NANS, SIS **First Identified:** October 2021 **2022 Medicare Utilization:** 45,000

2024 Work RVU: 1.52
2024 NF PE RVU: 5
2024 Fac PE RVU: 0.79

RUC Recommendation: 1.52 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64455 **Injection(s), anesthetic agent(s) and/or steroid; plantar common digital nerve(s) (eg, Morton's neuroma)**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** High Volume Growth4 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, APMA, NANS, SIS **First Identified:** October 2016 **2022 Medicare Utilization:** 65,814

2024 Work RVU: 0.75
2024 NF PE RVU: 0.69
2024 Fac PE RVU: 0.18
Result: Maintain

RUC Recommendation: 0.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64461 **Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)**

Global: 000 **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2022 Medicare Utilization:** 7,227

2024 Work RVU: 1.75
2024 NF PE RVU: 2.11
2024 Fac PE RVU: 0.40
Result: Not Part of RAW

RUC Recommendation: CPT Assistant article published Jan 2016

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

64462 **Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2022 Medicare Utilization:** 1,947

2024 Work RVU: 1.10
2024 NF PE RVU: 0.94
2024 Fac PE RVU: 0.24
Result: Not Part of RAW

RUC Recommendation: CPT Assistant article published Jan 2016

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

Status Report: CMS Requests and Relativity Assessment Issues

64463 **Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)** **Global:** 000 **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2022 Medicare Utilization:** 1,042

2024 Work RVU: 1.90
2024 NF PE RVU: 4.77
2024 Fac PE RVU: 0.35

RUC Recommendation: CPT Assistant article published Jan 2016 **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

64470 **Deleted from CPT** **Global:** **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64472 **Deleted from CPT** **Global:** **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64475 **Deleted from CPT** **Global:** **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64476 **Deleted from CPT** **Global:** **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64479 **Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level** **Global:** 000 **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2022 Medicare Utilization:** 35,983

2024 Work RVU: 2.29
2024 NF PE RVU: 5.48
2024 Fac PE RVU: 1.39

RUC Recommendation: 2.29 **Referred to CPT** June 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

64480 **Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2022 Medicare Utilization:** 13,294

2024 Work RVU: 1.20
2024 NF PE RVU: 2.73
2024 Fac PE RVU: 0.50

RUC Recommendation: 1.20 **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64483 **Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level** **Global:** 000 **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2022 Medicare Utilization:** 880,177

2024 Work RVU: 1.90
2024 NF PE RVU: 5.32
2024 Fac PE RVU: 1.24

RUC Recommendation: 1.90 **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64484 **Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2022 Medicare Utilization:** 325,687

2024 Work RVU: 1.00
2024 NF PE RVU: 2.24
2024 Fac PE RVU: 0.43

RUC Recommendation: 1.00 **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64488 **Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)**

Global: 000 **Issue:** RAW **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ANA, ASA **First Identified:** April 2022 **2022 Medicare Utilization:** 62,861

2024 Work RVU: 1.60
2024 NF PE RVU: 2.39
2024 Fac PE RVU: 0.30

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

64490 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2022 Medicare Utilization:** 228,012

2024 Work RVU: 1.82
2024 NF PE RVU: 3.79
2024 Fac PE RVU: 1.14

RUC Recommendation: 1.82 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64491 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2022 Medicare Utilization:** 203,743

2024 Work RVU: 1.16
2024 NF PE RVU: 1.64
2024 Fac PE RVU: 0.48

RUC Recommendation: 1.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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64492 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2022 Medicare Utilization:** 960

2024 Work RVU: 1.16
2024 NF PE RVU: 1.65
2024 Fac PE RVU: 0.51

RUC Recommendation: 1.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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64493 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2022 Medicare Utilization:** 767,913

2024 Work RVU: 1.52
2024 NF PE RVU: 3.66
2024 Fac PE RVU: 1.03

RUC Recommendation: 1.52 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

64494 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2022 Medicare Utilization:** 689,688

2024 Work RVU: 1.00
2024 NF PE RVU: 1.63
2024 Fac PE RVU: 0.41

RUC Recommendation: 1.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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64495 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2022 Medicare Utilization:** 2,562

2024 Work RVU: 1.00
2024 NF PE RVU: 1.63
2024 Fac PE RVU: 0.44

RUC Recommendation: 1.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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64510 **Injection, anesthetic agent; stellate ganglion (cervical sympathetic)**

Global: 000 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2009 **2022 Medicare Utilization:** 5,787

2024 Work RVU: 1.22
2024 NF PE RVU: 3.06
2024 Fac PE RVU: 0.96

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

64520 **Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)** **Global:** 000 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2009 **2022 Medicare Utilization:** 12,518

2024 Work RVU: 1.35
2024 NF PE RVU: 5.44
2024 Fac PE RVU: 1.06

RUC Recommendation: PE Review - no change **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

64550 **Application of surface (transcutaneous) neurostimulator (eg, TENS unit)** **Global:** **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** AANS, CNS, AOTA **First Identified:** January 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64553 **Percutaneous implantation of neurostimulator electrode array; cranial nerve** **Global:** 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 15 **Specialty Developing Recommendation:** AANS, CNS, ASA **First Identified:** July 2014 **2022 Medicare Utilization:** 42

2024 Work RVU: 6.13
2024 NF PE RVU: 107.38
2024 Fac PE RVU: 5.06

RUC Recommendation: 6.13 **Referred to CPT** September 2016 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64555 **Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)**

Global: 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** High Volume Growth1 / CMS Fastest Growing / Final Rule for 2015 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** AANS, CNS, ASA **First Identified:** February 2008 **2022 Medicare Utilization:** 9,610

2024 Work RVU: 5.76
2024 NF PE RVU: 57.29
2024 Fac PE RVU: 3.30

RUC Recommendation: 5.76. Article published Jan2016 and addressed issues.

Referred to CPT September 2016

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

Result: Increase

64561 **Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed**

Global: 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** CMS Fastest Growing / High Volume Growth2 / High Level E/M in Global Period / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AANS, CNS **First Identified:** October 2008 **2022 Medicare Utilization:** 26,286

2024 Work RVU: 5.44
2024 NF PE RVU: 15.82
2024 Fac PE RVU: 2.88

RUC Recommendation: 5.44. 99214 visit appropriate. Remove from screen.

Referred to CPT September 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

64565 **Percutaneous implantation of neurostimulator electrode array; neuromuscular**

Global: **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 15 **Specialty Developing Recommendation:** AANS, CNS **First Identified:** January 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

64566 **Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming**

Global: 000 **Issue:** Posterior Tibial Neurostimulation **Screen:** CMS Request - Final Rule for 2014 / High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** July 2013 **2022 Medicare Utilization:** 159,314

2024 Work RVU: 0.60
2024 NF PE RVU: 2.82
2024 Fac PE RVU: 0.22

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64568 **Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator**

Global: 090 **Issue:** Vagus Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 14 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** February 2009 **2022 Medicare Utilization:** 251

2024 Work RVU: 9.00
2024 NF PE RVU:
2024 Fac PE RVU: 7.31

RUC Recommendation: 11.19 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64573 **Deleted from CPT**

Global: **Issue:** Neurosurgical Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 28 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** September 2007 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64581 **Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2022 Medicare Utilization:** 6,897

2024 Work RVU: 12.20
2024 NF PE RVU:
2024 Fac PE RVU: 5.74

RUC Recommendation: 12.20. 99214 visit appropriate. Remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

64590 **Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver**

Global: 010 **Issue:** Skin Adhesives (PE Only) **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / Different Performing Specialty from Survey/ RUC recommendation process, not part of RAW screens / PE Skin Adhesives / Different Performing Specialty from Survey5 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** April 2022 **2022 Medicare Utilization:** 15,943

2024 Work RVU: 5.10
2024 NF PE RVU: 7.44
2024 Fac PE RVU: 3.00

RUC Recommendation: New PE Inputs. CPT Assistant Article

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2024

Result: Increase

64595 **Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array**

Global: 010 **Issue:** Skin Adhesives (PE Only) **Screen:** RUC recommendation process, not part of RAW screens / PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** April 2022 **2022 Medicare Utilization:** 3,024

2024 Work RVU: 3.79
2024 NF PE RVU: 6.59
2024 Fac PE RVU: 2.54

RUC Recommendation: New PE Inputs. CPT Assistant Article

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2024

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

64596 **Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array**

Global: 010 **Issue:** Spinal Neurostimulator **Screen:** Contractor Price-Survey below 30 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 04 **Specialty Developing Recommendation:** AAPM, ASA, ASIPP, NANS **First Identified:** September 2022 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Review action plan. Contractor Price.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

64597 **Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Spinal Neurostimulator **Screen:** Contractor Price-Survey below 30 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 04 **Specialty Developing Recommendation:** AAPM, ASA, ASIPP, NANS **First Identified:** September 2022 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Review action plan. Contractor Price.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

64598 **Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator**

Global: 010 **Issue:** Spinal Neurostimulator **Screen:** Contractor Price-Survey below 30 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 04 **Specialty Developing Recommendation:** AAPM, ASA, ASIPP, NANS **First Identified:** September 2022 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Review action plan. Contractor Price.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

Status Report: CMS Requests and Relativity Assessment Issues

64615 **Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)**

Global: 010 **Issue:** **Screen:** High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 23 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, NANS **First Identified:** October 2019 **2022 Medicare Utilization:** 161,627

2024 Work RVU: 1.85
2024 NF PE RVU: 2.16
2024 Fac PE RVU: 1.22

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

64622 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level**

Global: **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: PE Review - no change **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64623 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64626 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level**

Global: **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: PE Review - no change **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64627 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)**

Global: **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1/ CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64633 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint**

Global: 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2022 Medicare Utilization:** 86,733

2024 Work RVU: 3.32
2024 NF PE RVU: 9.51
2024 Fac PE RVU: 2.10

RUC Recommendation: 3.42 **Referred to CPT** May 2015 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

Status Report: CMS Requests and Relativity Assessment Issues

64634 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2022 Medicare Utilization:** 95,086

2024 Work RVU: 1.32
2024 NF PE RVU: 6.22
2024 Fac PE RVU: 0.54

RUC Recommendation: 1.32 **Referred to CPT** May 2015 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

64635 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint**

Global: 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2022 Medicare Utilization:** 352,439

2024 Work RVU: 3.32
2024 NF PE RVU: 9.62
2024 Fac PE RVU: 2.11

RUC Recommendation: 3.42 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

64636 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2022 Medicare Utilization:** 381,076

2024 Work RVU: 1.16
2024 NF PE RVU: 5.93
2024 Fac PE RVU: 0.47

RUC Recommendation: 1.16 **Referred to CPT** May 2015 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

Status Report: CMS Requests and Relativity Assessment Issues

64640 **Destruction by neurolytic agent; other peripheral nerve or branch** **Global:** 010 **Issue:** Injection Treatment of Nerve **Screen:** Site of Service Anomaly (99238-Only) / Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 25 **Specialty Developing Recommendation:** ASAM AAPM, APMA, ASIPP **First Identified:** September 2007 **2022 Medicare Utilization:** 72,404

2024 Work RVU: 1.98
2024 NF PE RVU: 5.27
2024 Fac PE RVU: 1.37

RUC Recommendation: 1.23. Remove 99238.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

64708 **Neuroplasty, major peripheral nerve, arm or leg, open; other than specified** **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 69 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2022 Medicare Utilization:** 8,567

2024 Work RVU: 6.36
2024 NF PE RVU:
2024 Fac PE RVU: 8.08

RUC Recommendation: 6.36

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

64712 **Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve** **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2022 Medicare Utilization:** 628

2024 Work RVU: 8.07
2024 NF PE RVU:
2024 Fac PE RVU: 8.28

RUC Recommendation: Remove from screen

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

64831 **Suture of digital nerve, hand or foot; 1 nerve** **Global:** 090 **Issue:** Neurorrhaphy – Finger **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 70 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2022 Medicare Utilization:** 728

2024 Work RVU: 9.16
2024 NF PE RVU:
2024 Fac PE RVU: 10.18

RUC Recommendation: 9.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

65105 **Enucleation of eye; with implant, muscles attached to implant**

Global: 090 **Issue:** Ophthalmologic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007

2022 Medicare Utilization: 565

2024 Work RVU: 9.93
2024 NF PE RVU:
2024 Fac PE RVU: 17.85

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

65205 **Removal of foreign body, external eye; conjunctival superficial**

Global: 000 **Issue:** Removal of Foreign Body - Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAO, AOA

First Identified: July 2016

2022 Medicare Utilization: 22,562

2024 Work RVU: 0.49
2024 NF PE RVU: 0.33
2024 Fac PE RVU: 0.34

RUC Recommendation: 0.49

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

65210 **Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating**

Global: 000 **Issue:** Removal of Foreign Body - Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAO, AOA

First Identified: July 2016

2022 Medicare Utilization: 17,304

2024 Work RVU: 0.61
2024 NF PE RVU: 0.5
2024 Fac PE RVU: 0.42

RUC Recommendation: 0.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

65222 **Removal of foreign body, external eye; corneal, with slit lamp**

Global: 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 26 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2022 Medicare Utilization:** 19,828

2024 Work RVU: 0.84
2024 NF PE RVU: 1.14
2024 Fac PE RVU: 0.60

RUC Recommendation: 0.93 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

65285 **Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue**

Global: 090 **Issue:** Repair of Eye Wound **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 8 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2022 Medicare Utilization:** 612

2024 Work RVU: 15.36
2024 NF PE RVU:
2024 Fac PE RVU: 16.20

RUC Recommendation: 16.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

65778 **Placement of amniotic membrane on the ocular surface; without sutures**

Global: 000 **Issue:** Ocular Surface Amniotic Membrane Placement/Reconstruction **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** April 2022 **2022 Medicare Utilization:** 54,190

2024 Work RVU: 0.84
2024 NF PE RVU: 31.76
2024 Fac PE RVU: 0.42

RUC Recommendation: 0.84 **Referred to CPT** **Result:** Decrease

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:** 000 **Issue:** Ocular Surface Amniotic Membrane Placement/Reconstruction **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** September 2022 **2022 Medicare Utilization:** 526

2024 Work RVU: 1.75
2024 NF PE RVU: 32.78
2024 Fac PE RVU: 1.60

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

65780 **Ocular surface reconstruction; amniotic membrane transplantation, multiple layers** **Global:** 090 **Issue:** Ocular Surface Amniotic Membrane Placement/Reconstruction **Screen:** CMS Fastest Growing / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2008 **2022 Medicare Utilization:** 1,548

2024 Work RVU: 7.03
2024 NF PE RVU:
2024 Fac PE RVU: 10.04

RUC Recommendation: 7.03 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

65800 **Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous** **Global:** 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 21 **Specialty Developing Recommendation:** AAO **First Identified:** September 2011 **2022 Medicare Utilization:** 14,671

2024 Work RVU: 1.53
2024 NF PE RVU: 1.91
2024 Fac PE RVU: 0.98

RUC Recommendation: 1.53 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

65805 **Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous**

Global: **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 21 **Specialty Developing Recommendation:** AAO

First Identified: April 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

65820 **Goniotomy**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: April 2023 **2022 Medicare Utilization:** 33,233

2024 Work RVU: 8.91
2024 NF PE RVU:
2024 Fac PE RVU: 14.93

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

65855 **Trabeculoplasty by laser surgery**

Global: 010 **Issue:** Trabeculoplasty by Laser Surgery **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 11 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2022 Medicare Utilization:** 129,556

2024 Work RVU: 3.00
2024 NF PE RVU: 4.07
2024 Fac PE RVU: 2.85

RUC Recommendation: 3.00

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

66170 **Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery**

Global: 090 **Issue:** Glaucoma Surgery **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 32 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2022 Medicare Utilization:** 4,824

2024 Work RVU: 13.94
2024 NF PE RVU:
2024 Fac PE RVU: 17.49

RUC Recommendation: 13.94 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66172 **Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)**

Global: 090 **Issue:** Glaucoma Surgery **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 32 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2022 Medicare Utilization:** 1,836

2024 Work RVU: 14.84
2024 NF PE RVU:
2024 Fac PE RVU: 19.52

RUC Recommendation: 14.81 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66174 **Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent**

Global: 090 **Issue:** Dilation of Aqueous Outflow Canal **Screen:** New Technology/ New Service **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** April 2010 **2022 Medicare Utilization:** 19,414

2024 Work RVU: 7.62
2024 NF PE RVU:
2024 Fac PE RVU: 10.36

RUC Recommendation: Remove from screen. 8.53 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66175 **Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent**

Global: 090 **Issue:** Dilation of Aqueous Outflow Cana **Screen:** New Technology/ New Service **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** October 2020 **2022 Medicare Utilization:** 418

2024 Work RVU: 9.34
2024 NF PE RVU:
2024 Fac PE RVU: 11.48

RUC Recommendation: Remove from screen. 10.25 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66179 **Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2022 Medicare Utilization:** 709

2024 Work RVU: 14.00
2024 NF PE RVU:
2024 Fac PE RVU: 17.01

RUC Recommendation: 14.00 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66180 **Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / 090-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2022 Medicare Utilization:** 9,127

2024 Work RVU: 15.00
2024 NF PE RVU:
2024 Fac PE RVU: 17.65

RUC Recommendation: Maintain. 15.00 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66183 **Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / 090-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2022 Medicare Utilization:** 6,916

2024 Work RVU: 13.20
2024 NF PE RVU:
2024 Fac PE RVU: 16.37

RUC Recommendation: Maintain. 13.20 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66184 **Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft** **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2022 Medicare Utilization:** 521

2024 Work RVU: 9.58
2024 NF PE RVU:
2024 Fac PE RVU: 13.25

RUC Recommendation: 9.58 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

66185 **Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft** **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / 090-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2022 Medicare Utilization:** 1,520

2024 Work RVU: 10.58
2024 NF PE RVU:
2024 Fac PE RVU: 13.90

RUC Recommendation: Maintain. 10.58 **Referred to CPT** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

66711 **Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens** **Global:** 090 **Issue:** Cyclophotocoagulation **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2017 **2022 Medicare Utilization:** 676

2024 Work RVU: 5.62
2024 NF PE RVU:
2024 Fac PE RVU: 9.05

RUC Recommendation: 6.36 **Referred to CPT** May 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66761 **Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)**

Global: 010 **Issue:** Iridotomy **Screen:** High IWPUT / 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2022 Medicare Utilization:** 48,797

2024 Work RVU: 3.00
2024 NF PE RVU: 5.69
2024 Fac PE RVU: 3.79

RUC Recommendation: Maintain. 3.00

Referred to CPT February 2010
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 **2022 Medicare Utilization:** 625,427

2024 Work RVU: 3.42
2024 NF PE RVU: 6.31
2024 Fac PE RVU: 5.62

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

66982 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation**

Global: 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High IWPUT / CMS Fastest Growing, Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2022 Medicare Utilization:** 140,997

2024 Work RVU: 10.25
2024 NF PE RVU:
2024 Fac PE RVU: 11.07

RUC Recommendation: Remove from screen. 10.25

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

66983 **Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)**

Global: 090 **Issue:** Cyclophotocoagulation **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: January 2019 **2022 Medicare Utilization:** 38

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Contractor Price

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

66984 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation**

Global: 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High IWPUT / MPC List / Codes Reported Together 75%or More-Part4 / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2022 Medicare Utilization:** 1,485,103

2024 Work RVU: 7.35
2024 NF PE RVU:
2024 Fac PE RVU: 8.24

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

66987 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation**

Global: 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO

First Identified: January 2019 **2022 Medicare Utilization:** 542

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 13.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

66988 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation**

Global: 090 **Issue:** Cyclophotocoagulation **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: January 2019

2022 Medicare Utilization: 3,028

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 10.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

66989 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more**

Global: 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High Volume Category III Codes 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO

First Identified: January 2021

2022 Medicare Utilization: 5,185

2024 Work RVU: 12.13
2024 NF PE RVU:
2024 Fac PE RVU: 12.29

RUC Recommendation: 12.13

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

66991 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more**

Global: 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High Volume Category III Codes 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO

First Identified: January 2021

2022 Medicare Utilization: 41,677

2024 Work RVU: 9.23
2024 NF PE RVU:
2024 Fac PE RVU: 10.35

RUC Recommendation: 9.23

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

67028 **Intravitreal injection of a pharmacologic agent (separate procedure)**

Global: 000 **Issue:** Treatment of Retinal Lesion **Screen:** High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: February 2008 **2022 Medicare Utilization:** 3,989,677

2024 Work RVU: 1.44
2024 NF PE RVU: 1.82
2024 Fac PE RVU: 1.16

RUC Recommendation: 1.44

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67036 **Vitrectomy, mechanical, pars plana approach;**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2022 Medicare Utilization:** 17,654

2024 Work RVU: 12.13
2024 NF PE RVU:
2024 Fac PE RVU: 13.50

RUC Recommendation: 12.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67038 **Deleted from CPT**

Global: **Issue:** Ophthalmological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2007
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

67039 **Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2022 Medicare Utilization:** 3,693

2024 Work RVU: 13.20
2024 NF PE RVU:
2024 Fac PE RVU: 14.19

RUC Recommendation: 13.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67040 **Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2022 Medicare Utilization:** 5,876

2024 Work RVU: 14.50
2024 NF PE RVU:
2024 Fac PE RVU: 15.02

RUC Recommendation: 14.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67041 **Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2022 Medicare Utilization:** 10,569

2024 Work RVU: 16.33
2024 NF PE RVU:
2024 Fac PE RVU: 16.20

RUC Recommendation: 16.33

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67042 **Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2022 Medicare Utilization:** 22,448

2024 Work RVU: 16.33
2024 NF PE RVU:
2024 Fac PE RVU: 16.20
Result: Decrease

RUC Recommendation: 16.33

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67043 **Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2022 Medicare Utilization:** 245

2024 Work RVU: 17.40
2024 NF PE RVU:
2024 Fac PE RVU: 16.89
Result: Decrease

RUC Recommendation: 17.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67101 **Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy**

Global: 010 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 11 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: April 2015 **2022 Medicare Utilization:** 316

2024 Work RVU: 3.50
2024 NF PE RVU: 6.23
2024 Fac PE RVU: 4.70
Result: Decrease

RUC Recommendation: 3.50

Referred to CPT May 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67105 **Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation**

Global: 010 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 11 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: April 2015

2022 Medicare Utilization: 3,557

2024 Work RVU: 3.39
2024 NF PE RVU: 5.19
2024 Fac PE RVU: 4.52

RUC Recommendation: 3.84

Referred to CPT May 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67107 **Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007

2022 Medicare Utilization: 409

2024 Work RVU: 16.00
2024 NF PE RVU:
2024 Fac PE RVU: 15.99

RUC Recommendation: 16.00. Reduce 99238 to 0.5

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67108 **Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007

2022 Medicare Utilization: 15,275

2024 Work RVU: 17.13
2024 NF PE RVU:
2024 Fac PE RVU: 16.71

RUC Recommendation: 17.13

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67110 **Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2022 Medicare Utilization:** 2,304

2024 Work RVU: 10.25
2024 NF PE RVU: 15.46
2024 Fac PE RVU: 13.12

RUC Recommendation: 10.25. Remove 99238

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67112 **Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques**

Global: **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: April 2014 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

67113 **Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2022 Medicare Utilization:** 10,182

2024 Work RVU: 19.00
2024 NF PE RVU:
2024 Fac PE RVU: 18.83

RUC Recommendation: 19.00

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67141 **Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy**

Global: 010 **Issue:** Retinal Detachment Prophylaxis **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 08 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: January 2020

2022 Medicare Utilization: 1,171

2024 Work RVU: 2.53
2024 NF PE RVU: 5.34
2024 Fac PE RVU: 3.72

RUC Recommendation: 2.53

Referred to CPT May 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67145 **Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; photocoagulation**

Global: 010 **Issue:** Retinal Detachment Prophylaxis **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 08 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: October 2019

2022 Medicare Utilization: 29,855

2024 Work RVU: 2.53
2024 NF PE RVU: 4.54
2024 Fac PE RVU: 3.72

RUC Recommendation: 2.53

Referred to CPT May 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67210 **Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 13 **Specialty Developing Recommendation:** AAO

First Identified: February 2008

2022 Medicare Utilization: 38,623

2024 Work RVU: 6.36
2024 NF PE RVU: 8.48
2024 Fac PE RVU: 7.95

RUC Recommendation: 6.36

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67220 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 13 **Specialty Developing Recommendation:** AAO

First Identified: February 2008

2022 Medicare Utilization: 1,885

2024 Work RVU: 6.36
2024 NF PE RVU: 8.94
2024 Fac PE RVU: 7.96

RUC Recommendation: 6.36

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67225 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)**

Global: ZZZ **Issue:** Photodynamic Therapy of the Eye **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** P **Specialty Developing Recommendation:** AAO

First Identified: September 2007

2022 Medicare Utilization: 75

2024 Work RVU: 0.47
2024 NF PE RVU: 0.35
2024 Fac PE RVU: 0.30

RUC Recommendation: 0.47

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67228 **Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation**

Global: 010 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** AAO

First Identified: February 2008

2022 Medicare Utilization: 40,257

2024 Work RVU: 4.39
2024 NF PE RVU: 5.37
2024 Fac PE RVU: 4.24

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

67255 **Scleral reinforcement (separate procedure); with graft** **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2022 Medicare Utilization:** 638

2024 Work RVU: 8.38
2024 NF PE RVU:
2024 Fac PE RVU: 11.47

RUC Recommendation: 10.17 **Referred to CPT** October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

67311 **Strabismus surgery, recession or resection procedure; 1 horizontal muscle** **Global:** 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** April 2020 **2022 Medicare Utilization:** 4,714

2024 Work RVU: 5.93
2024 NF PE RVU:
2024 Fac PE RVU: 7.16

RUC Recommendation: 5.93 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

67312 **Strabismus surgery, recession or resection procedure; 2 horizontal muscles** **Global:** 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** April 2020 **2022 Medicare Utilization:** 1,244

2024 Work RVU: 9.50
2024 NF PE RVU:
2024 Fac PE RVU: 9.47

RUC Recommendation: 9.50 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67314 **Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)**

Global: 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** April 2020 **2022 Medicare Utilization:** 2,320

2024 Work RVU: 5.93
2024 NF PE RVU:
2024 Fac PE RVU: 7.16
Result: Decrease

RUC Recommendation: 5.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67316 **Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)**

Global: 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** April 2020 **2022 Medicare Utilization:** 107

2024 Work RVU: 10.31
2024 NF PE RVU:
2024 Fac PE RVU: 10.02
Result: Decrease

RUC Recommendation: 10.31

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67318 **Strabismus surgery, any procedure, superior oblique muscle**

Global: 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** April 2020 **2022 Medicare Utilization:** 134

2024 Work RVU: 9.80
2024 NF PE RVU:
2024 Fac PE RVU: 9.88
Result: Decrease

RUC Recommendation: 9.80

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67320 **Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2022 Medicare Utilization:** 308

2024 Work RVU: 3.00
2024 NF PE RVU:
2024 Fac PE RVU: 1.90
Result: Decrease

RUC Recommendation: 3.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67331 **Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2022 Medicare Utilization:** 944

2024 Work RVU: 2.00
2024 NF PE RVU:
2024 Fac PE RVU: 2.45

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67332 **Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2022 Medicare Utilization:** 1,400

2024 Work RVU: 3.50
2024 NF PE RVU:
2024 Fac PE RVU: 2.22

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67334 **Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2022 Medicare Utilization:** 92

2024 Work RVU: 2.06
2024 NF PE RVU:
2024 Fac PE RVU: 2.32

RUC Recommendation: 2.06 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67335 **Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2022 Medicare Utilization:** 1,398

2024 Work RVU: 3.23
2024 NF PE RVU:
2024 Fac PE RVU: 2.03

RUC Recommendation: 3.23 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

67340 **Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2022 Medicare Utilization:** 59

2024 Work RVU: 5.00
2024 NF PE RVU:
2024 Fac PE RVU: 3.21

RUC Recommendation: 5.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67500 **Retrobulbar injection; medication (separate procedure, does not include supply of medication)**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** October 2017 **2022 Medicare Utilization:** 5,723

2024 Work RVU: 1.18
2024 NF PE RVU: 1.03
2024 Fac PE RVU: 0.63

RUC Recommendation: 1.18 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67505 **Retrobulbar injection; alcohol**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** October 2017 **2022 Medicare Utilization:** 71

2024 Work RVU: 1.18
2024 NF PE RVU: 1.29
2024 Fac PE RVU: 0.86

RUC Recommendation: 1.18 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67515 **Injection of medication or other substance into Tenon's capsule**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** July 2016 **2022 Medicare Utilization:** 19,697

2024 Work RVU: 0.75
2024 NF PE RVU: 0.72
2024 Fac PE RVU: 0.58

RUC Recommendation: 0.84 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67820 **Correction of trichiasis; epilation, by forceps only**

Global: 000 **Issue:** Correction of Trichiasis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 29 **Specialty Developing Recommendation:** AOA, AOA (optometry) **First Identified:** July 2015 **2022 Medicare Utilization:** 173,837

2024 Work RVU: 0.32
2024 NF PE RVU: 0.22
2024 Fac PE RVU: 0.32

RUC Recommendation: 0.32 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67914 **Repair of ectropion; suture**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2022 Medicare Utilization: 1,353

2024 Work RVU: 3.75
2024 NF PE RVU: 10.54
2024 Fac PE RVU: 5.74
Result: Maintain

RUC Recommendation: 3.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67915 **Repair of ectropion; thermocauterization**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2022 Medicare Utilization: 181

2024 Work RVU: 2.03
2024 NF PE RVU: 7.28
2024 Fac PE RVU: 3.79
Result: Decrease

RUC Recommendation: 2.03

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67916 **Repair of ectropion; excision tarsal wedge**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2022 Medicare Utilization: 1,028

2024 Work RVU: 5.48
2024 NF PE RVU: 12.29
2024 Fac PE RVU: 6.85
Result: Maintain

RUC Recommendation: 5.48

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67917 **Repair of ectropion; extensive (eg, tarsal strip operations)**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2022 Medicare Utilization: 19,453

2024 Work RVU: 5.93
2024 NF PE RVU: 12.22
2024 Fac PE RVU: 7.14

RUC Recommendation: 5.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67921 **Repair of entropion; suture**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2022 Medicare Utilization: 2,698

2024 Work RVU: 3.47
2024 NF PE RVU: 10.56
2024 Fac PE RVU: 5.59

RUC Recommendation: 3.47

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67922 **Repair of entropion; thermocauterization**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2022 Medicare Utilization: 75

2024 Work RVU: 2.03
2024 NF PE RVU: 7.01
2024 Fac PE RVU: 3.79

RUC Recommendation: 2.03

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67923 **Repair of entropion; excision tarsal wedge** **Global:** 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2022 Medicare Utilization:** 690

2024 Work RVU: 5.48
2024 NF PE RVU: 12.31
2024 Fac PE RVU: 6.87

RUC Recommendation: 5.48 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67924 **Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)** **Global:** 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2022 Medicare Utilization:** 9,060

2024 Work RVU: 5.93
2024 NF PE RVU: 12.99
2024 Fac PE RVU: 7.15

RUC Recommendation: 5.93 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

68040 **Expression of conjunctival follicles (eg, for trachoma)** **Global:** 000 **Issue:** Treatment of Eyelid Lesions **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 51 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2022 Medicare Utilization:** 6,534

2024 Work RVU: 0.85
2024 NF PE RVU: 0.97
2024 Fac PE RVU: 0.52

RUC Recommendation: Revised parenthetical **Referred to CPT** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

68200 **Subconjunctival injection**

Global: 000 **Issue:** Subconjunctival Injection **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAO

First Identified: April 2011

2022 Medicare Utilization: 5,018

2024 Work RVU: 0.49
2024 NF PE RVU: 0.71
2024 Fac PE RVU: 0.48

RUC Recommendation: 0.49

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

68801 **Dilation of lacrimal punctum, with or without irrigation**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: January 2014

2022 Medicare Utilization: 22,991

2024 Work RVU: 0.82
2024 NF PE RVU: 2.02
2024 Fac PE RVU: 1.51

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

68810 **Probing of nasolacrimal duct, with or without irrigation;**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** Site of Service Anomaly / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: September 2007

2022 Medicare Utilization: 22,242

2024 Work RVU: 1.54
2024 NF PE RVU: 3.16
2024 Fac PE RVU: 2.15

RUC Recommendation: 1.54

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

68811 **Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia**

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: September 2014 **2022 Medicare Utilization:** 331

2024 Work RVU: 1.74
2024 NF PE RVU:
2024 Fac PE RVU: 2.13

RUC Recommendation: 2.03

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

68815 **Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: January 2014 **2022 Medicare Utilization:** 6,655

2024 Work RVU: 2.70
2024 NF PE RVU: 8.29
2024 Fac PE RVU: 3.70

RUC Recommendation: 3.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

68816 **Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation**

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: September 2014 **2022 Medicare Utilization:** 153

2024 Work RVU: 2.10
2024 NF PE RVU: 23.03
2024 Fac PE RVU: 2.40

RUC Recommendation: 2.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

69100 **Biopsy external ear**

Global: 000 **Issue:** Biopsy of Ear **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 28 **Specialty Developing Recommendation:** AAD

First Identified: October 2008 **2022 Medicare Utilization:** 162,021

2024 Work RVU: 0.81
2024 NF PE RVU: 1.97
2024 Fac PE RVU: 0.48

RUC Recommendation: 0.81

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

69200 **Removal foreign body from external auditory canal; without general anesthesia** **Global:** 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 29 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2011 **2022 Medicare Utilization:** 47,747

2024 Work RVU: 0.77
2024 NF PE RVU: 1.54
2024 Fac PE RVU: 0.54

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

69210 **Removal impacted cerumen requiring instrumentation, unilateral** **Global:** 000 **Issue:** Removal of Cerumen **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAFP, AAO-HNS **First Identified:** September 2011 **2022 Medicare Utilization:** 1,439,777

2024 Work RVU: 0.61
2024 NF PE RVU: 0.75
2024 Fac PE RVU: 0.28

RUC Recommendation: Review in 3 years. 0.58. **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

69400 **Eustachian tube inflation, transnasal; with catheterization** **Global:** **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2013 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69401 **Eustachian tube inflation, transnasal; without catheterization**

Global: **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: April 2013 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

69405 **Eustachian tube catheterization, transtympanic**

Global: **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2013 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **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 RUC Meeting: September 2011 **Tab:** 30 **Specialty Developing Recommendation:** AAO-HNS

First Identified: April 2011 **2022 Medicare Utilization:** 37,608

2024 Work RVU: 1.57
2024 NF PE RVU: 4.31
2024 Fac PE RVU: 2.22

RUC Recommendation: 1.57 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69801 **Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal**

Global: 000 **Issue:** Labyrinthotomy **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2007 **2022 Medicare Utilization:** 23,868

2024 Work RVU: 2.06
2024 NF PE RVU: 4.51
2024 Fac PE RVU: 1.37

RUC Recommendation: Review action plan at RAW Oct 2015. 2.06

Referred to CPT Feb 2010
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2011

Result: Decrease

69802 **Labyrinthotomy, with perfusion of vestibuloactive drug(s); with mastoidectomy**

Global: **Issue:** Labryinthotomy **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS

First Identified: **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT Feburary 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

69930 **Cochlear device implantation, with or without mastoidectomy**

Global: 090 **Issue:** Cochlear Device Implantation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** M **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2007 **2022 Medicare Utilization:** 4,193

2024 Work RVU: 17.73
2024 NF PE RVU:
2024 Fac PE RVU: 16.24

RUC Recommendation: 17.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

70030 **Radiologic examination, eye, for detection of foreign body**

Global: XXX **Issue:** X-Ray of Eye **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 28 **Specialty Developing Recommendation:**

First Identified: January 2019 **2022 Medicare Utilization:** 19,427

2024 Work RVU: 0.18
2024 NF PE RVU: 0.78
2024 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

70100 **Radiologic examination, mandible; partial, less than 4 views**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:**

First Identified: April 2013 **2022 Medicare Utilization:** 17,784

2024 Work RVU: 0.18
2024 NF PE RVU: 0.97
2024 Fac PE RVU: NA

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

70210 **Radiologic examination, sinuses, paranasal, less than 3 views**

Global: XXX **Issue:** X-Ray Exam - Sinuses **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 24 **Specialty Developing Recommendation:** AAFP, ACP, ACR, ASNR

First Identified: October 2017 **2022 Medicare Utilization:** 14,374

2024 Work RVU: 0.17
2024 NF PE RVU: 0.78
2024 Fac PE RVU: NA

RUC Recommendation: 0.20

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

70220 **Radiologic examination, sinuses, paranasal, complete, minimum of 3 views** **Global:** XXX **Issue:** X-Ray Exam - Sinuses **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 24 **Specialty Developing Recommendation:** AAFP, ACP, ACR, ASNR **First Identified:** October 2017 **2022 Medicare Utilization:** 32,703

2024 Work RVU: 0.22
2024 NF PE RVU: 0.89
2024 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70250 **Radiologic examination, skull; less than 4 views** **Global:** XXX **Issue:** X-Ray Exam – Skull **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 25 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2022 Medicare Utilization:** 39,351

2024 Work RVU: 0.18
2024 NF PE RVU: 0.89
2024 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70260 **Radiologic examination, skull; complete, minimum of 4 views** **Global:** XXX **Issue:** X-Ray Exam – Skull **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 25 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2022 Medicare Utilization:** 7,741

2024 Work RVU: 0.28
2024 NF PE RVU: 1.04
2024 Fac PE RVU: NA

RUC Recommendation: 0.29 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70310 **Radiologic examination, teeth; partial examination, less than full mouth** **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2022 Medicare Utilization:** 648

2024 Work RVU: 0.16
2024 NF PE RVU: 1.04
2024 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

70360 **Radiologic examination; neck, soft tissue** **Global:** XXX **Issue:** X-Ray Exam – Neck **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 26 **Specialty Developing Recommendation:** AAFP, ACP, ACR, ASNR **First Identified:** October 2017 **2022 Medicare Utilization:** 37,844

2024 Work RVU: 0.18
2024 NF PE RVU: 0.74
2024 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.20

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

70371 **Complex dynamic pharyngeal and speech evaluation by cine or video recording** **Global:** XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2022 Medicare Utilization:** 754

2024 Work RVU: 0.84
2024 NF PE RVU: 2.39
2024 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: CPT Assistant article published, addressed issues identified.

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Status Report: CMS Requests and Relativity Assessment Issues

70373 **Laryngography, contrast, radiological supervision and interpretation**

Global: **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** **Specialty Developing Recommendation:** ACR, AAFP

First Identified: October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Result: Deleted from CPT

70450 **Computed tomography, head or brain; without contrast material**

Global: XXX **Issue:** CT Head/Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 15 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: April 2011 **2022 Medicare Utilization:** 5,054,448

2024 Work RVU: 0.85
2024 NF PE RVU: 2.36
2024 Fac PE RVU: NA

RUC Recommendation: 0.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

70460 **Computed tomography, head or brain; with contrast material(s)**

Global: XXX **Issue:** CT Head/Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 15 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: April 2013 **2022 Medicare Utilization:** 18,899

2024 Work RVU: 1.13
2024 NF PE RVU: 3.36
2024 Fac PE RVU: NA

RUC Recommendation: 1.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

70470 **Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Head/Brain **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 15 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2009 **2022 Medicare Utilization:** 61,447

2024 Work RVU: 1.27
2024 NF PE RVU: 3.98
2024 Fac PE RVU: NA

RUC Recommendation: 1.27 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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70480 **Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material**

Global: XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 16 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2022 Medicare Utilization:** 50,681

2024 Work RVU: 1.28
2024 NF PE RVU: 3.52
2024 Fac PE RVU: NA

RUC Recommendation: 1.28 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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70481 **Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)**

Global: XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 16 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2022 Medicare Utilization:** 9,497

2024 Work RVU: 1.13
2024 NF PE RVU: 4.35
2024 Fac PE RVU: NA

RUC Recommendation: 1.13 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

70482 **Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 16 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2017 **2022 Medicare Utilization:** 4,103

2024 Work RVU: 1.27
2024 NF PE RVU: 5.13
2024 Fac PE RVU: NA

RUC Recommendation: 1.27

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

70486 **Computed tomography, maxillofacial area; without contrast material**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 41 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: April 2013 **2022 Medicare Utilization:** 478,315

2024 Work RVU: 0.85
2024 NF PE RVU: 3.04
2024 Fac PE RVU: NA

RUC Recommendation: 0.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

70487 **Computed tomography, maxillofacial area; with contrast material(s)**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 41 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: April 2014 **2022 Medicare Utilization:** 27,343

2024 Work RVU: 1.13
2024 NF PE RVU: 3.47
2024 Fac PE RVU: NA

RUC Recommendation: 1.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

70488 **Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2014 **2022 Medicare Utilization:** 3,206

2024 Work RVU: 1.27
2024 NF PE RVU: 4.31
2024 Fac PE RVU: NA

RUC Recommendation: 1.30 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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70490 **Computed tomography, soft tissue neck; without contrast material**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2022 Medicare Utilization:** 61,888

2024 Work RVU: 1.28
2024 NF PE RVU: 3.25
2024 Fac PE RVU: NA

RUC Recommendation: 1.28 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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70491 **Computed tomography, soft tissue neck; with contrast material(s)**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2022 Medicare Utilization:** 254,652

2024 Work RVU: 1.38
2024 NF PE RVU: 4.2
2024 Fac PE RVU: NA

RUC Recommendation: 1.38 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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70492 **Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2022 Medicare Utilization:** 21,596

2024 Work RVU: 1.62
2024 NF PE RVU: 5.08
2024 Fac PE RVU: NA

RUC Recommendation: 1.62 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

70496 **Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** Cerebral Perfusion & CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / High Volume Growth5 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2022 Medicare Utilization:** 630,855

2024 Work RVU: 1.75
2024 NF PE RVU: 6.62
2024 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** May 2024 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70498 **Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** Cerebral Perfusion & CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth5 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2022 Medicare Utilization:** 655,679

2024 Work RVU: 1.75
2024 NF PE RVU: 6.61
2024 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** May 2024 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70540 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2022 Medicare Utilization:** 9,027

2024 Work RVU: 1.35
2024 NF PE RVU: 5.54
2024 Fac PE RVU: NA

RUC Recommendation: 1.35 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70542 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2022 Medicare Utilization:** 738

2024 Work RVU: 1.62
2024 NF PE RVU: 6.55
2024 Fac PE RVU: NA

RUC Recommendation: 1.62 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70543 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2022 Medicare Utilization:** 64,328

2024 Work RVU: 2.15
2024 NF PE RVU: 8.16
2024 Fac PE RVU: NA

RUC Recommendation: 2.15 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70544 **Magnetic resonance angiography, head; without contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ASNR, SIR **First Identified:** July 2015 **2022 Medicare Utilization:** 187,401

2024 Work RVU: 1.20
2024 NF PE RVU: 5.36
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT for code bundle solution. 1.20 **Referred to CPT** February 2025 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70545 **Magnetic resonance angiography, head; with contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2022 Medicare Utilization:** 3,106

2024 Work RVU: 1.20
2024 NF PE RVU: 5.72
2024 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70546 **Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2022 Medicare Utilization:** 19,586

2024 Work RVU: 1.48
2024 NF PE RVU: 8.59
2024 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70547 **Magnetic resonance angiography, neck; without contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ASNR, SIR **First Identified:** July 2015 **2022 Medicare Utilization:** 64,182

2024 Work RVU: 1.20
2024 NF PE RVU: 5.37
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT for code bundle solution. 1.20 **Referred to CPT** February 2025 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70548 **Magnetic resonance angiography, neck; with contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2022 Medicare Utilization:** 13,081

2024 Work RVU: 1.50
2024 NF PE RVU: 5.99
2024 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

70549 **Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2022 Medicare Utilization:** 42,918

2024 Work RVU: 1.80
2024 NF PE RVU: 8.73
2024 Fac PE RVU: NA

RUC Recommendation: 1.80 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70551 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2022 Medicare Utilization:** 1,072,270

2024 Work RVU: 1.48
2024 NF PE RVU: 4.47
2024 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70552 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2022 Medicare Utilization:** 17,490

2024 Work RVU: 1.78
2024 NF PE RVU: 6.44
2024 Fac PE RVU: NA

RUC Recommendation: 1.78 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70553 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2022 Medicare Utilization:** 943,751

2024 Work RVU: 2.29
2024 NF PE RVU: 7.38
2024 Fac PE RVU: NA

RUC Recommendation: 2.36 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70XX1

Global: XXX **Issue:** Cerebral Perfusion & CT Angiography – Head & Neck **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** May 2024 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 2.50 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70XX2

Global: XXX **Issue:** Cerebral Perfusion & CT Angiography – Head & Neck **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** May 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: 0.77 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70XX3

Global: XXX **Issue:** Cerebral Perfusion & CT Angiography – Head & Neck **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** May 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: 1.00 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

71010 **Radiologic examination, chest; single view, frontal**

Global: **Issue:** Chest X-Rays **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71015 **Radiologic examination, chest; stereo, frontal**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71020 **Radiologic examination, chest, 2 views, frontal and lateral;**

Global: **Issue:** Chest X-Rays **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71021 **Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71022 **Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71023 **Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy**

Global: **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71030 **Radiologic examination, chest, complete, minimum of 4 views;**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71034 **Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71035 **Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71045 **Radiologic examination, chest; single view**

Global: XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2022 Medicare Utilization:** 13,857,156

2024 Work RVU: 0.18
2024 NF PE RVU: 0.57
2024 Fac PE RVU: NA

RUC Recommendation: 0.18 **Referred to CPT** February 2016 **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 Recommendation:** ACR **First Identified:** February 2016 **2022 Medicare Utilization:** 6,158,080

2024 Work RVU: 0.22
2024 NF PE RVU: 0.77
2024 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** February 2016 **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 Recommendation:** ACR **First Identified:** February 2016 **2022 Medicare Utilization:** 12,579

2024 Work RVU: 0.27
2024 NF PE RVU: 0.98
2024 Fac PE RVU: NA

RUC Recommendation: 0.27 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71048 **Radiologic examination, chest; 4 or more views**

Global: XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: February 2016 **2022 Medicare Utilization:** 7,817

2024 Work RVU: 0.31
2024 NF PE RVU: 1.04
2024 Fac PE RVU: NA

RUC Recommendation: 0.31

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

71090 **Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation**

Global: **Issue:** Insertion/Removal of Pacemeaker or Pacing Cardioverter-Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

71100 **Radiologic examination, ribs, unilateral; 2 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 30 **Specialty Developing Recommendation:** ACR

First Identified: April 2013 **2022 Medicare Utilization:** 126,789

2024 Work RVU: 0.22
2024 NF PE RVU: 0.86
2024 Fac PE RVU: NA

RUC Recommendation: 0.22

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

71101 **Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 30 **Specialty Developing Recommendation:** ACR

First Identified: October 2015

2022 Medicare Utilization: 247,342

2024 Work RVU: 0.27
2024 NF PE RVU: 0.98
2024 Fac PE RVU: NA

RUC Recommendation: 0.27

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

71110 **Radiologic examination, ribs, bilateral; 3 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 30 **Specialty Developing Recommendation:** ACR

First Identified: October 2015

2022 Medicare Utilization: 20,431

2024 Work RVU: 0.29
2024 NF PE RVU: 1.01
2024 Fac PE RVU: NA

RUC Recommendation: 0.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

71111 **Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 30 **Specialty Developing Recommendation:** ACR

First Identified: October 2015

2022 Medicare Utilization: 27,294

2024 Work RVU: 0.32
2024 NF PE RVU: 1.23
2024 Fac PE RVU: NA

RUC Recommendation: 0.32

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

71250 **Computed tomography, thorax, diagnostic; without contrast material**

Global: XXX **Issue:** Screening CT of Thorax **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: October 2008

2022 Medicare Utilization: 2,268,146

2024 Work RVU: 1.08
2024 NF PE RVU: 2.94
2024 Fac PE RVU: NA

RUC Recommendation: 1.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

71260 **Computed tomography, thorax, diagnostic; with contrast material(s)**

Global: XXX **Issue:** Screening CT of Thorax **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

2022 Medicare Utilization: 1,641,425

2024 Work RVU: 1.16
2024 NF PE RVU: 3.9
2024 Fac PE RVU: NA

RUC Recommendation: 1.38

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

71270 **Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** Screening CT of Thorax **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

2022 Medicare Utilization: 52,341

2024 Work RVU: 1.25
2024 NF PE RVU: 4.71
2024 Fac PE RVU: NA

RUC Recommendation: 1.24

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

71271 **Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)**

Global: XXX **Issue:** Screening CT of Thorax **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 07 **Specialty Developing Recommendation:**

First Identified: May 2019

2022 Medicare Utilization: 358,112

2024 Work RVU: 1.08
2024 NF PE RVU: 3.07
2024 Fac PE RVU: NA

RUC Recommendation: 1.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

71275 **Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography-Chest **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 27 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2008

2022 Medicare Utilization: 1,426,486

2024 Work RVU: 1.82
2024 NF PE RVU: 6.71
2024 Fac PE RVU: NA

RUC Recommendation: 1.82

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

Result: Decrease

72020 **Radiologic examination, spine, single view, specify level**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR

First Identified: April 2016

2022 Medicare Utilization: 94,308

2024 Work RVU: 0.16
2024 NF PE RVU: 0.55
2024 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

72040 **Radiologic examination, spine, cervical; 2 or 3 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2022 Medicare Utilization:** 552,527

2024 Work RVU: 0.22
2024 NF PE RVU: 0.95
2024 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72050 **Radiologic examination, spine, cervical; 4 or 5 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2022 Medicare Utilization:** 319,562

2024 Work RVU: 0.27
2024 NF PE RVU: 1.32
2024 Fac PE RVU: NA

RUC Recommendation: 0.27 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72052 **Radiologic examination, spine, cervical; 6 or more views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2022 Medicare Utilization:** 59,046

2024 Work RVU: 0.30
2024 NF PE RVU: 1.55
2024 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72070 **Radiologic examination, spine; thoracic, 2 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2013 **2022 Medicare Utilization:** 266,493

2024 Work RVU: 0.20
2024 NF PE RVU: 0.77
2024 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

72072 **Radiologic examination, spine; thoracic, 3 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2016 **2022 Medicare Utilization:** 142,321

2024 Work RVU: 0.23
2024 NF PE RVU: 0.94
2024 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.23

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

72074 **Radiologic examination, spine; thoracic, minimum of 4 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2016 **2022 Medicare Utilization:** 11,215

2024 Work RVU: 0.25
2024 NF PE RVU: 1.07
2024 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72080 **Radiologic examination, spine; thoracolumbar junction, minimum of 2 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2016 **2022 Medicare Utilization:** 42,662

2024 Work RVU: 0.21
2024 NF PE RVU: 0.81
2024 Fac PE RVU: NA

RUC Recommendation: 0.21 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72100 **Radiologic examination, spine, lumbosacral; 2 or 3 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2022 Medicare Utilization:** 1,537,302

2024 Work RVU: 0.22
2024 NF PE RVU: 0.96
2024 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2010 **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 **2022 Medicare Utilization:** 726,844

2024 Work RVU: 0.26
2024 NF PE RVU: 1.28
2024 Fac PE RVU: NA

RUC Recommendation: 0.26 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72114 **Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2022 Medicare Utilization:** 84,552

2024 Work RVU: 0.30
2024 NF PE RVU: 1.51
2024 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72120 **Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2022 Medicare Utilization:** 44,877

2024 Work RVU: 0.22
2024 NF PE RVU: 0.98
2024 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72125 **Computed tomography, cervical spine; without contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2022 Medicare Utilization:** 1,400,600

2024 Work RVU: 1.00
2024 NF PE RVU: 2.94
2024 Fac PE RVU: NA

RUC Recommendation: 1.07 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72126 **Computed tomography, cervical spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2022 Medicare Utilization:** 16,849

2024 Work RVU: 1.22
2024 NF PE RVU: 3.89
2024 Fac PE RVU: NA

RUC Recommendation: 1.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72127 **Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2022 Medicare Utilization:** 1,757

2024 Work RVU: 1.27
2024 NF PE RVU: 4.72
2024 Fac PE RVU: NA

RUC Recommendation: 1.27 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72128 **Computed tomography, thoracic spine; without contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2022 Medicare Utilization:** 216,061

2024 Work RVU: 1.00
2024 NF PE RVU: 2.93
2024 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72129 **Computed tomography, thoracic spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2022 Medicare Utilization:** 35,078

2024 Work RVU: 1.22
2024 NF PE RVU: 3.92
2024 Fac PE RVU: NA

RUC Recommendation: 1.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

72130 **Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: February 2009 **2022 Medicare Utilization:** 1,277

2024 Work RVU: 1.27
2024 NF PE RVU: 4.76
2024 Fac PE RVU: NA

RUC Recommendation: 1.27

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72131 **Computed tomography, lumbar spine; without contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: February 2009 **2022 Medicare Utilization:** 507,769

2024 Work RVU: 1.00
2024 NF PE RVU: 2.91
2024 Fac PE RVU: NA

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72132 **Computed tomography, lumbar spine; with contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: February 2009 **2022 Medicare Utilization:** 59,350

2024 Work RVU: 1.22
2024 NF PE RVU: 3.9
2024 Fac PE RVU: NA

RUC Recommendation: 1.22

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72133 **Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2022 Medicare Utilization:** 3,516

2024 Work RVU: 1.27
2024 NF PE RVU: 4.73
2024 Fac PE RVU: NA

RUC Recommendation: 1.27 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72141 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** September 2011 **2022 Medicare Utilization:** 539,537

2024 Work RVU: 1.48
2024 NF PE RVU: 4.3
2024 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

72142 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2022 Medicare Utilization:** 2,550

2024 Work RVU: 1.78
2024 NF PE RVU: 6.59
2024 Fac PE RVU: NA

RUC Recommendation: 1.78 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

72146 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2022 Medicare Utilization:** 213,221

2024 Work RVU: 1.48
2024 NF PE RVU: 4.29
2024 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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72147 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2022 Medicare Utilization:** 2,352

2024 Work RVU: 1.78
2024 NF PE RVU: 6.52
2024 Fac PE RVU: NA

RUC Recommendation: 1.78 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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72148 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** AAOS, AUR, ACR, NASS, ASNR **First Identified:** April 2011 **2022 Medicare Utilization:** 1,236,516

2024 Work RVU: 1.48
2024 NF PE RVU: 4.32
2024 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

72149 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2022 Medicare Utilization: 4,470

2024 Work RVU: 1.78
2024 NF PE RVU: 6.44
2024 Fac PE RVU: NA

RUC Recommendation: 1.78

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72156 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2022 Medicare Utilization: 110,978

2024 Work RVU: 2.29
2024 NF PE RVU: 7.43
2024 Fac PE RVU: NA

RUC Recommendation: 2.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

72157 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2022 Medicare Utilization: 97,740

2024 Work RVU: 2.29
2024 NF PE RVU: 7.45
2024 Fac PE RVU: NA

RUC Recommendation: 2.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

72158 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2022 Medicare Utilization: 208,724

2024 Work RVU: 2.29
2024 NF PE RVU: 7.41
2024 Fac PE RVU: NA

RUC Recommendation: 2.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

72170 **Radiologic examination, pelvis; 1 or 2 views**

Global: XXX **Issue:** X-Ray Exam – Pelvis **Screen:** Low Value-High Volume / Codes Reported Together 75% or More-Part2 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 28 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2010

2022 Medicare Utilization: 714,774

2024 Work RVU: 0.17
2024 NF PE RVU: 0.65
2024 Fac PE RVU: NA

RUC Recommendation: 0.17

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72190 **Radiologic examination, pelvis; complete, minimum of 3 views**

Global: XXX **Issue:** X-Ray Exam – Pelvis **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 28 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2017

2022 Medicare Utilization: 57,488

2024 Work RVU: 0.25
2024 NF PE RVU: 1
2024 Fac PE RVU: NA

RUC Recommendation: 0.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

72191 **Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography

Screen: High Volume Growth1 / CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013

Complete? Yes

Most Recent RUC Meeting: October 2013

Tab: 12

Specialty Developing Recommendation: ACR, SIR

First Identified: February 2008

2022 Medicare Utilization: 2,706

2024 Work RVU: 1.81

2024 NF PE RVU: 7.43

2024 Fac PE RVU: NA

RUC Recommendation: 1.81

Referred to CPT October 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72192 **Computed tomography, pelvis; without contrast material**

Global: XXX **Issue:** CT Pelvis

Screen: Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012

Complete? Yes

Most Recent RUC Meeting: October 2008

Tab: 26

Specialty Developing Recommendation: ACR

First Identified: October 2008

2022 Medicare Utilization: 181,245

2024 Work RVU: 1.09

2024 NF PE RVU: 2.93

2024 Fac PE RVU: NA

RUC Recommendation: 1.09

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72193 **Computed tomography, pelvis; with contrast material(s)**

Global: XXX **Issue:** CT Pelvis

Screen: Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012

Complete? Yes

Most Recent RUC Meeting: October 2008

Tab: 26

Specialty Developing Recommendation: ACR

First Identified: October 2008

2022 Medicare Utilization: 31,631

2024 Work RVU: 1.16

2024 NF PE RVU: 5.81

2024 Fac PE RVU: NA

RUC Recommendation: 1.16

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72194 **Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 44 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2022 Medicare Utilization:** 4,787

2024 Work RVU: 1.22
2024 NF PE RVU: 6.48
2024 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.22 **Referred to CPT** October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

72195 **Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)**

Global: XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:** 80,188

2024 Work RVU: 1.46
2024 NF PE RVU: 5.51
2024 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.46 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

72196 **Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)**

Global: XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:** 2,468

2024 Work RVU: 1.73
2024 NF PE RVU: 6.43
2024 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.73 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72197 **Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:** 282,485

2024 Work RVU: 2.20
2024 NF PE RVU: 8.05
2024 Fac PE RVU: NA

RUC Recommendation: 2.20 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72200 **Radiologic examination, sacroiliac joints; less than 3 views**

Global: XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 29 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2016 **2022 Medicare Utilization:** 13,432

2024 Work RVU: 0.17
2024 NF PE RVU: 0.81
2024 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

72202 **Radiologic examination, sacroiliac joints; 3 or more views**

Global: XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 29 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2016 **2022 Medicare Utilization:** 38,895

2024 Work RVU: 0.23
2024 NF PE RVU: 0.93
2024 Fac PE RVU: NA

RUC Recommendation: 0.26 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

72220 **Radiologic examination, sacrum and coccyx, minimum of 2 views**

Global: XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 29 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2016 **2022 Medicare Utilization:** 100,542

2024 Work RVU: 0.17
2024 NF PE RVU: 0.79
2024 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72240 **Myelography, cervical, radiological supervision and interpretation** **Global:** XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2022 Medicare Utilization:** 308

2024 Work RVU: 0.91
2024 NF PE RVU: 2.38
2024 Fac PE RVU: NA

RUC Recommendation: 0.91 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72255 **Myelography, thoracic, radiological supervision and interpretation** **Global:** XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2013 **2022 Medicare Utilization:** 75

2024 Work RVU: 0.91
2024 NF PE RVU: 2.26
2024 Fac PE RVU: NA

RUC Recommendation: 0.91 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72265 **Myelography, lumbosacral, radiological supervision and interpretation** **Global:** XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2022 Medicare Utilization:** 1,897

2024 Work RVU: 0.83
2024 NF PE RVU: 2.39
2024 Fac PE RVU: NA

RUC Recommendation: 0.83 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72270 **Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2022 Medicare Utilization:** 406

2024 Work RVU: 1.33
2024 NF PE RVU: 3.16
2024 Fac PE RVU: NA

RUC Recommendation: 1.33 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72275 **Epidurography, radiological supervision and interpretation**

Global: XXX **Issue:** Epidurography **Screen:** Different Performing Specialty from Survey3 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS **First Identified:** October 2009 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009 and Q&A - May 2010

72291 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance**

Global: **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72292 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance**

Global: **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

73000 **Radiologic examination; clavicle, complete**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2017 **2022 Medicare Utilization:** 90,561

2024 Work RVU: 0.16
2024 NF PE RVU: 0.8
2024 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73010 **Radiologic examination; scapula, complete**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2017 **2022 Medicare Utilization:** 43,139

2024 Work RVU: 0.17
2024 NF PE RVU: 0.53
2024 Fac PE RVU: NA

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73020 **Radiologic examination, shoulder; 1 view**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2017 **2022 Medicare Utilization:** 99,075

2024 Work RVU: 0.15
2024 NF PE RVU: 0.48
2024 Fac PE RVU: NA

RUC Recommendation: 0.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73030 **Radiologic examination, shoulder; complete, minimum of 2 views**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** Low Value-High Volume / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2010 **2022 Medicare Utilization:** 2,553,512

2024 Work RVU: 0.18
2024 NF PE RVU: 0.85
2024 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73050 **Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2017 **2022 Medicare Utilization:** 6,025

2024 Work RVU: 0.18
2024 NF PE RVU: 0.67
2024 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

73060 **Radiologic examination; humerus, minimum of 2 views** **Global:** XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2022 Medicare Utilization:** 302,091

2024 Work RVU: 0.16
2024 NF PE RVU: 0.78
2024 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73070 **Radiologic examination, elbow; 2 views** **Global:** XXX **Issue:** X-Ray Elbow/Forearm **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 30 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** April 2016 **2022 Medicare Utilization:** 188,018

2024 Work RVU: 0.16
2024 NF PE RVU: 0.7
2024 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

73080 **Radiologic examination, elbow; complete, minimum of 3 views** **Global:** XXX **Issue:** X-Ray Elbow/Forearm **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 30 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** October 2009 **2022 Medicare Utilization:** 379,493

2024 Work RVU: 0.17
2024 NF PE RVU: 0.8
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73090 **Radiologic examination; forearm, 2 views**

Global: XXX **Issue:** X-Ray Elbow/Forearm **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 30 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** April 2016 **2022 Medicare Utilization:** 207,500

2024 Work RVU: 0.16
2024 NF PE RVU: 0.7
2024 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73100 **Radiologic examination, wrist; 2 views**

Global: XXX **Issue:** X-Ray Wrist **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 32 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:** 215,304

2024 Work RVU: 0.16
2024 NF PE RVU: 0.84
2024 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73110 **Radiologic examination, wrist; complete, minimum of 3 views**

Global: XXX **Issue:** X-Ray Wrist **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 32 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2022 Medicare Utilization:** 979,641

2024 Work RVU: 0.17
2024 NF PE RVU: 1.05
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73120 **Radiologic examination, hand; 2 views**

Global: XXX **Issue:** X-Ray of Hand/Fingers **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 33 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

2022 Medicare Utilization: 230,852

2024 Work RVU: 0.16
2024 NF PE RVU: 0.77
2024 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73130 **Radiologic examination, hand; minimum of 3 views**

Global: XXX **Issue:** X-Ray of Hand/Fingers **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 33 **Specialty Developing Recommendation:** ACR

First Identified: October 2010

2022 Medicare Utilization: 1,222,532

2024 Work RVU: 0.17
2024 NF PE RVU: 0.93
2024 Fac PE RVU: NA

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73140 **Radiologic examination, finger(s), minimum of 2 views**

Global: XXX **Issue:** X-Ray of Hand/Fingers **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 33 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

2022 Medicare Utilization: 335,611

2024 Work RVU: 0.13
2024 NF PE RVU: 1
2024 Fac PE RVU: NA

RUC Recommendation: 0.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73200 **Computed tomography, upper extremity; without contrast material**

Global: XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 23 **Specialty Developing Recommendation:** ACR

First Identified: October 2008

2022 Medicare Utilization: 136,051

2024 Work RVU: 1.00
2024 NF PE RVU: 3.9
2024 Fac PE RVU: NA

RUC Recommendation: 1.09

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73201 **Computed tomography, upper extremity; with contrast material(s)** **Global:** XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2022 Medicare Utilization:** 19,399

2024 Work RVU: 1.16
2024 NF PE RVU: 4.94
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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73202 **Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2022 Medicare Utilization:** 1,735

2024 Work RVU: 1.22
2024 NF PE RVU: 6.36
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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73206 **Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing** **Global:** XXX **Issue:** CT Angiography **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** May 2013 **2022 Medicare Utilization:** 6,967

2024 Work RVU: 1.81
2024 NF PE RVU: 7.2
2024 Fac PE RVU: NA

RUC Recommendation: Survey with all CTA codes for October 2013. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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73218 **Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)** **Global:** XXX **Issue:** MRI **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2022 Medicare Utilization:** 31,726

2024 Work RVU: 1.35
2024 NF PE RVU: 7.92
2024 Fac PE RVU: NA

RUC Recommendation: CPT Assistant published. **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Feb 2011 **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

73221 **Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)**

Global: XXX **Issue:** MRI **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 20 **Specialty Developing Recommendation:** ACR

First Identified: October 2008

2022 Medicare Utilization: 427,765

2024 Work RVU: 1.35
2024 NF PE RVU: 4.82
2024 Fac PE RVU: NA

RUC Recommendation: 1.35

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73500 **Radiologic examination, hip, unilateral; 1 view**

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: April 2011

2022 Medicare Utilization:

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

73501 **Radiologic examination, hip, unilateral, with pelvis when performed; 1 view**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2014

2022 Medicare Utilization: 211,832

2024 Work RVU: 0.18
2024 NF PE RVU: 0.79
2024 Fac PE RVU: NA

RUC Recommendation: 0.17

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

73502 **Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2022 Medicare Utilization:** 2,413,547

2024 Work RVU: 0.22
2024 NF PE RVU: 1.19
2024 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73503 **Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2022 Medicare Utilization:** 47,886

2024 Work RVU: 0.27
2024 NF PE RVU: 1.51
2024 Fac PE RVU: NA

RUC Recommendation: 0.27 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73510 **Radiologic examination, hip, unilateral; complete, minimum of 2 views** **Global:** **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73520 **Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis**

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

73521 **Radiologic examination, hips, bilateral, with pelvis when performed; 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2022 Medicare Utilization:** 139,203

2024 Work RVU: 0.22
2024 NF PE RVU: 1
2024 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73522 **Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2022 Medicare Utilization:** 170,217

2024 Work RVU: 0.29
2024 NF PE RVU: 1.31
2024 Fac PE RVU: NA

RUC Recommendation: 0.29 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73523 **Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2022 Medicare Utilization:** 101,443

2024 Work RVU: 0.31
2024 NF PE RVU: 1.52
2024 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73540 **Radiologic examination, pelvis and hips, infant or child, minimum of 2 views**

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

73542 **Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation**

Global: **Issue:** Sacroiliac Joint Arthrography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS, ACR, AUR, ISIS, ASNR **First Identified:** October 2009 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

73550 **Radiologic examination, femur, 2 views**

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: April 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

73551 **Radiologic examination, femur; 1 view**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2014 **2022 Medicare Utilization:** 30,051

2024 Work RVU: 0.16
2024 NF PE RVU: 0.7
2024 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

73552 **Radiologic examination, femur; minimum 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2014 **2022 Medicare Utilization:** 505,953

2024 Work RVU: 0.18
2024 NF PE RVU: 0.87
2024 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

73560 **Radiologic examination, knee; 1 or 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2010 **2022 Medicare Utilization:** 1,401,750

2024 Work RVU: 0.16
2024 NF PE RVU: 0.85
2024 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

73562 **Radiologic examination, knee; 3 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2010 **2022 Medicare Utilization:** 2,245,081

2024 Work RVU: 0.18
2024 NF PE RVU: 1.03
2024 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73564 **Radiologic examination, knee; complete, 4 or more views**

Global: XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2010 **2022 Medicare Utilization:** 1,692,467

2024 Work RVU: 0.22
2024 NF PE RVU: 1.18
2024 Fac PE RVU: NA

RUC Recommendation: 0.22

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73565 **Radiologic examination, knee; both knees, standing, anteroposterior**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: April 2013 **2022 Medicare Utilization:** 107,072

2024 Work RVU: 0.16
2024 NF PE RVU: 1.02
2024 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

73580 **Radiologic examination, knee, arthrography, radiological supervision and interpretation**

Global: XXX **Issue:** Contrast X-Ray of Knee Joint **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 16 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2022 Medicare Utilization:** 14,951

2024 Work RVU: 0.59
2024 NF PE RVU: 2.66
2024 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.59

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

73590 **Radiologic examination; tibia and fibula, 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2022 Medicare Utilization:** 436,482

2024 Work RVU: 0.16
2024 NF PE RVU: 0.77
2024 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73600 **Radiologic examination, ankle; 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR, APMA **First Identified:** April 2013 **2022 Medicare Utilization:** 194,585

2024 Work RVU: 0.16
2024 NF PE RVU: 0.79
2024 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73610 **Radiologic examination, ankle; complete, minimum of 3 views**

Global: XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2022 Medicare Utilization:** 1,119,294

2024 Work RVU: 0.17
2024 NF PE RVU: 0.91
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73620 **Radiologic examination, foot; 2 views**

Global: XXX **Issue:** X-Ray Exam of Foot **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 27 **Specialty Developing Recommendation:** ACR, AAOS, APMA **First Identified:** October 2010 **2022 Medicare Utilization:** 418,010

2024 Work RVU: 0.16
2024 NF PE RVU: 0.68
2024 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73630 **Radiologic examination, foot; complete, minimum of 3 views**

Global: XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2022 Medicare Utilization:** 2,541,907

2024 Work RVU: 0.17
2024 NF PE RVU: 0.84
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73650 **Radiologic examination; calcaneus, minimum of 2 views**

Global: XXX **Issue:** X-Ray Heel **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 31 **Specialty Developing Recommendation:** AAOS, ACR, APMA, AOFAS **First Identified:** April 2016 **2022 Medicare Utilization:** 61,267

2024 Work RVU: 0.16
2024 NF PE RVU: 0.68
2024 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73660 **Radiologic examination; toe(s), minimum of 2 views**

Global: XXX **Issue:** X-Ray Toe **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 32 **Specialty Developing Recommendation:** AAOS, ACR, APMA, AOFAS **First Identified:** April 2016 **2022 Medicare Utilization:** 96,920

2024 Work RVU: 0.13
2024 NF PE RVU: 0.73
2024 Fac PE RVU: NA

RUC Recommendation: 0.13 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73700 **Computed tomography, lower extremity; without contrast material**

Global: XXX **Issue:** CT Lower Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2022 Medicare Utilization:** 359,925

2024 Work RVU: 1.00
2024 NF PE RVU: 2.92
2024 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73701 **Computed tomography, lower extremity; with contrast material(s)**

Global: XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2022 Medicare Utilization:** 48,594

2024 Work RVU: 1.16
2024 NF PE RVU: 3.89
2024 Fac PE RVU: NA

RUC Recommendation: 1.16 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73702 **Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2022 Medicare Utilization:** 4,870

2024 Work RVU: 1.22
2024 NF PE RVU: 4.71
2024 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.22

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73706 **Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2022 Medicare Utilization:** 18,907

2024 Work RVU: 1.90
2024 NF PE RVU: 7.9
2024 Fac PE RVU: NA
Result: Remove from Screen

RUC Recommendation: Survey for October 2013. Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73718 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:** 130,912

2024 Work RVU: 1.35
2024 NF PE RVU: 5.45
2024 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73719 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:** 976

2024 Work RVU: 1.62
2024 NF PE RVU: 6.39
2024 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.62

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73720 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:** 60,134

2024 Work RVU: 2.15
2024 NF PE RVU: 8.11
2024 Fac PE RVU: NA

RUC Recommendation: 2.15 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73721 **Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material**

Global: XXX **Issue:** MRI of Lower Extremity Joint **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2022 Medicare Utilization:** 598,710

2024 Work RVU: 1.35
2024 NF PE RVU: 4.81
2024 Fac PE RVU: NA

RUC Recommendation: 1.35 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74000 **Radiologic examination, abdomen; single anteroposterior view**

Global: **Issue:** Abdominal X-Ray **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74010 **Radiologic examination, abdomen; anteroposterior and additional oblique and cone views**

Global: **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74018 **Radiologic examination, abdomen; 1 view**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2022 Medicare Utilization:** 1,874,682

2024 Work RVU: 0.18
2024 NF PE RVU: 0.71
2024 Fac PE RVU: NA

RUC Recommendation: 0.18 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74019 **Radiologic examination, abdomen; 2 views**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2022 Medicare Utilization:** 275,467

2024 Work RVU: 0.23
2024 NF PE RVU: 0.85
2024 Fac PE RVU: NA

RUC Recommendation: 0.23 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74020 **Radiologic examination, abdomen; complete, including decubitus and/or erect views**

Global: **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74021 **Radiologic examination, abdomen; 3 or more views**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR

First Identified: February 2016 **2022 Medicare Utilization:** 36,927

2024 Work RVU: 0.27
2024 NF PE RVU: 1
2024 Fac PE RVU: NA

RUC Recommendation: 0.27

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

74022 **Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2022 Medicare Utilization:** 124,177

2024 Work RVU: 0.32
2024 NF PE RVU: 1.15
2024 Fac PE RVU: NA

RUC Recommendation: 0.32

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74150 **Computed tomography, abdomen; without contrast material**

Global: XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2022 Medicare Utilization:** 59,980

2024 Work RVU: 1.19
2024 NF PE RVU: 2.94
2024 Fac PE RVU: NA

RUC Recommendation: Review PE. 0.35

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

74160 **Computed tomography, abdomen; with contrast material(s)**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / MPC List / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 44 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2022 Medicare Utilization:** 76,112

2024 Work RVU: 1.27
2024 NF PE RVU: 5.82
2024 Fac PE RVU: NA

RUC Recommendation: 0.42

Referred to CPT October 2009
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 **2022 Medicare Utilization:** 93,507

2024 Work RVU: 1.40
2024 NF PE RVU: 6.58
2024 Fac PE RVU: NA

RUC Recommendation: 1.40

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74174 **Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR

First Identified: **2022 Medicare Utilization:** 342,167

2024 Work RVU: 2.20
2024 NF PE RVU: 9.35
2024 Fac PE RVU: NA

RUC Recommendation: 2.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

74175 **Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2008 **2022 Medicare Utilization:** 28,396

2024 Work RVU: 1.82
2024 NF PE RVU: 7.46
2024 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.82

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

74176 **Computed tomography, abdomen and pelvis; without contrast material**

Global: XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 16 **Specialty Developing Recommendation:** ACR

First Identified: October 2009 **2022 Medicare Utilization:** 2,190,688

2024 Work RVU: 1.74
2024 NF PE RVU: 3.78
2024 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.74

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

74177 **Computed tomography, abdomen and pelvis; with contrast material(s)**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 44 **Specialty Developing Recommendation:** ACR

First Identified: October 2009 **2022 Medicare Utilization:** 3,110,250

2024 Work RVU: 1.82
2024 NF PE RVU: 7.41
2024 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.82

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74178 **Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions**

Global: XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 16 **Specialty Developing Recommendation:** ACR **First Identified:** October 2009 **2022 Medicare Utilization:** 461,097

2024 Work RVU: 2.01
2024 NF PE RVU: 8.34
2024 Fac PE RVU: NA

RUC Recommendation: 2.01 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74181 **Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)** **Global:** XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:** 101,709

2024 Work RVU: 1.46
2024 NF PE RVU: 4.48
2024 Fac PE RVU: NA

RUC Recommendation: 1.46 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74182 **Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)** **Global:** XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:** 3,838

2024 Work RVU: 1.73
2024 NF PE RVU: 7.48
2024 Fac PE RVU: NA

RUC Recommendation: 1.73 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74183 **Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences**

Global: XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

2022 Medicare Utilization: 415,444

2024 Work RVU: 2.20
2024 NF PE RVU: 8.09
2024 Fac PE RVU: NA

RUC Recommendation: 2.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

74210 **Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR

First Identified: October 2016

2022 Medicare Utilization: 991

2024 Work RVU: 0.59
2024 NF PE RVU: 2.21
2024 Fac PE RVU: NA

RUC Recommendation: 0.59

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74220 **Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR

First Identified: April 2016

2022 Medicare Utilization: 93,312

2024 Work RVU: 0.60
2024 NF PE RVU: 2.28
2024 Fac PE RVU: NA

RUC Recommendation: 0.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

74221 **Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:**

First Identified: October 2018 **2022 Medicare Utilization:** 65,558

2024 Work RVU: 0.70
2024 NF PE RVU: 2.54
2024 Fac PE RVU: NA

RUC Recommendation: 0.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

74230 **Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study**

Global: XXX **Issue:** X-Ray Esophagus **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 25 **Specialty Developing Recommendation:** ACR

First Identified: April 2013 **2022 Medicare Utilization:** 297,036

2024 Work RVU: 0.53
2024 NF PE RVU: 3.17
2024 Fac PE RVU: NA

RUC Recommendation: 0.53

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74240 **Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2022 Medicare Utilization:** 64,318

2024 Work RVU: 0.80
2024 NF PE RVU: 2.83
2024 Fac PE RVU: NA

RUC Recommendation: 0.80

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

74241 **Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB**

Global: **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74245 **Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images**

Global: **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74246 **Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2022 Medicare Utilization:** 46,283

2024 Work RVU: 0.90
2024 NF PE RVU: 3.21
2024 Fac PE RVU: NA

RUC Recommendation: 0.90 **Referred to CPT** May 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74247 **Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB**

Global: **Issue:** X-Ray Exam – Upper GI **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74248 **Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination)**

Global: ZZZ **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2022 Medicare Utilization:** 13,994

2024 Work RVU: 0.70
2024 NF PE RVU: 1.72
2024 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** February 2019-EC **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

74249 **Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through**

Global: **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74250 **Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study**

Global: XXX **Issue:** Lower Gastroinetstinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2022 Medicare Utilization:** 43,530

2024 Work RVU: 0.81
2024 NF PE RVU: 2.79
2024 Fac PE RVU: NA

RUC Recommendation: 0.81

Referred to CPT May 2018
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 Gastroinetstinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2022 Medicare Utilization:** 267

2024 Work RVU: 1.17
2024 NF PE RVU: 9.63
2024 Fac PE RVU: NA

RUC Recommendation: 1.17

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

74260 **Duodenography, hypotonic**

Global: **Issue:** X-Ray Exam – Small Intestine/Colon **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

74270 **Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study**

Global: XXX **Issue:** Lower Gastroinetstinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2022 Medicare Utilization:** 18,364

2024 Work RVU: 1.04
2024 NF PE RVU: 3.5
2024 Fac PE RVU: NA

RUC Recommendation: 1.04

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

74280 **Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high density barium and air) study, including glucagon, when administered**

Global: XXX **Issue:** Lower Gastroinetstinal Tract Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR

First Identified: April 2011 **2022 Medicare Utilization:** 4,872

2024 Work RVU: 1.26
2024 NF PE RVU: 5.24
2024 Fac PE RVU: NA

RUC Recommendation: 1.26

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

74300 **Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation**

Global: XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ACR, SAGES

First Identified: October 2018 **2022 Medicare Utilization:** 18,854

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 0.32

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

74301 **Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 19 **Specialty Developing Recommendation:** ACR, ACS, SAGES, SIR **First Identified:** October 2018 **2022 Medicare Utilization:** 84

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 0.21 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74305 **Deleted from CPT**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74320 **Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74327 **Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74328 **Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation** **Global:** XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ACR, SAGES

First Identified: October 2018 **2022 Medicare Utilization:** 59,438

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 0.47 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74329 **Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation** **Global:** XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ACR, SAGES

First Identified: October 2018 **2022 Medicare Utilization:** 2,412

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74330 **Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation**

Global: XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ACR, SAGES **First Identified:** October 2018 **2022 Medicare Utilization:** 9,243

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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74400 **Urography (pyelography), intravenous, with or without KUB, with or without tomography**

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2022 Medicare Utilization:** 2,816

2024 Work RVU: 0.49
2024 NF PE RVU: 3.51
2024 Fac PE RVU: NA

RUC Recommendation: 0.49 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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74420 **Urography, retrograde, with or without KUB**

Global: XXX **Issue:** X-Ray Urinary Tract **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 26 **Specialty Developing Recommendation:** ACR, AUA **First Identified:** April 2016 **2022 Medicare Utilization:** 140,712

2024 Work RVU: 0.52
2024 NF PE RVU: 1.79
2024 Fac PE RVU: NA

RUC Recommendation: 0.52 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

74425 **Urography, antegrade, radiological supervision and interpretation**

Global: XXX **Issue:** Urography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, AUA, SIR **First Identified:** October 2012 **2022 Medicare Utilization:** 1,153

2024 Work RVU: 0.51
2024 NF PE RVU: 3.53
2024 Fac PE RVU: NA

RUC Recommendation: 0.51, editorially revised **Referred to CPT** September 2019 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

74475 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74480 **Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74485 **Dilation of ureter(s) or urethra, radiological supervision and interpretation**

Global: XXX **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:**

First Identified: September 2017

2022 Medicare Utilization: 1,157

2024 Work RVU: 0.83
2024 NF PE RVU: 2.71
2024 Fac PE RVU: NA

RUC Recommendation: 0.83

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

75561 **Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;**

Global: XXX **Issue:** **Screen:** High Volume Growth7 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:**

First Identified: October 2020

2022 Medicare Utilization: 39,904

2024 Work RVU: 2.60
2024 NF PE RVU: 8.47
2024 Fac PE RVU: NA

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

75571 **Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, SCCT

First Identified: April 2022

2022 Medicare Utilization: 61,908

2024 Work RVU: 0.58
2024 NF PE RVU: 2.44
2024 Fac PE RVU: NA

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

75572 **Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)**

Global: XXX **Issue:** **Screen:** High Volume Growth7 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** October 2020 **2022 Medicare Utilization:** 43,954

2024 Work RVU: 1.75
2024 NF PE RVU: 5.14
2024 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

75574 **Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)**

Global: XXX **Issue:** **Screen:** CMS Request - Final Rule for 2013 / High Volume Growth7 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** ACR, SIR, ACC **First Identified:** May 2013 **2022 Medicare Utilization:** 128,542

2024 Work RVU: 2.40
2024 NF PE RVU: 7.35
2024 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

75625 **Aortography, abdominal, by serialography, radiological supervision and interpretation**

Global: XXX **Issue:** Abdominal Aortography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 19 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** October 2017 **2022 Medicare Utilization:** 70,808

2024 Work RVU: 1.44
2024 NF PE RVU: 2.13
2024 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75630 **Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation**

Global: XXX **Issue:** Abdominal Aortography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 19 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** October 2017 **2022 Medicare Utilization:** 16,292

2024 Work RVU: 2.00
2024 NF PE RVU: 2.47
2024 Fac PE RVU: NA

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

75635 **Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography of Abdominal Arteries **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 34 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2022 Medicare Utilization:** 100,384

2024 Work RVU: 2.40
2024 NF PE RVU: 10.06
2024 Fac PE RVU: NA

RUC Recommendation: 2.40 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

75650 **Angiography, carotid, cervical, bilateral, radiological supervision and interpretation**

Global: **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75671 **Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation** **Global:** **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75680 **Angiography, carotid, cervical, bilateral, radiological supervision and interpretation** **Global:** **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75710 **Angiography, extremity, unilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2022 Medicare Utilization:** 120,526

2024 Work RVU: 1.75
2024 NF PE RVU: 2.5
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant and review after 2 years of data after publication available. 1.75 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2021

Status Report: CMS Requests and Relativity Assessment Issues

75716 **Angiography, extremity, bilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2022 Medicare Utilization:** 50,511

2024 Work RVU: 1.97
2024 NF PE RVU: 2.68
2024 Fac PE RVU: NA

RUC Recommendation: 1.97 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

75722 **Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation** **Global:** **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75724 **Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation** **Global:** **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75726 **Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation**

Global: XXX **Issue:** Angiography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 20 **Specialty Developing Recommendation:** SCAI, SIR, SVS **First Identified:** October 2017 **2022 Medicare Utilization:** 35,816

2024 Work RVU: 2.05
2024 NF PE RVU: 2.87
2024 Fac PE RVU: NA

RUC Recommendation: 2.05 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

75774 **Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Angiography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 20 **Specialty Developing Recommendation:** SCAI, SIR, SVS **First Identified:** October 2017 **2022 Medicare Utilization:** 73,343

2024 Work RVU: 1.01
2024 NF PE RVU: 1.79
2024 Fac PE RVU: NA

RUC Recommendation: 1.01 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

75790 **Deleted from CPT**

Global: **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 9 **Specialty Developing Recommendation:** SVS, SIR, ACR **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75791 **Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation**

Global: **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75820 **Venography, extremity, unilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Venography **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** January 2019 **2022 Medicare Utilization:** 19,807

2024 Work RVU: 1.05
2024 NF PE RVU: 2.09
2024 Fac PE RVU: NA

RUC Recommendation: 1.05 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

75822 **Venography, extremity, bilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Venography **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2022 Medicare Utilization:** 9,519

2024 Work RVU: 1.48
2024 NF PE RVU: 2.38
2024 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75885 **Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation**

Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2022 Medicare Utilization:** 236

2024 Work RVU: 1.44
2024 NF PE RVU: 2.53
2024 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75887 **Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation**

Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2022 Medicare Utilization:** 565

2024 Work RVU: 1.44
2024 NF PE RVU: 2.56
2024 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75894 **Transcatheter therapy, embolization, any method, radiological supervision and interpretation**

Global: XXX **Issue:** Endovascular Therapy with Imaging **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 04 **Specialty Developing Recommendation:** AANS, ACR, ASNR, CNS, OEIS, SIR **First Identified:** February 2010 **2022 Medicare Utilization:** 10,938

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 2.24

Referred to CPT February 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75896 **Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation**

Global: **Issue:** Intracranial Endovascular Intervention **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 09 **Specialty Developing Recommendation:** AANS/CNS, ACR, ASNR, SCAI, SIR **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 February 2015 May 2015 **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:** Endovascular Therapy Bundling **Screen:** Codes Reported Together 75% or More-Part1 / CPT Assistant Analysis / Code Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 04 **Specialty Developing Recommendation:** AANS, ACR, ASNR, CNS, OEIS, SIR **First Identified:** February 2010 **2022 Medicare Utilization:** 14,757

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 1.85 **Referred to CPT** February 2024 February 2014 February 2015 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2019

75940 **Percutaneous placement of IVC filter, radiological supervision and interpretation**

Global: **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75945 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel**

Global: **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75946 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75952 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75953 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75954 **Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75960 **Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel**

Global: **Issue:** RAW **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 27 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75961 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation**

Global: **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75962 **Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75964 **Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75966 **Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** January 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75968 **Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** January 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75978 **Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2013 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75980 **Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75982 **Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75984 **Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Catheter or Stent **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 17 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2022 Medicare Utilization:** 19,940

2024 Work RVU: 0.83
2024 NF PE RVU: 1.96
2024 Fac PE RVU: NA

RUC Recommendation: 0.83 **Referred to CPT** RAW will assess Oct 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75992 **Deleted from CPT** **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75993 **Deleted from CPT** **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75994 **Revised to Category III** **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75995 **Revised to Category III** **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **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 Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **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 **2022 Medicare Utilization:** 95,065

2024 Work RVU: 0.30
2024 NF PE RVU: 0.94
2024 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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 RUC Meeting: October 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2022 Medicare Utilization:** 70,486

2024 Work RVU: 0.31
2024 NF PE RVU: 0.94
2024 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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76100 **Radiologic examination, single plane body section (eg, tomography), other than with urography** **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2022 Medicare Utilization:** 6,731

2024 Work RVU: 0.58
2024 NF PE RVU: 2.06
2024 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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76101 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral** **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: New PE inputs. Deleted from CPT for 2022. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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76102 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral** **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: New PE inputs. Deleted from CPT for 2022. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

76376 **3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation**

Global: XXX **Issue:** 3D Rendering **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 23 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2017 **2022 Medicare Utilization:** 295,784

2024 Work RVU: 0.20
2024 NF PE RVU: 0.53
2024 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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76377 **3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation**

Global: XXX **Issue:** 3D Rendering with Interpretation and Report **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2019 **2022 Medicare Utilization:** 181,386

2024 Work RVU: 0.79
2024 NF PE RVU: 1.48
2024 Fac PE RVU: NA

RUC Recommendation: 0.79 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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76510 **Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** April 2016 **2022 Medicare Utilization:** 13,552

2024 Work RVU: 0.70
2024 NF PE RVU: 1.34
2024 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

76511 **Ophthalmic ultrasound, diagnostic; quantitative A-scan only**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** April 2016 **2022 Medicare Utilization:** 4,389

2024 Work RVU: 0.64
2024 NF PE RVU: 1.05
2024 Fac PE RVU: NA

RUC Recommendation: 0.64 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76512 **Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** July 2015 **2022 Medicare Utilization:** 212,142

2024 Work RVU: 0.56
2024 NF PE RVU: 0.86
2024 Fac PE RVU: NA

RUC Recommendation: 0.56 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76513 **Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmic Ultrasound Anterior Segment **Screen:** High Volume Growth1 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 17 **Specialty Developing Recommendation:** AAO, AOA (optometric), ASCRS **First Identified:** February 2008 **2022 Medicare Utilization:** 15,437

2024 Work RVU: 0.60
2024 NF PE RVU: 1.63
2024 Fac PE RVU: NA

RUC Recommendation: 0.60 and CPT Assistant article published **Referred to CPT** September 2019 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2013

Status Report: CMS Requests and Relativity Assessment Issues

76514 **Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)**

Global: XXX **Issue:** Echo Exam of Eye Thickness **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 12 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2017 **2022 Medicare Utilization:** 427,839

2024 Work RVU: 0.14
2024 NF PE RVU: 0.18
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76516 **Ophthalmic biometry by ultrasound echography, A-scan;**

Global: XXX **Issue:** Opthalmic Biometry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 36 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** April 2016 **2022 Medicare Utilization:** 2,053

2024 Work RVU: 0.40
2024 NF PE RVU: 0.98
2024 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76519 **Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation**

Global: XXX **Issue:** Opthalmic Biometry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 36 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** July 2015 **2022 Medicare Utilization:** 121,152

2024 Work RVU: 0.54
2024 NF PE RVU: 1.48
2024 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76536 **Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation**

Global: XXX **Issue:** Soft Tissue Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** ACR, ASNR, TES, AACE **First Identified:** October 2008 **2022 Medicare Utilization:** 877,129

2024 Work RVU: 0.56
2024 NF PE RVU: 2.71
2024 Fac PE RVU: NA

RUC Recommendation: 0.56 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76604 **Ultrasound, chest (includes mediastinum), real time with image documentation** **Global:** XXX **Issue:** Ultrasound Exam - Chest **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 24 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2022 Medicare Utilization:** 109,997

2024 Work RVU: 0.59
2024 NF PE RVU: 1.08
2024 Fac PE RVU: NA

RUC Recommendation: 0.59 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76641 **Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete** **Global:** XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2022 Medicare Utilization:** 713,350

2024 Work RVU: 0.73
2024 NF PE RVU: 2.3
2024 Fac PE RVU: NA

RUC Recommendation: 0.73 **Referred to CPT** October 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76642 **Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited** **Global:** XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2022 Medicare Utilization:** 722,609

2024 Work RVU: 0.68
2024 NF PE RVU: 1.82
2024 Fac PE RVU: NA

RUC Recommendation: 0.68 **Referred to CPT** October 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76645 **Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation** **Global:** **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76700 **Ultrasound, abdominal, real time with image documentation; complete** **Global:** XXX **Issue:** Ultrasound **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2022 Medicare Utilization:** 717,892

2024 Work RVU: 0.81
2024 NF PE RVU: 2.62
2024 Fac PE RVU: NA

RUC Recommendation: 0.81 **Referred to CPT** **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 RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR, ASBS **First Identified:** April 2011 **2022 Medicare Utilization:** 981,467

2024 Work RVU: 0.59
2024 NF PE RVU: 1.98
2024 Fac PE RVU: NA

RUC Recommendation: 0.59 **Referred to CPT** **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 RUC Meeting: October 2015 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** May 2015 **2022 Medicare Utilization:** 140,144

2024 Work RVU: 0.55
2024 NF PE RVU: 2.61
2024 Fac PE RVU: NA

RUC Recommendation: 0.55 **Referred to CPT** May 2015 **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 RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2022 Medicare Utilization:** 1,196,617

2024 Work RVU: 0.74
2024 NF PE RVU: 2.46
2024 Fac PE RVU: NA

RUC Recommendation: 0.74 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76775 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2022 Medicare Utilization:** 426,120

2024 Work RVU: 0.58
2024 NF PE RVU: 1.17
2024 Fac PE RVU: NA

RUC Recommendation: 0.58 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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76819 **Fetal biophysical profile; without non-stress testing**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2022 Medicare Utilization:** 8,984

2024 Work RVU: 0.77
2024 NF PE RVU: 1.76
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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76830 **Ultrasound, transvaginal**

Global: XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 44 **Specialty Developing Recommendation:** ACOG, ACR, AUA **First Identified:** September 2011 **2022 Medicare Utilization:** 378,661

2024 Work RVU: 0.69
2024 NF PE RVU: 2.84
2024 Fac PE RVU: NA

RUC Recommendation: 0.69 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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76856 **Ultrasound, pelvic (nonobstetric), real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2022 Medicare Utilization:** 359,324

2024 Work RVU: 0.69
2024 NF PE RVU: 2.43
2024 Fac PE RVU: NA

RUC Recommendation: 0.69 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

76857 **Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2022 Medicare Utilization:** 192,721

2024 Work RVU: 0.50
2024 NF PE RVU: 0.95
2024 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76870 **Ultrasound, scrotum and contents**

Global: XXX **Issue:** Ultrasound Exam - Scrotum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 28 **Specialty Developing Recommendation:** ACR, AUA **First Identified:** April 2016 **2022 Medicare Utilization:** 127,554

2024 Work RVU: 0.64
2024 NF PE RVU: 2.32
2024 Fac PE RVU: NA

RUC Recommendation: 0.64 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76872 **Ultrasound, transrectal;**

Global: XXX **Issue:** Prostate Biopsy Services **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACOG, ACR, AUA **First Identified:** September 2011 **2022 Medicare Utilization:** 193,924

2024 Work RVU: 0.69
2024 NF PE RVU: 5.31
2024 Fac PE RVU: NA

RUC Recommendation: 0.67 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76880 **Deleted from CPT** **Global:** **Issue:** Lower Extremity Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 26 **Specialty Developing Recommendation:** APMA, ACR **First Identified:** October 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **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 (PE Only) **Screen:** CMS Fastest Growing / New Technology/New Services / CMS Request-Final Rule for 2023 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 19 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, ACR, ACRh, APMA **First Identified:** April 2010 **2022 Medicare Utilization:** 180,090

2024 Work RVU: 0.90
2024 NF PE RVU: 0.66
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.90 **Referred to CPT** June 2017 **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 (PE Only) **Screen:** CMS Fastest Growing / New Technology/New Services / CMS Request-Final Rule for 2023 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 19 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, ACR, ACRh, APMA **First Identified:** April 2010 **2022 Medicare Utilization:** 290,107

2024 Work RVU: 0.69
2024 NF PE RVU: 1.16
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.69 **Referred to CPT** June 2017 **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

76883 **Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity**

Global: XXX **Issue:** Neuromuscular Ultrasound (PE Only) **Screen:** New Technology/New Services / CMS Request-Final Rule for 2023 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 19 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, ACR, ACRh, APMA **First Identified:** October 2021 **2022 Medicare Utilization:**

2024 Work RVU: 1.21
2024 NF PE RVU: 0.86
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 1.21 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76930 **Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation**

Global: **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

76932 **Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation**

Global: YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 34 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2022 Medicare Utilization:** 1,009

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 0.67 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76936 **Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)**

Global: XXX **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:**

First Identified: July 2013

2022 Medicare Utilization: 630

2024 Work RVU: 1.99
2024 NF PE RVU: 5.58
2024 Fac PE RVU: NA

RUC Recommendation: Maintain

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76937 **Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Ultrasound Guidance for Vascular Access **Screen:** Identified in RUC review of other services **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 07 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: January 2018

2022 Medicare Utilization: 619,323

2024 Work RVU: 0.30
2024 NF PE RVU: 0.81
2024 Fac PE RVU: NA

RUC Recommendation: 0.30

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76940 **Ultrasound guidance for, and monitoring of, parenchymal tissue ablation**

Global: YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 29 **Specialty Developing Recommendation:** ACS, ACR, SIR

First Identified: July 2013

2022 Medicare Utilization: 1,247

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 2.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

76942 **Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation**

Global: XXX **Issue:** Somatic Nerve Injections **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ACR, SIR, SIS **First Identified:** April 2011 **2022 Medicare Utilization:** 1,150,470

2024 Work RVU: 0.67
2024 NF PE RVU: 1.03
2024 Fac PE RVU: NA

RUC Recommendation: 0.67 **Referred to CPT** May 2021 **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 **2022 Medicare Utilization:** 6

2024 Work RVU: 0.67
2024 NF PE RVU: 1.73
2024 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76965 **Ultrasonic guidance for interstitial radioelement application**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** NO INTERESET **First Identified:** July 2013 **2022 Medicare Utilization:** 4,938

2024 Work RVU: 1.34
2024 NF PE RVU: 1.43
2024 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76970 **Ultrasound study follow-up (specify)**

Global: **Issue:** IMRT with Ultrasound Guidance **Screen:** High Volume Growth1 / CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 17 **Specialty Developing Recommendation:** ACS, ACR, AACE **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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:**

76978 **Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion**

Global: XXX **Issue:** RAW **Screen:** New Technology/New Services List **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** January 2018 **2022 Medicare Utilization:** 978

2024 Work RVU: 1.62
2024 NF PE RVU: 4.93
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant **Referred to CPT** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2023

Status Report: CMS Requests and Relativity Assessment Issues

76979 **Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** New Technology/New Services List **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** January 2018 **2022 Medicare Utilization:** 32

2024 Work RVU: 0.85
2024 NF PE RVU: 3.38
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant **Referred to CPT** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2023

76984 **Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic**

Global: XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** May 2022 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU:

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76987 **Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report**

Global: XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** May 2022 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU:

RUC Recommendation: 1.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76988 **Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only**

Global: XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** May 2022 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU:

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76989 **Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only**

Global: XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** May 2022 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU:

RUC Recommendation: 1.55 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76998 **Ultrasonic guidance, intraoperative**

Global: XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, ACS, ASBrS, STS **First Identified:** January 2019 **2022 Medicare Utilization:** 28,182

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** May 2022 **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 **2022 Medicare Utilization:** 247,811

2024 Work RVU: 0.38
2024 NF PE RVU: 2.53
2024 Fac PE RVU: NA

RUC Recommendation: 0.38 **Referred to CPT** October 2015 **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 **2022 Medicare Utilization:** 558,622

2024 Work RVU: 0.54
2024 NF PE RVU: 2.9
2024 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77003 **Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Somatic Nerve Injections **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ACR, SIR, SIS **First Identified:** October 2010 **2022 Medicare Utilization:** 24,918

2024 Work RVU: 0.60
2024 NF PE RVU: 2.51
2024 Fac PE RVU: NA

RUC Recommendation: 0.60 **Referred to CPT** October 2015 **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:** **2022 Medicare Utilization:** 4,084

2024 Work RVU: 1.21
2024 NF PE RVU: 5.34
2024 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77012 **Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation**

Global: XXX **Issue:** CT Guidance Needle Placement **Screen:** CMS-Other - Utilization over 100,000 / Codes Reported Together 75% or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 14 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** April 2016 **2022 Medicare Utilization:** 134,199

2024 Work RVU: 1.50
2024 NF PE RVU: 2.57
2024 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** February 2019 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77014 **Computed tomography guidance for placement of radiation therapy fields**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ASTRO, ACR **First Identified:** October 2010 **2022 Medicare Utilization:** 2,520,778

2024 Work RVU: 0.85
2024 NF PE RVU: 2.69
2024 Fac PE RVU: NA

RUC Recommendation: Deleted at CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77031 **Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation**

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77032 **Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation**

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77046 **Magnetic resonance imaging, breast, without contrast material; unilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR **First Identified:** June 2017 **2022 Medicare Utilization:** 238

2024 Work RVU: 1.45
2024 NF PE RVU: 5.03
2024 Fac PE RVU: NA

RUC Recommendation: 1.45 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77047 **Magnetic resonance imaging, breast, without contrast material; bilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR

First Identified: June 2017

2022 Medicare Utilization: 3,300

2024 Work RVU: 1.60
2024 NF PE RVU: 5.05
2024 Fac PE RVU: NA

RUC Recommendation: 1.60

Referred to CPT June 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77048 **Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR

First Identified: June 2017

2022 Medicare Utilization: 928

2024 Work RVU: 2.10
2024 NF PE RVU: 8.12
2024 Fac PE RVU: NA

RUC Recommendation: 2.10

Referred to CPT June 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

77049 **Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR

First Identified: June 2017

2022 Medicare Utilization: 107,171

2024 Work RVU: 2.30
2024 NF PE RVU: 8.12
2024 Fac PE RVU: NA

RUC Recommendation: 2.30

Referred to CPT June 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

77051 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)**

Global: **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77052 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)**

Global: **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77055 **Mammography; unilateral**

Global: **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77056 **Mammography; bilateral**

Global:

Issue: Mammography-Computer Aided Detection Bundling

Screen: CMS-Other - Utilization over 250,000 / Final Rule for 2015

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab: 20

Specialty Developing Recommendation: ACR

First Identified: January 2014

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

77057 **Screening mammography, bilateral (2-view study of each breast)**

Global:

Issue: Mammography-Computer Aided Detection Bundling

Screen: CMS-Other - Utilization over 250,000 / Final Rule for 2015

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab: 20

Specialty Developing Recommendation: ACR

First Identified: January 2014

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

77058 **Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral**

Global:

Issue: Breast MRI with Computer-Aided Detection

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: October 2017

Tab: 06

Specialty Developing Recommendation: ACR

First Identified: July 2015

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT June 2017

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

77059 **Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral**

Global: **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77065 **Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2022 Medicare Utilization:** 699,591

2024 Work RVU: 0.81
2024 NF PE RVU: 2.9
2024 Fac PE RVU: NA

RUC Recommendation: 0.81 **Referred to CPT** October 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

77066 **Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2022 Medicare Utilization:** 556,274

2024 Work RVU: 1.00
2024 NF PE RVU: 3.69
2024 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** October 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

77067 **Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2022 Medicare Utilization:** 5,666,028

2024 Work RVU: 0.76
2024 NF PE RVU: 3.03
2024 Fac PE RVU: NA

RUC Recommendation: 0.76 **Referred to CPT** October 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77073 **Bone length studies (orthoroentgenogram, scanogram)**

Global: XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 25 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2017 **2022 Medicare Utilization:** 62,871

2024 Work RVU: 0.26
2024 NF PE RVU: 1.07
2024 Fac PE RVU: NA

RUC Recommendation: 0.26 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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77074 **Radiologic examination, osseous survey; limited (eg, for metastases)**

Global: XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2022 Medicare Utilization:** 2,732

2024 Work RVU: 0.44
2024 NF PE RVU: 1.49
2024 Fac PE RVU: NA

RUC Recommendation: 0.44 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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77075 **Radiologic examination, osseous survey; complete (axial and appendicular skeleton)**

Global: XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2022 Medicare Utilization:** 28,156

2024 Work RVU: 0.55
2024 NF PE RVU: 2.39
2024 Fac PE RVU: NA

RUC Recommendation: 0.55 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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77076 **Radiologic examination, osseous survey, infant**

Global: XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2022 Medicare Utilization:** 15

2024 Work RVU: 0.70
2024 NF PE RVU: 2.46
2024 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

77077 **Joint survey, single view, 2 or more joints (specify)**

Global: XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2022 Medicare Utilization:** 34,387

2024 Work RVU: 0.33
2024 NF PE RVU: 1.05
2024 Fac PE RVU: NA

RUC Recommendation: 0.33 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

77079 **Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)**

Global: **Issue:** CT Bone Density Study **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** ACR, AAFP, ACP **First Identified:** October 2009 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77080 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** September 2011 **2022 Medicare Utilization:** 2,532,885

2024 Work RVU: 0.20
2024 NF PE RVU: 0.95
2024 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** May 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77081 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)**

Global: XXX **Issue:** Dual-energy X-Ray Absorptiometry (DXA) **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 25 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2022 Medicare Utilization:** 84,437

2024 Work RVU: 0.20
2024 NF PE RVU: 0.73
2024 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77082 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment**

Global: **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77083 **Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites**

Global: **Issue:** Radiographic Absorptiometry **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** ACR, ACP **First Identified:** October 2009 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77085 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2022 Medicare Utilization:** 98,754

2024 Work RVU: 0.30
2024 NF PE RVU: 1.27
2024 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77086 **Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2022 Medicare Utilization:** 1,413

2024 Work RVU: 0.17
2024 NF PE RVU: 0.82
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** May 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77261 **Therapeutic radiology treatment planning; simple**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 37 **Specialty Developing Recommendation:** ASTRO **First Identified:** July 2015 **2022 Medicare Utilization:** 9,653

2024 Work RVU: 1.30
2024 NF PE RVU: 0.73
2024 Fac PE RVU: 0.73

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77262 **Therapeutic radiology treatment planning; intermediate**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 37 **Specialty Developing Recommendation:** ASTRO

First Identified: July 2015

2022 Medicare Utilization: 2,999

2024 Work RVU: 2.00
2024 NF PE RVU: 1.1
2024 Fac PE RVU: 1.10

RUC Recommendation: 2.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77263 **Therapeutic radiology treatment planning; complex**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 37 **Specialty Developing Recommendation:** ASTRO

First Identified: July 2015

2022 Medicare Utilization: 280,552

2024 Work RVU: 3.14
2024 NF PE RVU: 1.63
2024 Fac PE RVU: 1.63

RUC Recommendation: 3.14

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

77280 **Therapeutic radiology simulation-aided field setting; simple**

Global: XXX **Issue:** Set Radiation Therapy Field **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time / Different Performing Specialty from Survey6/ Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: April 2011

2022 Medicare Utilization: 406,305

2024 Work RVU: 0.70
2024 NF PE RVU: 7.34
2024 Fac PE RVU: NA

RUC Recommendation: 0.70

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

77285 **Therapeutic radiology simulation-aided field setting; intermediate**

Global: XXX **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2011 **2022 Medicare Utilization:** 5,544

2024 Work RVU: 1.05
2024 NF PE RVU: 12.12
2024 Fac PE RVU: NA

RUC Recommendation: 1.05 **Referred to CPT** October 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77290 **Therapeutic radiology simulation-aided field setting; complex**

Global: XXX **Issue:** Respiratory Motion Management Simulation **Screen:** MPC List / Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2022 Medicare Utilization:** 171,643

2024 Work RVU: 1.56
2024 NF PE RVU: 11.77
2024 Fac PE RVU: NA

RUC Recommendation: 1.56 **Referred to CPT** October 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77293 **Respiratory motion management simulation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2022 Medicare Utilization:** 34,246

2024 Work RVU: 2.00
2024 NF PE RVU: 10.14
2024 Fac PE RVU: NA

RUC Recommendation: 2.00 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77295 **3-dimensional radiotherapy plan, including dose-volume histograms**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: September 2011 **2022 Medicare Utilization:** 112,013

2024 Work RVU: 4.29
2024 NF PE RVU: 9.88
2024 Fac PE RVU: NA

RUC Recommendation: 4.29

Referred to CPT October 2012, October 2014

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 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2010 **2022 Medicare Utilization:** 1,171,954

2024 Work RVU: 0.62
2024 NF PE RVU: 1.32
2024 Fac PE RVU: NA

RUC Recommendation: Maintain. 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 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2008 **2022 Medicare Utilization:** 167,261

2024 Work RVU: 7.99
2024 NF PE RVU: 46.68
2024 Fac PE RVU: NA

RUC Recommendation: Maintain. 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 RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77306 **Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2022 Medicare Utilization:** 964

2024 Work RVU: 1.40
2024 NF PE RVU: 2.97
2024 Fac PE RVU: NA

RUC Recommendation: 1.40 **Referred to CPT** **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 RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2022 Medicare Utilization:** 26,401

2024 Work RVU: 2.90
2024 NF PE RVU: 5.56
2024 Fac PE RVU: NA

RUC Recommendation: 2.90 **Referred to CPT** **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77315 **Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **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 **2022 Medicare Utilization:** 4,136

2024 Work RVU: 1.40
2024 NF PE RVU: 5.88
2024 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** **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 **2022 Medicare Utilization:** 2,079

2024 Work RVU: 1.83
2024 NF PE RVU: 7.75
2024 Fac PE RVU: NA

RUC Recommendation: 1.83

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77318 **Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 / RUC Request **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:**

First Identified: October 2012 **2022 Medicare Utilization:** 4,319

2024 Work RVU: 2.90
2024 NF PE RVU: 10.67
2024 Fac PE RVU: NA

RUC Recommendation: 2.90

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77326 **Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

77327 **Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77328 **Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77332 **Treatment devices, design and construction; simple (simple block, simple bolus)** **Global:** XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2015 **2022 Medicare Utilization:** 63,894

2024 Work RVU: 0.45
2024 NF PE RVU: 0.7
2024 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77333 **Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)**

Global: XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2015 **2022 Medicare Utilization:** 10,855

2024 Work RVU: 0.75
2024 NF PE RVU: 3.32
2024 Fac PE RVU: NA

RUC Recommendation: 0.84 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77334 **Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)**

Global: XXX **Issue:** **Screen:** MPC List / RUC request / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2022 Medicare Utilization:** 698,395

2024 Work RVU: 1.15
2024 NF PE RVU: 2.56
2024 Fac PE RVU: NA

RUC Recommendation: 1.24 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77336 **Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy**

Global: XXX **Issue:** Continuing Medical Physics Consultation-PE Only **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 31 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2022 Medicare Utilization:** 349,305

2024 Work RVU: 0.00
2024 NF PE RVU: 2.59
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77338 **Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan**

Global: XXX **Issue:** IMRT - PE Only **Screen:** Services with Stand-Alone PE Procedure Time/ Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2022 Medicare Utilization:** 184,716

2024 Work RVU: 4.29
2024 NF PE RVU: 9.5
2024 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: Maintain. New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77371 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based**

Global: XXX **Issue:** Radiation Treatment Delivery, Stereotactic Radiosurgery **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 30 **Specialty Developing Recommendation:** ASTRO **First Identified:** NA **2022 Medicare Utilization:** 97

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00
Result: PE Only

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77372 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2022 Medicare Utilization:** 614

2024 Work RVU: 0.00
2024 NF PE RVU: 28.39
2024 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77373 **Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASTRO, ACRO **First Identified:** July 2012 **2022 Medicare Utilization:** 40,662

2024 Work RVU: 0.00
2024 NF PE RVU: 29.6
2024 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77385 **Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Deleted at CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77386 **Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Deleted at CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77387 **Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Refer to CPT. 0.58 **Referred to CPT** September 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77401 **Radiation treatment delivery, superficial and/or ortho voltage, per day**

Global: XXX **Issue:** Superficial Radiation Therapy **Screen:** High Volume Growth5 / Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 17 **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** October 2018 **2022 Medicare Utilization:** 284,336

2024 Work RVU: 0.00
2024 NF PE RVU: 1.24
2024 Fac PE RVU: NA

RUC Recommendation: Deleted at CPT **Referred to CPT** May 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77402 **Radiation treatment delivery, >=1 MeV; simple**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Refer to CPT. PE Only, revised introductory guidelines **Referred to CPT** September 2024 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77403 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77404 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77406 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77407 **Radiation treatment delivery, >=1 MeV; intermediate**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Refer to CPT. PE Only, revised introductory guidelines **Referred to CPT** September 2024 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77408 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77409 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77411 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77412 **Radiation treatment delivery, >=1 MeV; complex**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Refer to CPT. PE Only, revised introductory guidelines **Referred to CPT** September 2024 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77413 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77414 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV**

Global: **Issue:** Radiation Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77416 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77417 **Therapeutic radiology port image(s)**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2022 Medicare Utilization:** 27,820

2024 Work RVU: 0.00
2024 NF PE RVU: 0.44
2024 Fac PE RVU: NA

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77418 **Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** CMS Fastest Growing / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009 and Q&A - Mar 2010

77421 **Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77422 **High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking**

Global: **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** November 2014 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77423 **High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)**

Global: XXX **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** November 2014 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77427 **Radiation treatment management, 5 treatments**

Global: XXX **Issue:** Radiation Treatment Management **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2007 **2022 Medicare Utilization:** 914,002

2024 Work RVU: 3.37
2024 NF PE RVU: 2.07
2024 Fac PE RVU: 2.07

RUC Recommendation: 3.45. Remove from high E/M screen. **Referred to CPT** June 2009 **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 **2022 Medicare Utilization:** 44,169

2024 Work RVU: 11.87
2024 NF PE RVU: 6.34
2024 Fac PE RVU: 6.34

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77470 **Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)**

Global: XXX **Issue:** Special Radiation Treatment **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 41 **Specialty Developing Recommendation:** ASTRO **First Identified:** July 2015 **2022 Medicare Utilization:** 82,000

2024 Work RVU: 2.03
2024 NF PE RVU: 2.12
2024 Fac PE RVU: NA

RUC Recommendation: 2.03 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77520 **Proton treatment delivery; simple, without compensation**

Global: XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2018 **2022 Medicare Utilization:** 181

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77522 **Proton treatment delivery; simple, with compensation**

Global: XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO **First Identified:** January 2018 **2022 Medicare Utilization:** 7,240

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77523 **Proton treatment delivery; intermediate**

Global: XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** High Volume Growth4 / Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2016 **2022 Medicare Utilization:** 65,902

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00
Result: PE Only

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

77525 **Proton treatment delivery; complex**

Global: XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2018 **2022 Medicare Utilization:** 11,709

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00
Result: PE Only

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

77600 **Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)**

Global: XXX **Issue:** Hyperthermia - PE Only **Screen:** Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** October 2012 **2022 Medicare Utilization:** 9,924

2024 Work RVU: 1.31
2024 NF PE RVU: 14.92
2024 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: Maintain. New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77767 **Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2022 Medicare Utilization:** 4,607

2024 Work RVU: 1.05
2024 NF PE RVU: 6.36
2024 Fac PE RVU: NA

RUC Recommendation: 1.05 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77768 **Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2022 Medicare Utilization:** 5,488

2024 Work RVU: 1.40
2024 NF PE RVU: 9.46
2024 Fac PE RVU: NA

RUC Recommendation: 1.40 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77770 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2022 Medicare Utilization:** 15,451

2024 Work RVU: 1.95
2024 NF PE RVU: 8.36
2024 Fac PE RVU: NA

RUC Recommendation: 1.95 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77771 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2022 Medicare Utilization:** 10,180

2024 Work RVU: 3.80
2024 NF PE RVU: 14.1
2024 Fac PE RVU: NA

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77772 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2022 Medicare Utilization:** 3,159

2024 Work RVU: 5.40
2024 NF PE RVU: 21.33
2024 Fac PE RVU: NA

RUC Recommendation: 5.40 **Referred to CPT** October 2014 **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77777 **Interstitial radiation source application; intermediate**

Global: **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** February 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77778 **Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed**

Global: 000 **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** October 2012 **2022 Medicare Utilization:** 3,250

2024 Work RVU: 8.78
2024 NF PE RVU: 18.32
2024 Fac PE RVU: NA

RUC Recommendation: 8.78 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77781 **Deleted from CPT**

Global: **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77782 **Deleted from CPT**

Global: **Issue:** Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77784 **Deleted from CPT**

Global: **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77785 **Remote afterloading high dose rate radionuclide brachytherapy; 1 channel**

Global: **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77786 **Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels**

Global: **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77787 **Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels**

Global: **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77790 **Supervision, handling, loading of radiation source**

Global: XXX **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASTRO, SIR **First Identified:** October 2012 **2022 Medicare Utilization:** 39

2024 Work RVU: 0.00
2024 NF PE RVU: 0.52
2024 Fac PE RVU: NA

RUC Recommendation: 0.00 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77X05

Global: **Issue:** Superficial Radiation Therapy **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

77X07

Global: **Issue:** Superficial Radiation Therapy **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

77X08

Global: **Issue:** Superficial Radiation Therapy **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77X09

Global: **Issue:** Superficial Radiation Therapy **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

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:** **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78001 **Thyroid uptake; multiple determinations**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78003 **Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78006 **Thyroid imaging, with uptake; single determination**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78007 **Thyroid imaging, with uptake; multiple determinations**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78010 **Thyroid imaging; only**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78011 **Thyroid imaging; with vascular flow**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **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:** **2022 Medicare Utilization:** 952

2024 Work RVU: 0.19
2024 NF PE RVU: 2.2
2024 Fac PE RVU: NA

RUC Recommendation: 0.19 **Referred to CPT** February 2012 **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:** **2022 Medicare Utilization:** 804

2024 Work RVU: 0.37
2024 NF PE RVU: 4.71
2024 Fac PE RVU: NA

RUC Recommendation: 0.37 **Referred to CPT** February 2012 **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:** **2022 Medicare Utilization:** 11,032

2024 Work RVU: 0.50
2024 NF PE RVU: 5.97
2024 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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78070 **Parathyroid planar imaging (including subtraction, when performed);**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2022 Medicare Utilization:** 9,359

2024 Work RVU: 0.80
2024 NF PE RVU: 7.19
2024 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Dec 2016 **Result:** Maintain

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78071 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2022 Medicare Utilization:** 6,434

2024 Work RVU: 1.20
2024 NF PE RVU: 8.3
2024 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Dec 2016 **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

78072 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2022 Medicare Utilization:** 11,283

2024 Work RVU: 1.60
2024 NF PE RVU: 10.19
2024 Fac PE RVU: NA

RUC Recommendation: 1.60 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

78223 **Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function**

Global: **Issue:** Hepatobiliary Ductal System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** October 2009 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78226 **Hepatobiliary system imaging, including gallbladder when present;**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2022 Medicare Utilization:** 51,282

2024 Work RVU: 0.74
2024 NF PE RVU: 8.07
2024 Fac PE RVU: NA

RUC Recommendation: 0.74 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78227 **Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2022 Medicare Utilization:** 37,289

2024 Work RVU: 0.90
2024 NF PE RVU: 10.93
2024 Fac PE RVU: NA

RUC Recommendation: 0.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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78265 **Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit**

Global: XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 18 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** April 2015 **2022 Medicare Utilization:** 261

2024 Work RVU: 0.98
2024 NF PE RVU: 9.69
2024 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Dec 2015 **Result:** Not Part of RAW

78266 **Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days**

Global: XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 18 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** April 2015 **2022 Medicare Utilization:** 233

2024 Work RVU: 1.08
2024 NF PE RVU: 11.06
2024 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Dec 2015 **Result:** Not Part of RAW

78278 **Acute gastrointestinal blood loss imaging**

Global: XXX **Issue:** Acute GI Blood Loss Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 34 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** April 2011 **2022 Medicare Utilization:** 15,876

2024 Work RVU: 0.99
2024 NF PE RVU: 8.46
2024 Fac PE RVU: NA

RUC Recommendation: 0.99 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

78300 **Bone and/or joint imaging; limited area**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2022 Medicare Utilization:** 3,852

2024 Work RVU: 0.62
2024 NF PE RVU: 5.52
2024 Fac PE RVU: NA

RUC Recommendation: 0.62 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78305 **Bone and/or joint imaging; multiple areas**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2022 Medicare Utilization:** 679

2024 Work RVU: 0.83
2024 NF PE RVU: 6.57
2024 Fac PE RVU: NA

RUC Recommendation: 0.83 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78306 **Bone and/or joint imaging; whole body**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2022 Medicare Utilization:** 193,289

2024 Work RVU: 0.86
2024 NF PE RVU: 7.14
2024 Fac PE RVU: NA

RUC Recommendation: 0.86 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78429 **Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2022 Medicare Utilization:** 1,025

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.76

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78430 **Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2022 Medicare Utilization:** 478

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.67

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78431 **Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2022 Medicare Utilization:** 87,173

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.90

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78432 **Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2022 Medicare Utilization:** 26

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 2.07 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

78433 **Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2022 Medicare Utilization:** 1,876

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 2.26 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

78434 **Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2022 Medicare Utilization:** 72,932

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 0.63 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78451 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2022 Medicare Utilization:** 22,908

2024 Work RVU: 1.38
2024 NF PE RVU: 7.91
2024 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78452 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2022 Medicare Utilization:** 1,326,697

2024 Work RVU: 1.62
2024 NF PE RVU: 11.24
2024 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78453 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2022 Medicare Utilization:** 1,466

2024 Work RVU: 1.00
2024 NF PE RVU: 6.92
2024 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78454 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2022 Medicare Utilization:** 5,291

2024 Work RVU: 1.34
2024 NF PE RVU: 10.47
2024 Fac PE RVU: NA

RUC Recommendation: 1.34 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78459 **Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2022 Medicare Utilization:** 658

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 1.61 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

78460 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78461 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78464 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78465 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78472 **Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing**

Global: XXX **Issue:** Cardiac Blood Pool Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 35 **Specialty Developing Recommendation:** ACC, ACR, SNM, ACNM **First Identified:** April 2011 **2022 Medicare Utilization:** 9,798

2024 Work RVU: 0.98
2024 NF PE RVU: 5.25
2024 Fac PE RVU: NA

RUC Recommendation: 0.98 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78478 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78480 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78491 **Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2022 Medicare Utilization:** 384

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 1.56 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

78492 **Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** October 2016 **2022 Medicare Utilization:** 113,774

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 1.80 **Referred to CPT** May 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

78579 **Pulmonary ventilation imaging (eg, aerosol or gas)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2022 Medicare Utilization:** 249

2024 Work RVU: 0.49
2024 NF PE RVU: 4.63
2024 Fac PE RVU: NA

RUC Recommendation: 0.49 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78580 **Pulmonary perfusion imaging (eg, particulate)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACNM, SIR, SNMMI **First Identified:** February 2010 **2022 Medicare Utilization:** 69,975

2024 Work RVU: 0.74
2024 NF PE RVU: 5.68
2024 Fac PE RVU: NA

RUC Recommendation: 0.74 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78582 **Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2022 Medicare Utilization:** 51,181

2024 Work RVU: 1.07
2024 NF PE RVU: 7.93
2024 Fac PE RVU: NA

RUC Recommendation: 1.07 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78584 **Pulmonary perfusion imaging, particulate, with ventilation; single breath**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78585 **Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** October 2009 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78586 **Pulmonary ventilation imaging, aerosol; single projection**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78587 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78588 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78591 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78593 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78594 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78596 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78597 **Quantitative differential pulmonary perfusion, including imaging when performed** **Global:** XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2022 Medicare Utilization:** 2,183

2024 Work RVU: 0.75
2024 NF PE RVU: 4.7
2024 Fac PE RVU: NA

RUC Recommendation: 0.75 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78598 **Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed** **Global:** XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2022 Medicare Utilization:** 1,266

2024 Work RVU: 0.85
2024 NF PE RVU: 7.33
2024 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78803 **Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging** **Global:** XXX **Issue:** RAW **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 14 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** January 2016 **2022 Medicare Utilization:** 35,894

2024 Work RVU: 1.09
2024 NF PE RVU: 9.23
2024 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

Status Report: CMS Requests and Relativity Assessment Issues

78815 **Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh**

Global: XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 41 **Specialty Developing Recommendation:** ACR, SNM

First Identified: October 2010

2022 Medicare Utilization: 626,249

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: Reaffirmed RUC recommendation

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

79101 **Radiopharmaceutical therapy, by intravenous administration**

Global: XXX **Issue:** Radiopharmaceutical Therapy **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR

First Identified: October 2009

2022 Medicare Utilization: 11,274

2024 Work RVU: 1.96
2024 NF PE RVU: 2.31
2024 Fac PE RVU: NA

RUC Recommendation: Article published Feb 2012

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2012

Result: Maintain

80500 **Clinical pathology consultation; limited, without review of patient's history and medical records**

Global: XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

First Identified: January 2019

2022 Medicare Utilization:

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

80502 **Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records**

Global: XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

First Identified: January 2021 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

80503 **Pathology clinical consultation; for a clinical problem, with limited review of patient's history and medical records and straightforward medical decision making When using time for code selection, 5-20 minutes of total time is spent on the date of the consultation.**

Global: XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

First Identified: January 2021 **2022 Medicare Utilization:** 22,690

2024 Work RVU: 0.43
2024 NF PE RVU: 0.35
2024 Fac PE RVU: 0.20

RUC Recommendation: 0.50

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

80504 **Pathology clinical consultation; for a moderately complex clinical problem, with review of patient's history and medical records and moderate level of medical decision making When using time for code selection, 21-40 minutes of total time is spent on the date of the consultation.**

Global: XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

First Identified: January 2021 **2022 Medicare Utilization:** 3,676

2024 Work RVU: 0.91
2024 NF PE RVU: 0.62
2024 Fac PE RVU: 0.44

RUC Recommendation: 0.91

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

80505 **Pathology clinical consultation; for a highly complex clinical problem, with comprehensive review of patient's history and medical records and high level of medical decision making When using time for code selection, 41-60 minutes of total time is spent on the date of the consultation.**

Global: XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

First Identified: January 2021 **2022 Medicare Utilization:** 2,772

2024 Work RVU: 1.71
2024 NF PE RVU: 1.04
2024 Fac PE RVU: 0.82

RUC Recommendation: 1.80

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

80506 **Pathology clinical consultation; prolonged service, each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

First Identified: January 2021 **2022 Medicare Utilization:** 1,890

2024 Work RVU: 0.80
2024 NF PE RVU: 0.42
2024 Fac PE RVU: NA

RUC Recommendation: 0.80

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

85060 **Blood smear, peripheral, interpretation by physician with written report**

Global: XXX **Issue:** Blood Smear Interpretation **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 30 **Specialty Developing Recommendation:** CAP

First Identified: April 2016 **2022 Medicare Utilization:** 160,824

2024 Work RVU: 0.45
2024 NF PE RVU:
2024 Fac PE RVU: 0.22

RUC Recommendation: 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

85097 **Bone marrow, smear interpretation**

Global: XXX **Issue:** Bone Marrow Interpretation **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 31 **Specialty Developing Recommendation:** CAP

First Identified: April 2016

2022 Medicare Utilization: 129,491

2024 Work RVU: 0.94
2024 NF PE RVU: 1.09
2024 Fac PE RVU: 0.42

RUC Recommendation: 1.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

85390 **Fibrinolysins or coagulopathy screen, interpretation and report**

Global: XXX **Issue:** Fibrinolysins Screen **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 26 **Specialty Developing Recommendation:**

First Identified: April 2017

2022 Medicare Utilization: 26,869

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 0.75

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

88104 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:** AUR, ASC, CAP

First Identified: October 2009

2022 Medicare Utilization: 33,535

2024 Work RVU: 0.56
2024 NF PE RVU: 1.68
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88106 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2022 Medicare Utilization:** 1,246

2024 Work RVU: 0.37
2024 NF PE RVU: 1.74
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.56 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88107 **Deleted from CPT**

Global: **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88108 **Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)**

Global: XXX **Issue:** Cytopathology Concentration Technique-PE Only **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:** ACR, CAP **First Identified:** February 2010 **2022 Medicare Utilization:** 178,673

2024 Work RVU: 0.44
2024 NF PE RVU: 1.6
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.56 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88112 **Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal**

Global: XXX **Issue:** Cytopathology Concentration Technique-PE Only **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:** ACR, CAP **First Identified:** September 2011 **2022 Medicare Utilization:** 743,800

2024 Work RVU: 0.56
2024 NF PE RVU: 1.46
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.56 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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88120 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual**

Global: XXX **Issue:** RAW review **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** **First Identified:** November 2012 **2022 Medicare Utilization:** 42,054

2024 Work RVU: 1.20
2024 NF PE RVU: 16.14
2024 Fac PE RVU: NA

RUC Recommendation: Utilization shift is appropriate. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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88121 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology**

Global: XXX **Issue:** RAW review **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** **First Identified:** November 2012 **2022 Medicare Utilization:** 20,338

2024 Work RVU: 1.00
2024 NF PE RVU: 11.54
2024 Fac PE RVU: NA

RUC Recommendation: Utilization shift is appropriate. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

88141 **Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician**

Global: XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 26 **Specialty Developing Recommendation:** CAP

First Identified: October 2017

2022 Medicare Utilization: 43,300

2024 Work RVU: 0.26
2024 NF PE RVU: 0.45
2024 Fac PE RVU: 0.45

RUC Recommendation: 0.42

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88160 **Cytopathology, smears, any other source; screening and interpretation**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:**

First Identified: April 2015

2022 Medicare Utilization: 4,853

2024 Work RVU: 0.50
2024 NF PE RVU: 1.86
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

88161 **Cytopathology, smears, any other source; preparation, screening and interpretation**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:**

First Identified: April 2015

2022 Medicare Utilization: 3,844

2024 Work RVU: 0.50
2024 NF PE RVU: 1.91
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

88162 **Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:**

First Identified: April 2015

2022 Medicare Utilization: 566

2024 Work RVU: 0.76
2024 NF PE RVU: 3.06
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

88184 **Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker**

Global: XXX **Issue:** Flow Cytometry **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** **Specialty Developing Recommendation:** CAP

First Identified: July 2015

2022 Medicare Utilization: 94,171

2024 Work RVU: 0.00
2024 NF PE RVU: 2.32
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. Removed from FR 2018 as misvalued.

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

88185 **Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)**

Global: ZZZ **Issue:** Flow Cytometry **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** **Specialty Developing Recommendation:** CAP

First Identified: July 2015

2022 Medicare Utilization: 1,966,902

2024 Work RVU: 0.00
2024 NF PE RVU: 0.71
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. Removed from FR 2018 as misvalued.

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88187 **Flow cytometry, interpretation; 2 to 8 markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015

2022 Medicare Utilization: 27,897

2024 Work RVU: 0.74
2024 NF PE RVU: 0.28
2024 Fac PE RVU: 0.28

RUC Recommendation: 0.74

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

88188 **Flow cytometry, interpretation; 9 to 15 markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015

2022 Medicare Utilization: 38,457

2024 Work RVU: 1.20
2024 NF PE RVU: 0.55
2024 Fac PE RVU: 0.55

RUC Recommendation: 1.40

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

88189 **Flow cytometry, interpretation; 16 or more markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015

2022 Medicare Utilization: 236,357

2024 Work RVU: 1.70
2024 NF PE RVU: 0.67
2024 Fac PE RVU: 0.67

RUC Recommendation: 1.70

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

88300 **Level I - Surgical pathology, gross examination only**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / Low Value-Billed in Multiple Units / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2022 Medicare Utilization:** 166,076

2024 Work RVU: 0.08
2024 NF PE RVU: 0.39
2024 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.08 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88302 **Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2022 Medicare Utilization:** 58,536

2024 Work RVU: 0.13
2024 NF PE RVU: 0.85
2024 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.13 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88304 **Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2022 Medicare Utilization:** 779,959

2024 Work RVU: 0.22
2024 NF PE RVU: 1.05
2024 Fac PE RVU: NA

RUC Recommendation: 0.22 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88305 **Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2022 Medicare Utilization:** 15,836,017

2024 Work RVU: 0.75
2024 NF PE RVU: 1.38
2024 Fac PE RVU: NA

RUC Recommendation: 0.75 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2022 Medicare Utilization:** 897,943

2024 Work RVU: 1.59
2024 NF PE RVU: 6.98
2024 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.59 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88309 **Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection**

Global: XXX **Issue:** Pathology Services **Screen:** Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2022 Medicare Utilization:** 131,272

2024 Work RVU: 2.80
2024 NF PE RVU: 10.09
2024 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 2.80 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88312 **Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2022 Medicare Utilization:** 1,163,061

2024 Work RVU: 0.54
2024 NF PE RVU: 2.82
2024 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88313 **Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2022 Medicare Utilization:** 1,236,949

2024 Work RVU: 0.24
2024 NF PE RVU: 2.23
2024 Fac PE RVU: NA

RUC Recommendation: 0.24 **Referred to CPT** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88314 **Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** February 2009 **2022 Medicare Utilization:** 21,903

2024 Work RVU: 0.45
2024 NF PE RVU: 2.18
2024 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88318 **Deleted from CPT**

Global: **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 22 **Specialty Developing Recommendation:** CAP, AAD **First Identified:** **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88319 **Special stain including interpretation and report; Group III, for enzyme constituents**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** **2022 Medicare Utilization:** 12,731

2024 Work RVU: 0.53
2024 NF PE RVU: 3.54
2024 Fac PE RVU: NA

RUC Recommendation: 0.53 **Referred to CPT** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88321 **Consultation and report on referred slides prepared elsewhere**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2022 Medicare Utilization:** 163,519

2024 Work RVU: 1.63
2024 NF PE RVU: 1.18
2024 Fac PE RVU: 0.73

RUC Recommendation: 1.63 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88323 **Consultation and report on referred material requiring preparation of slides**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2022 Medicare Utilization:** 33,571

2024 Work RVU: 1.83
2024 NF PE RVU: 1.59
2024 Fac PE RVU: NA

RUC Recommendation: 1.83 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88325 **Consultation, comprehensive, with review of records and specimens, with report on referred material**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2022 Medicare Utilization:** 11,300

2024 Work RVU: 2.85
2024 NF PE RVU: 1.66
2024 Fac PE RVU: 0.95

RUC Recommendation: 2.85 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

88329 **Pathology consultation during surgery;**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 18 **Specialty Developing Recommendation:** CAP **First Identified:** February 2010 **2022 Medicare Utilization:** 22,555

2024 Work RVU: 0.67
2024 NF PE RVU: 0.94
2024 Fac PE RVU: 0.32

RUC Recommendation: 0.67 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88331 **Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 18 **Specialty Developing Recommendation:** CAP **First Identified:** October 2009 **2022 Medicare Utilization:** 333,252

2024 Work RVU: 1.19
2024 NF PE RVU: 1.81
2024 Fac PE RVU: NA

RUC Recommendation: 1.19 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88332 **Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 18 **Specialty Developing Recommendation:** CAP **First Identified:** October 2009 **2022 Medicare Utilization:** 122,479

2024 Work RVU: 0.59
2024 NF PE RVU: 1.02
2024 Fac PE RVU: NA

RUC Recommendation: 0.59 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88333 **Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 39 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2022 Medicare Utilization:** 58,951

2024 Work RVU: 1.20
2024 NF PE RVU: 1.51
2024 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88334 **Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 39 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2022 Medicare Utilization:** 28,643

2024 Work RVU: 0.73
2024 NF PE RVU: 0.92
2024 Fac PE RVU: NA

RUC Recommendation: 0.73 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88341 **Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2022 Medicare Utilization:** 3,299,705

2024 Work RVU: 0.56
2024 NF PE RVU: 2.15
2024 Fac PE RVU: NA

RUC Recommendation: 0.65 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88342 **Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP **First Identified:** April 2011 **2022 Medicare Utilization:** 2,105,463

2024 Work RVU: 0.70
2024 NF PE RVU: 2.46
2024 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** May 2012 **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88344 **Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2022 Medicare Utilization:** 165,839

2024 Work RVU: 0.77
2024 NF PE RVU: 4.4
2024 Fac PE RVU: NA

RUC Recommendation: 0.77 **Referred to CPT** **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 RUC Meeting: January 2015 **Tab:** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** April 2013 **2022 Medicare Utilization:** 52,971

2024 Work RVU: 0.74
2024 NF PE RVU: 3.73
2024 Fac PE RVU: NA

RUC Recommendation: 0.74 **Referred to CPT** October 2014 **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 RUC Meeting: January 2015 **Tab:** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** October 2013 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **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 RUC Meeting: October 2013 **Tab:** 14 **Specialty Developing Recommendation:** CAP **First Identified:** October 2012 **2022 Medicare Utilization:** 14,060

2024 Work RVU: 1.51
2024 NF PE RVU: 12.91
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88349 **Electron microscopy; scanning**

Global: **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 14 **Specialty Developing Recommendation:** CAP **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** Oct 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88350 **Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** October 2014 **2022 Medicare Utilization:** 230,286

2024 Work RVU: 0.59
2024 NF PE RVU: 2.81
2024 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88356 **Morphometric analysis; nerve**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 37 **Specialty Developing Recommendation:** ASCP, CAP **First Identified:** April 2013 **2022 Medicare Utilization:** 20,476

2024 Work RVU: 2.80
2024 NF PE RVU: 4.18
2024 Fac PE RVU: NA

RUC Recommendation: 2.80 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88360 **Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual**

Global: XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2022 Medicare Utilization:** 623,440

2024 Work RVU: 0.85
2024 NF PE RVU: 2.74
2024 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88361 **Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology**

Global: XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2022 Medicare Utilization:** 145,417

2024 Work RVU: 0.95
2024 NF PE RVU: 2.61
2024 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.95

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88364 **In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2022 Medicare Utilization:** 36,647

2024 Work RVU: 0.70
2024 NF PE RVU: 3.28
2024 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.88

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88365 **In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure** **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP **First Identified:** September 2011 **2022 Medicare Utilization:** 57,466

2024 Work RVU: 0.88
2024 NF PE RVU: 4.41
2024 Fac PE RVU: NA

RUC Recommendation: 0.88 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

88366 **In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure** **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2022 Medicare Utilization:** 2,587

2024 Work RVU: 1.24
2024 NF PE RVU: 6.87
2024 Fac PE RVU: NA

RUC Recommendation: 1.24 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88367 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure** **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2022 Medicare Utilization:** 3,964

2024 Work RVU: 0.73
2024 NF PE RVU: 2.6
2024 Fac PE RVU: NA

RUC Recommendation: 0.86 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

Status Report: CMS Requests and Relativity Assessment Issues

88368 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2022 Medicare Utilization:** 16,333

2024 Work RVU: 0.88
2024 NF PE RVU: 3.53
2024 Fac PE RVU: NA

RUC Recommendation: 0.88 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

88373 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2022 Medicare Utilization:** 5,203

2024 Work RVU: 0.58
2024 NF PE RVU: 1.44
2024 Fac PE RVU: NA

RUC Recommendation: 0.86 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88374 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** **2022 Medicare Utilization:** 142,874

2024 Work RVU: 0.93
2024 NF PE RVU: 7.68
2024 Fac PE RVU: NA

RUC Recommendation: 1.04 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88377 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2022 Medicare Utilization:** 121,925

2024 Work RVU: 1.40
2024 NF PE RVU: 10.42
2024 Fac PE RVU: NA

RUC Recommendation: 1.40 **Referred to CPT** May 2013 **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 **2022 Medicare Utilization:** 56,078

2024 Work RVU: 0.53
2024 NF PE RVU: 5.46
2024 Fac PE RVU: NA

RUC Recommendation: Review action plan **Referred to CPT** **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 **2022 Medicare Utilization:** 146

2024 Work RVU: 0.24
2024 NF PE RVU: 0.43
2024 Fac PE RVU: NA

RUC Recommendation: 0.24 **Referred to CPT** **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 **2022 Medicare Utilization:** 30

2024 Work RVU: 0.18
2024 NF PE RVU: 0.07
2024 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

90465 **Deleted from CPT**

Global: **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

90467 **Deleted from CPT**

Global: **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

90471 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Fastest Growing / CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** February 2008 **2022 Medicare Utilization:** 344,382

2024 Work RVU: 0.17
2024 NF PE RVU: 0.44
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

90472 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Request – Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** February 2008 **2022 Medicare Utilization:** 29,042

2024 Work RVU: 0.15
2024 NF PE RVU: 0.28
2024 Fac PE RVU: NA

RUC Recommendation: 0.15 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

90473 **Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** NA **2022 Medicare Utilization:** 1

2024 Work RVU: 0.17
2024 NF PE RVU: 0.32
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90474 **Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** NA **2022 Medicare Utilization:**

2024 Work RVU: 0.15
2024 NF PE RVU: 0.2
2024 Fac PE RVU: NA

RUC Recommendation: 0.15 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

90785 **Interactive complexity (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 / High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AACAP, APA (psychology), NASW **First Identified:** April 2013 **2022 Medicare Utilization:** 333,763

2024 Work RVU: 0.33
2024 NF PE RVU: 0.1
2024 Fac PE RVU: 0.05

RUC Recommendation: 0.33 **Referred to CPT** October 2020 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90791 **Psychiatric diagnostic evaluation**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2022 Medicare Utilization:** 690,443

2024 Work RVU: 3.84
2024 NF PE RVU: 1.23
2024 Fac PE RVU: 0.49

RUC Recommendation: 3.00 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90792 **Psychiatric diagnostic evaluation with medical services**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2022 Medicare Utilization:** 520,437

2024 Work RVU: 4.16
2024 NF PE RVU: 1.49
2024 Fac PE RVU: 0.75

RUC Recommendation: 3.25 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90801 **Psychiatric diagnostic interview examination**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90805 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90806 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90808 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90818 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90832 **Psychotherapy, 30 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2022 Medicare Utilization:** 1,966,574

2024 Work RVU: 1.78
2024 NF PE RVU: 0.52
2024 Fac PE RVU: 0.22

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90833 **Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2022 Medicare Utilization:** 1,371,093

2024 Work RVU: 1.57
2024 NF PE RVU: 0.52
2024 Fac PE RVU: 0.28

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90834 **Psychotherapy, 45 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2022 Medicare Utilization:** 3,755,636

2024 Work RVU: 2.35
2024 NF PE RVU: 0.69
2024 Fac PE RVU: 0.30

RUC Recommendation: 2.00 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90836 **Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2022 Medicare Utilization:** 423,970

2024 Work RVU: 1.99
2024 NF PE RVU: 0.66
2024 Fac PE RVU: 0.36

RUC Recommendation: 1.90 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90837 **Psychotherapy, 60 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2022 Medicare Utilization:** 6,073,697

2024 Work RVU: 3.47
2024 NF PE RVU: 1.01
2024 Fac PE RVU: 0.44

RUC Recommendation: 3.00 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90838 **Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2022 Medicare Utilization:** 94,952

2024 Work RVU: 2.62
2024 NF PE RVU: 0.89
2024 Fac PE RVU: 0.49

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90839 **Psychotherapy for crisis; first 60 minutes** **Global:** XXX **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2022 Medicare Utilization:** 18,399

2024 Work RVU: 3.28
2024 NF PE RVU: 1.02
2024 Fac PE RVU: 0.49

RUC Recommendation: 3.13 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90840 **Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)** **Global:** ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2022 Medicare Utilization:** 6,138

2024 Work RVU: 1.57
2024 NF PE RVU: 0.53
2024 Fac PE RVU: 0.29

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90845 **Psychoanalysis** **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2011 **Tab:** **Specialty Developing Recommendation:** **First Identified:** April 2013 **2022 Medicare Utilization:** 7,261

2024 Work RVU: 2.20
2024 NF PE RVU: 0.67
2024 Fac PE RVU: 0.33

RUC Recommendation: 2.10 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90846 **Family psychotherapy (without the patient present), 50 minutes** **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2022 Medicare Utilization:** 22,452

2024 Work RVU: 2.51
2024 NF PE RVU: 0.35
2024 Fac PE RVU: 0.34

RUC Recommendation: 2.40 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90847 **Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2022 Medicare Utilization:** 116,686

2024 Work RVU: 2.62
2024 NF PE RVU: 0.38
2024 Fac PE RVU: 0.36

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90853 **Group psychotherapy (other than of a multiple-family group)**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2022 Medicare Utilization:** 421,146

2024 Work RVU: 0.62
2024 NF PE RVU: 0.19
2024 Fac PE RVU: 0.08

RUC Recommendation: 0.59 **Referred to CPT** February 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

90862 **Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90863 **Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)**

Global: XXX **Issue:** Pharmacologic Management with Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 40 **Specialty Developing Recommendation:** APA (HCPAC) **First Identified:** April 2013 **2022 Medicare Utilization:**

2024 Work RVU: 0.48
2024 NF PE RVU: 0.24
2024 Fac PE RVU: 0.19

RUC Recommendation: 0.48 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90868 **Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session**

Global: 000 **Issue:** RAW **Screen:** Contractor Priced High Volume / Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** APA (psychiatry) **First Identified:** January 2018 **2022 Medicare Utilization:** 240,106

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

90870 **Electroconvulsive therapy (includes necessary monitoring)**

Global: 000 **Issue:** Electroconvulsive Therapy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 41 **Specialty Developing Recommendation:** APA **First Identified:** October 2009 **2022 Medicare Utilization:** 89,143

2024 Work RVU: 2.50
2024 NF PE RVU: 2.58
2024 Fac PE RVU: 0.52

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90901 **Biofeedback training by any modality** **Global:** 000 **Issue:** Biofeedback Training **Screen:** High Volume Growth9 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACOG, APTA, AUA **First Identified:** April 2023 **2022 Medicare Utilization:** 48,132

2024 Work RVU: 0.41
2024 NF PE RVU: 0.8
2024 Fac PE RVU: 0.14

RUC Recommendation: Refer to CPT **Referred to CPT** Feb 2025; Sep 2024 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

90911 **Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry** **Global:** **Issue:** Biofeedback Training **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** April 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90912 **Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient** **Global:** 000 **Issue:** Biofeedback Training **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACOG, APTA, AUA **First Identified:** September 2018 **2022 Medicare Utilization:** 24,229

2024 Work RVU: 0.90
2024 NF PE RVU: 1.47
2024 Fac PE RVU: 0.31

RUC Recommendation: Refer to CPT 0.90 **Referred to CPT** Feb 2025; Sep 2024; Feb 2019-EC **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90913 **Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biofeedback Training **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACOG, APTA, AUA **First Identified:** September 2018 **2022 Medicare Utilization:** 14,465

2024 Work RVU: 0.50
2024 NF PE RVU: 0.43
2024 Fac PE RVU: 0.18

RUC Recommendation: Refer to CPT. 0.50 **Referred to CPT** Feb 2025; Sep 2024; Feb 2019-EC **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90935 **Hemodialysis procedure with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 30 **Specialty Developing Recommendation:** RPA **First Identified:** October 2008 **2022 Medicare Utilization:** 696,670

2024 Work RVU: 1.48
2024 NF PE RVU:
2024 Fac PE RVU: 0.53

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90937 **Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 30,666

2024 Work RVU: 2.11
2024 NF PE RVU:
2024 Fac PE RVU: 0.78

RUC Recommendation: 2.11 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90945 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 30 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2022 Medicare Utilization: 123,896

2024 Work RVU: 1.56
2024 NF PE RVU:
2024 Fac PE RVU: 0.88

RUC Recommendation: 1.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

90947 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 30 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2022 Medicare Utilization: 10,059

2024 Work RVU: 2.52
2024 NF PE RVU:
2024 Fac PE RVU: 0.92

RUC Recommendation: 2.52

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

90951 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2022 Medicare Utilization: 61

2024 Work RVU: 23.92
2024 NF PE RVU: 9.18
2024 Fac PE RVU: 9.18

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

90952 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 8

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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90953 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 17

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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90954 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 422

2024 Work RVU: 20.86
2024 NF PE RVU: 7.57
2024 Fac PE RVU: 7.57

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

90955 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 111

2024 Work RVU: 10.32
2024 NF PE RVU: 4.49
2024 Fac PE RVU: 4.49
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

90956 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 72

2024 Work RVU: 6.64
2024 NF PE RVU: 3.29
2024 Fac PE RVU: 3.29
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

90957 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 1,196

2024 Work RVU: 15.46
2024 NF PE RVU: 6.35
2024 Fac PE RVU: 6.35
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90958 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 406

2024 Work RVU: 9.87
2024 NF PE RVU: 4.35
2024 Fac PE RVU: 4.35

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90959 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 283

2024 Work RVU: 6.19
2024 NF PE RVU: 3.09
2024 Fac PE RVU: 3.09

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90960 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 1,402,405

2024 Work RVU: 6.77
2024 NF PE RVU: 3.32
2024 Fac PE RVU: 3.32

RUC Recommendation: RUC Recommended revised physician and clinical staff time **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90961 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009 **2022 Medicare Utilization:** 494,092

2024 Work RVU: 5.52
2024 NF PE RVU: 2.86
2024 Fac PE RVU: 2.86
Result: PE Only

RUC Recommendation: RUC Recommended revised physician and clinical staff time

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90962 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009 **2022 Medicare Utilization:** 155,332

2024 Work RVU: 3.57
2024 NF PE RVU: 2.23
2024 Fac PE RVU: 2.23
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90963 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009 **2022 Medicare Utilization:** 132

2024 Work RVU: 12.09
2024 NF PE RVU: 5.14
2024 Fac PE RVU: 5.14
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90964 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2022 Medicare Utilization: 682

2024 Work RVU: 10.25
2024 NF PE RVU: 4.52
2024 Fac PE RVU: 4.52

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

90965 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2022 Medicare Utilization: 1,031

2024 Work RVU: 9.80
2024 NF PE RVU: 4.39
2024 Fac PE RVU: 4.39

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

90966 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2022 Medicare Utilization: 323,474

2024 Work RVU: 5.52
2024 NF PE RVU: 2.86
2024 Fac PE RVU: 2.86

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

91038 **Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)**

Global: 000 **Issue:** Gastroenterological Tests **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 23 **Specialty Developing Recommendation:** AGA, ASGE **First Identified:** February 2010 **2022 Medicare Utilization:** 3,794

2024 Work RVU: 1.10
2024 NF PE RVU: 10.91
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

91110 **Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report**

Global: XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 44 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2022 Medicare Utilization:** 42,423

2024 Work RVU: 2.24
2024 NF PE RVU: 19.58
2024 Fac PE RVU: NA

RUC Recommendation: 2.49 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

91111 **Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report**

Global: XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 44 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2022 Medicare Utilization:** 142

2024 Work RVU: 0.90
2024 NF PE RVU: 25.3
2024 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

91120 **Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)**

Global: XXX **Issue:** Colon Motility Services **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 10 **Specialty Developing Recommendation:** ACG, AGA, ASCRS, ASGE **First Identified:** April 2023 **2022 Medicare Utilization:** 9,330

2024 Work RVU: 0.97
2024 NF PE RVU: 13.97
2024 Fac PE RVU: NA

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

91122 **Anorectal manometry**

Global: 000 **Issue:** Colon Motility Services **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 10 **Specialty Developing Recommendation:** ACG, AGA, ASCRS, ASGE **First Identified:** April 2023 **2022 Medicare Utilization:** 17,726

2024 Work RVU: 1.77
2024 NF PE RVU: 6.39
2024 Fac PE RVU: NA

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

91132 **Electrogastrography, diagnostic, transcutaneous;**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2022 Medicare Utilization:** 89

2024 Work RVU: 0.52
2024 NF PE RVU: 12.57
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

91133 **Electrogastrography, diagnostic, transcutaneous; with provocative testing** **Global:** XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2022 Medicare Utilization:** 64

2024 Work RVU: 0.66
2024 NF PE RVU: 13.1
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

91XX1 **Global:** XXX **Issue:** Colon Motility Services **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 10 **Specialty Developing Recommendation:** ACG, AGA, ASCRS, ASGE **First Identified:** May 2024 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 3.05 **Referred to CPT** May 2024 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

91XX2 **Global:** XXX **Issue:** Colon Motility Services **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 10 **Specialty Developing Recommendation:** ACG, AGA, ASCRS, ASGE **First Identified:** May 2024 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 2.70 **Referred to CPT** May 2024 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92065 **Orthoptic training; performed by a physician or other qualified health care professional**

Global: XXX **Issue:** Orthoptic Training **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 10 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** October 2019 **2022 Medicare Utilization:** 28,649

2024 Work RVU: 0.71
2024 NF PE RVU: 0.47
2024 Fac PE RVU: 0.27

RUC Recommendation: 0.71 **Referred to CPT** February 2021 May 2020-Tab 37 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92066 **Orthoptic training; under supervision of a physician or other qualified health care professional**

Global: XXX **Issue:** Orthoptic Training **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 10 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0.78
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

92081 **Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2022 Medicare Utilization:** 77,430

2024 Work RVU: 0.30
2024 NF PE RVU: 0.68
2024 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92082 **Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2022 Medicare Utilization:** 102,781

2024 Work RVU: 0.40
2024 NF PE RVU: 0.99
2024 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92083 **Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)**

Global: XXX **Issue:** Visual Field Examination **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 46 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2010 **2022 Medicare Utilization:** 2,653,897

2024 Work RVU: 0.50
2024 NF PE RVU: 1.38
2024 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92100 **Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)**

Global: XXX **Issue:** Serial Tonometry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 36 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2022 Medicare Utilization:** 23,374

2024 Work RVU: 0.61
2024 NF PE RVU: 1.92
2024 Fac PE RVU: 0.32

RUC Recommendation: 0.61 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 2,647,877

2024 Work RVU: 0.40
2024 NF PE RVU: 0.67
2024 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92134 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** October 2008 **2022 Medicare Utilization:** 7,625,266

2024 Work RVU: 0.45
2024 NF PE RVU: 0.74
2024 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92135 **Deleted from CPT**

Global: **Issue:** Ophthalmic Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 31 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92136 **Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation**

Global: XXX **Issue:** Ophthalmic Biometry **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 36 **Specialty Developing Recommendation:** AAO **First Identified:** October 2008 **2022 Medicare Utilization:** 1,553,667

2024 Work RVU: 0.54
2024 NF PE RVU: 0.85
2024 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92140 **Provocative tests for glaucoma, with interpretation and report, without tonography**

Global: **Issue:** Glaucoma Provacative Tests **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 41 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** October 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92201 **Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** February 2018 **2022 Medicare Utilization:** 470,308

2024 Work RVU: 0.40
2024 NF PE RVU: 0.32
2024 Fac PE RVU: 0.25

RUC Recommendation: 0.40 **Referred to CPT** February 2018 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92202 **Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** February 2018 **2022 Medicare Utilization:** 692,251

2024 Work RVU: 0.26
2024 NF PE RVU: 0.19
2024 Fac PE RVU: 0.16

RUC Recommendation: 0.26 **Referred to CPT** February 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92225 **Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial**

Global: **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** April 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92226 **Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent**

Global: **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** February 2018 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92227 **Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2022 Medicare Utilization:** 1,025

2024 Work RVU: 0.00
2024 NF PE RVU: 0.52
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92228 **Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2022 Medicare Utilization: 5,758

2024 Work RVU: 0.32
2024 NF PE RVU: 0.55
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

92229 **Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2022 Medicare Utilization: 1,426

2024 Work RVU: 0.00
2024 NF PE RVU: 1.22
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

92235 **Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: April 2011

2022 Medicare Utilization: 292,734

2024 Work RVU: 0.75
2024 NF PE RVU: 4.1
2024 Fac PE RVU: NA

RUC Recommendation: 0.75

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92240 **Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** January 2015 **2022 Medicare Utilization:** 7,696

2024 Work RVU: 0.80
2024 NF PE RVU: 4.76
2024 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92242 **Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** October 2015 **2022 Medicare Utilization:** 30,533

2024 Work RVU: 0.95
2024 NF PE RVU: 7.44
2024 Fac PE RVU: NA

RUC Recommendation: 0.95 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92250 **Fundus photography with interpretation and report**

Global: XXX **Issue:** Fundus Photography **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 45 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** October 2010 **2022 Medicare Utilization:** 3,262,549

2024 Work RVU: 0.40
2024 NF PE RVU: 0.69
2024 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92270 **Electro-oculography with interpretation and report**

Global: XXX **Issue:** Electro-oculography **Screen:** High Volume Growth1 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** February 2008 **2022 Medicare Utilization:** 1,556

2024 Work RVU: 0.81
2024 NF PE RVU: 2.68
2024 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published.

Referred to CPT February 2014
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2008 and Q&A Jun 2009

Result: Maintain

92273 **Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)**

Global: XXX **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 / Work Neutrality 2019 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 16 **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS **First Identified:** September 2017 **2022 Medicare Utilization:** 95,837

2024 Work RVU: 0.69
2024 NF PE RVU: 3.06
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 0.80

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2024

Result: Decrease

92274 **Electroretinography (ERG), with interpretation and report; multifocal (mfERG)**

Global: XXX **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 / Work Neutrality 2019 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 16 **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS **First Identified:** September 2017 **2022 Medicare Utilization:** 3,580

2024 Work RVU: 0.61
2024 NF PE RVU: 2.05
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 0.72

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2024

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92275 **Electroretinography with interpretation and report**

Global: **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 17 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92284 **Diagnostic dark adaptation examination with interpretation and report**

Global: XXX **Issue:** Dark Adaptation Diagnostic Screening and Services **Screen:** Harvard Valued - Utilization over 30,000-Part5 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS **First Identified:** October 2020 **2022 Medicare Utilization:** 39,431

2024 Work RVU: 0.00
2024 NF PE RVU: 1.11
2024 Fac PE RVU: NA

RUC Recommendation: 0.32 **Referred to CPT** February 2024 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2026

92285 **External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)**

Global: XXX **Issue:** Ocular Photography **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 32 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2008 **2022 Medicare Utilization:** 394,233

2024 Work RVU: 0.05
2024 NF PE RVU: 0.63
2024 Fac PE RVU: NA

RUC Recommendation: 0.05 and new PE inputs **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92286 **Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 28 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2022 Medicare Utilization:** 98,478

2024 Work RVU: 0.40
2024 NF PE RVU: 0.75
2024 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92287 **Anterior segment imaging with interpretation and report; with fluorescein angiography**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** **2022 Medicare Utilization:** 4,594

2024 Work RVU: 0.40
2024 NF PE RVU: 3.86
2024 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2013

922X1

Global: **Issue:** Dark Adaptation Diagnostic Screening and Services **Screen:** Harvard Valued - Utilization over 30,000-Part5 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS **First Identified:** February 2024 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 0.17 **Referred to CPT** February 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92504 **Binocular microscopy (separate diagnostic procedure)**

Global: XXX **Issue:** Binocular Microscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 43 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2009

2022 Medicare Utilization: 234,114

2024 Work RVU: 0.18
2024 NF PE RVU: 0.68
2024 Fac PE RVU: 0.08

RUC Recommendation: 0.18

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92506 **Evaluation of speech, language, voice, communication, and/or auditory processing**

Global: **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA

First Identified:

2022 Medicare Utilization:

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

92507 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth 3 / High Volume Growth10 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASHA

First Identified: October 2015

2022 Medicare Utilization: 550,374

2024 Work RVU: 1.30
2024 NF PE RVU: 0.96
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. 1.30 work RVU and clinical staff time removed. Removed from High Volume screen.

Referred to CPT February 2025

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92508 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2022 Medicare Utilization:** 3,031

2024 Work RVU: 0.33
2024 NF PE RVU: 0.39
2024 Fac PE RVU: NA

RUC Recommendation: 0.43 work RVU and clinical staff time removed **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92521 **Evaluation of speech fluency (eg, stuttering, cluttering)**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2022 Medicare Utilization:** 293

2024 Work RVU: 2.24
2024 NF PE RVU: 1.69
2024 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** October 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92522 **Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2022 Medicare Utilization:** 4,003

2024 Work RVU: 1.92
2024 NF PE RVU: 1.35
2024 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** October 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

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/ High Volume Growth9 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** ASHA **First Identified:** **2022 Medicare Utilization:** 30,789

2024 Work RVU: 3.84
2024 NF PE RVU: 2.9
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 3.36 **Referred to CPT** October 2012 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2024

92524 **Behavioral and qualitative analysis of voice and resonance**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2022 Medicare Utilization:** 19,542

2024 Work RVU: 1.92
2024 NF PE RVU: 1.3
2024 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** October 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92526 **Treatment of swallowing dysfunction and/or oral function for feeding**

Global: XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 23 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2022 Medicare Utilization:** 202,921

2024 Work RVU: 1.34
2024 NF PE RVU: 1.17
2024 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 51,886

2024 Work RVU: 0.60
2024 NF PE RVU: 0.57
2024 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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92538 **Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)**

Global: XXX **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** October 2014 **2022 Medicare Utilization:** 5,720

2024 Work RVU: 0.30
2024 NF PE RVU: 0.35
2024 Fac PE RVU: NA

RUC Recommendation: 0.55 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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92540 **Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2014 **2022 Medicare Utilization:** 69,977

2024 Work RVU: 1.50
2024 NF PE RVU: 1.67
2024 Fac PE RVU: NA

RUC Recommendation: Review in 2029. 1.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

92541 **Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2022 Medicare Utilization:** 11,381

2024 Work RVU: 0.40
2024 NF PE RVU: 0.33
2024 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** February 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92542 **Positional nystagmus test, minimum of 4 positions, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2022 Medicare Utilization:** 15,961

2024 Work RVU: 0.48
2024 NF PE RVU: 0.36
2024 Fac PE RVU: NA

RUC Recommendation: 0.48 **Referred to CPT** February 2009 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92543 **Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording**

Global: **Issue:** Vestibular Caloric Irrigation **Screen:** Codes Reported Together 95% or More / Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92544 **Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording**

Global: XXX **Issue:** EOG VNG

Screen: Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2022 Medicare Utilization:** 2,964

2024 Work RVU: 0.27
2024 NF PE RVU: 0.24
2024 Fac PE RVU: NA

RUC Recommendation: 0.27 **Referred to CPT** February 2009 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92545 **Oscillating tracking test, with recording**

Global: XXX **Issue:** EOG VNG

Screen: Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2022 Medicare Utilization:** 4,274

2024 Work RVU: 0.25
2024 NF PE RVU: 0.23
2024 Fac PE RVU: NA

RUC Recommendation: 0.25 **Referred to CPT** February 2009 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92546 **Sinusoidal vertical axis rotational testing**

Global: XXX **Issue:** EOG VNG

Screen: CMS-Other - Utilization over 250,000 / Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAA, AAO-HNS, AAN, ASHA **First Identified:** February 2014 **2022 Medicare Utilization:** 36,034

2024 Work RVU: 0.29
2024 NF PE RVU: 3.66
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. **Referred to CPT** February 2025 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 22,811

2024 Work RVU: 0.00
2024 NF PE RVU: 0.32
2024 Fac PE RVU: NA

RUC Recommendation: Editorial change only

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92548 **Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;**

Global: XXX **Issue:** Computerized Dynamic Posturography **Screen:** CMS-Other - Utilization over 250,000 / Negative IWPUT / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 16 **Specialty Developing Recommendation:** AAA, AAN, ASHA

First Identified: February 2014 **2022 Medicare Utilization:** 29,891

2024 Work RVU: 0.67
2024 NF PE RVU: 0.71
2024 Fac PE RVU: NA

RUC Recommendation: 0.76

Referred to CPT September 2018 / February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

92549 **Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)**

Global: XXX **Issue:** Computerized Dynamic Posturography **Screen:** CMS-Other - Utilization over 250,000 / Negative IWPUT / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 16 **Specialty Developing Recommendation:**

First Identified: September 2018 **2022 Medicare Utilization:** 6,326

2024 Work RVU: 0.87
2024 NF PE RVU: 1.04
2024 Fac PE RVU: NA

RUC Recommendation: 0.96

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA **First Identified:** **2022 Medicare Utilization:** 183,937

2024 Work RVU: 0.35
2024 NF PE RVU: 0.29
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen. 0.35 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92557 **Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)** **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2022 Medicare Utilization:** 1,158,835

2024 Work RVU: 0.60
2024 NF PE RVU: 0.47
2024 Fac PE RVU: 0.32

RUC Recommendation: Remove from screen. 0.60 work RVU and clinical staff time removed **Referred to CPT** February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92558 **Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis** **Global:** XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** February 2011 **2022 Medicare Utilization:**

2024 Work RVU: 0.17
2024 NF PE RVU: 0.1
2024 Fac PE RVU: 0.07

RUC Recommendation: 0.17 **Referred to CPT** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2022 Medicare Utilization:** 876,262

2024 Work RVU: 0.20
2024 NF PE RVU: 0.28
2024 Fac PE RVU: 0.11

RUC Recommendation: Remove from screen. 0.20 work RVU and clinical staff time removed **Referred to CPT** February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92568 **Acoustic reflex testing, threshold** **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2022 Medicare Utilization:** 2,572

2024 Work RVU: 0.29
2024 NF PE RVU: 0.15
2024 Fac PE RVU: 0.14

RUC Recommendation: 0.29 work RVU and clinical staff time removed **Referred to CPT** February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92569 **Deleted from CPT** **Global:** **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2022 Medicare Utilization:** 28,837

2024 Work RVU: 0.55
2024 NF PE RVU: 0.39
2024 Fac PE RVU: 0.29

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92584 **Electrocochleography**

Global: XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2022 Medicare Utilization:** 9,735

2024 Work RVU: 1.00
2024 NF PE RVU: 2.28
2024 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92585 **Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive**

Global: **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** October 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92586 **Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited**

Global: **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 40,518

2024 Work RVU: 0.35
2024 NF PE RVU: 0.27
2024 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92588 **Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2022 Medicare Utilization:** 80,237

2024 Work RVU: 0.55
2024 NF PE RVU: 0.42
2024 Fac PE RVU: NA

RUC Recommendation: 0.60 **Referred to CPT** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92597 **Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 30 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2022 Medicare Utilization:** 1,865

2024 Work RVU: 1.26
2024 NF PE RVU: 0.87
2024 Fac PE RVU: NA

RUC Recommendation: 1.48 work RVU and clinical staff time removed **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92605 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2022 Medicare Utilization:**

2024 Work RVU: 1.75
2024 NF PE RVU: 0.85
2024 Fac PE RVU: 0.68

RUC Recommendation: 1.75 **Referred to CPT** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92606 **Therapeutic service(s) for the use of non-speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2022 Medicare Utilization:**

2024 Work RVU: 1.40
2024 NF PE RVU: 0.87
2024 Fac PE RVU: 0.54

RUC Recommendation: 1.40 work RVU and clinical staff time removed **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92607 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2022 Medicare Utilization:** 512

2024 Work RVU: 1.85
2024 NF PE RVU: 1.82
2024 Fac PE RVU: NA

RUC Recommendation: 1.85 work RVU and clinical staff time removed **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92608 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2022 Medicare Utilization:** 243

2024 Work RVU: 0.70
2024 NF PE RVU: 0.74
2024 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.70 work RVU and clinical staff time removed **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

92609 **Therapeutic services for the use of speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2022 Medicare Utilization:** 13,105

2024 Work RVU: 1.50
2024 NF PE RVU: 1.56
2024 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.50 work RVU and clinical staff time removed **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

92610 **Evaluation of oral and pharyngeal swallowing function**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 23 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2022 Medicare Utilization:** 28,330

2024 Work RVU: 1.30
2024 NF PE RVU: 1.22
2024 Fac PE RVU: 0.76
Result: Decrease

RUC Recommendation: Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92611 **Motion fluoroscopic evaluation of swallowing function by cine or video recording** **Global:** XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 39 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2022 Medicare Utilization:** 9,955

2024 Work RVU: 1.34
2024 NF PE RVU: 1.35
2024 Fac PE RVU: NA

RUC Recommendation: 1.34 work RVU and clinical staff time removed **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92618 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2022 Medicare Utilization:**

2024 Work RVU: 0.65
2024 NF PE RVU: 0.26
2024 Fac PE RVU: 0.25

RUC Recommendation: 0.65 **Referred to CPT** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92620 **Evaluation of central auditory function, with report; initial 60 minutes** **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2022 Medicare Utilization:** 852

2024 Work RVU: 1.50
2024 NF PE RVU: 1.09
2024 Fac PE RVU: 0.79

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 42

2024 Work RVU: 0.35
2024 NF PE RVU: 0.29
2024 Fac PE RVU: 0.19

RUC Recommendation: 0.35 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92625 **Assessment of tinnitus (includes pitch, loudness matching, and masking)**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2022 Medicare Utilization:** 7,606

2024 Work RVU: 1.15
2024 NF PE RVU: 0.82
2024 Fac PE RVU: 0.61

RUC Recommendation: 1.15 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92626 **Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 30 **Specialty Developing Recommendation:** AAA, ASHA **First Identified:** NA **2022 Medicare Utilization:** 19,283

2024 Work RVU: 1.40
2024 NF PE RVU: 1.14
2024 Fac PE RVU: 0.76

RUC Recommendation: 1.40 **Referred to CPT** May 2018 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Status Report: CMS Requests and Relativity Assessment Issues

92627 **Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 30 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2022 Medicare Utilization:** 5,334

2024 Work RVU: 0.33
2024 NF PE RVU: 0.27
2024 Fac PE RVU: 0.18

RUC Recommendation: 0.33 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92640 **Diagnostic analysis with programming of auditory brainstem implant, per hour**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2022 Medicare Utilization:** 11

2024 Work RVU: 1.76
2024 NF PE RVU: 1.44
2024 Fac PE RVU: 0.96

RUC Recommendation: 1.76 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92650 **Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis**

Global: XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2022 Medicare Utilization:**

2024 Work RVU: 0.25
2024 NF PE RVU: 0.54
2024 Fac PE RVU: NA

RUC Recommendation: 0.25 **Referred to CPT** February 2019 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92651 **Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report** **Global:** XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2022 Medicare Utilization:** 790

2024 Work RVU: 1.00
2024 NF PE RVU: 1.43
2024 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** February 2019 **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 **2022 Medicare Utilization:** 5,069

2024 Work RVU: 1.50
2024 NF PE RVU: 1.78
2024 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** February 2019 **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 **2022 Medicare Utilization:** 22,574

2024 Work RVU: 1.05
2024 NF PE RVU: 1.38
2024 Fac PE RVU: NA

RUC Recommendation: 1.05 **Referred to CPT** February 2019 **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 **2022 Medicare Utilization:** 19,059

2024 Work RVU: 9.85
2024 NF PE RVU:
2024 Fac PE RVU: 3.37

RUC Recommendation: 9.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 4.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92924 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2022 Medicare Utilization:** 1,613

2024 Work RVU: 11.74
2024 NF PE RVU:
2024 Fac PE RVU: 4.02

RUC Recommendation: 11.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92925 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 5.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92928 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2022 Medicare Utilization:** 192,605

2024 Work RVU: 10.96
2024 NF PE RVU:
2024 Fac PE RVU: 3.75

RUC Recommendation: 10.49 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92929 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2022 Medicare Utilization:** 1

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 4.44

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92933 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2022 Medicare Utilization:** 14,719

2024 Work RVU: 12.29
2024 NF PE RVU:
2024 Fac PE RVU: 4.20

RUC Recommendation: 12.32

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92934 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 5.50

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92937 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2022 Medicare Utilization:** 12,338

2024 Work RVU: 10.95
2024 NF PE RVU:
2024 Fac PE RVU: 3.75

RUC Recommendation: 10.49

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92938 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 6.00

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92941 **Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2022 Medicare Utilization:** 30,763

2024 Work RVU: 12.31
2024 NF PE RVU:
2024 Fac PE RVU: 4.21

RUC Recommendation: 12.32

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92943 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2022 Medicare Utilization:** 7,473

2024 Work RVU: 12.31
2024 NF PE RVU:
2024 Fac PE RVU: 4.20

RUC Recommendation: 12.32

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92944 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 6.00

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92960 **Cardioversion, elective, electrical conversion of arrhythmia; external**

Global: 000 **Issue:** Cardioversion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 19 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2022 Medicare Utilization:** 199,137

2024 Work RVU: 2.00
2024 NF PE RVU: 2.44
2024 Fac PE RVU: 1.03

RUC Recommendation: 2.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

92973 **Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2022 Medicare Utilization:** 2,209

2024 Work RVU: 3.28
2024 NF PE RVU:
2024 Fac PE RVU: 1.13

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

92980 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel** **Global:** **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92981 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)** **Global:** **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92982 **Percutaneous transluminal coronary balloon angioplasty; single vessel**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92984 **Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92986 **Percutaneous balloon valvuloplasty; aortic valve**

Global: 090 **Issue:** Valvuloplasty **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2022 Medicare Utilization:** 2,014

2024 Work RVU: 22.60
2024 NF PE RVU:
2024 Fac PE RVU: 11.22

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92992 **Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)**

Global: **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 13 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92993 **Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)**

Global: **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 13 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92995 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92996 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93000 **Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report**

Global: XXX **Issue:** Complete Electrocardiogram **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 20 **Specialty Developing Recommendation:** ACC

First Identified: September 2011 **2022 Medicare Utilization:** 10,199,595

2024 Work RVU: 0.17
2024 NF PE RVU: 0.24
2024 Fac PE RVU: NA

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93005 **Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report**

Global: XXX **Issue:** Complete Electrocardiogram **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 20 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2022 Medicare Utilization:** 410,510

2024 Work RVU: 0.00
2024 NF PE RVU: 0.18
2024 Fac PE RVU: NA

RUC Recommendation: 0.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

93010 **Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only**

Global: XXX **Issue:** Complete Electrocardiogram **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 20 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2022 Medicare Utilization:** 15,687,869

2024 Work RVU: 0.17
2024 NF PE RVU: 0.06
2024 Fac PE RVU: 0.06

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

93012 **Deleted from CPT**

Global: **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93014 **Deleted from CPT**

Global: **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93015 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 47 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2022 Medicare Utilization:** 815,131

2024 Work RVU: 0.75
2024 NF PE RVU: 1.37
2024 Fac PE RVU: NA

RUC Recommendation: 0.75. CPT Assistant published.

Referred to CPT October 2010
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

93016 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2022 Medicare Utilization:** 772,953

2024 Work RVU: 0.45
2024 NF PE RVU: 0.16
2024 Fac PE RVU: 0.16

RUC Recommendation: Remove from screen. 0.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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93017 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** High Volume Growth1 / CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2022 Medicare Utilization:** 74,416

2024 Work RVU: 0.00
2024 NF PE RVU: 1.11
2024 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

Status Report: CMS Requests and Relativity Assessment Issues

93018 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only**

Global: XXX **Issue:** Cardiovascular Stress Tests and Echocardiography **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2022 Medicare Utilization:** 918,865

2024 Work RVU: 0.30
2024 NF PE RVU: 0.1
2024 Fac PE RVU: 0.10

RUC Recommendation: Review action plan. 0.30

Referred to CPT October 2010
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Result: Maintain

93025 **Microvolt T-wave alternans for assessment of ventricular arrhythmias**

Global: XXX **Issue:** Microvolt T-Wave Assessment **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 18 **Specialty Developing Recommendation:** ACC

First Identified: NA **2022 Medicare Utilization:** 78

2024 Work RVU: 0.75
2024 NF PE RVU: 2.96
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

93040 **Rhythm ECG, 1-3 leads; with interpretation and report**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 34 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2022 Medicare Utilization:** 76,436

2024 Work RVU: 0.15
2024 NF PE RVU: 0.22
2024 Fac PE RVU: NA

RUC Recommendation: 0.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

93041 **Rhythm ECG, 1-3 leads; tracing only without interpretation and report**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 34 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2022 Medicare Utilization:** 11,534

2024 Work RVU: 0.00
2024 NF PE RVU: 0.18
2024 Fac PE RVU: NA

RUC Recommendation: 0.00 (PE only)

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93042 **Rhythm ECG, 1-3 leads; interpretation and report only**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 34 **Specialty Developing Recommendation:** ACC, ACEP

First Identified: October 2008 **2022 Medicare Utilization:** 280,815

2024 Work RVU: 0.15
2024 NF PE RVU: 0.04
2024 Fac PE RVU: 0.04

RUC Recommendation: 0.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93050 **Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive**

Global: XXX **Issue:** RAW **Screen:** Different Performing Specialty from Survey5 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2023 **2022 Medicare Utilization:** 10,496

2024 Work RVU: 0.17
2024 NF PE RVU: 0.29
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

Status Report: CMS Requests and Relativity Assessment Issues

93150 **Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming** **Global:** XXX **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2022 Medicare Utilization:**

2024 Work RVU: 0.85
2024 NF PE RVU: 2.08
2024 Fac PE RVU: 0.35

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

93151 **Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system** **Global:** XXX **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2022 Medicare Utilization:**

2024 Work RVU: 0.80
2024 NF PE RVU: 1.75
2024 Fac PE RVU: 0.33

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

93152 **Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography** **Global:** XXX **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2022 Medicare Utilization:**

2024 Work RVU: 1.82
2024 NF PE RVU: 2.77
2024 Fac PE RVU: 0.83

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

93153 **Interrogation without programming of implanted phrenic nerve stimulator system** **Global:** XXX **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2022 Medicare Utilization:**

2024 Work RVU: 0.43
2024 NF PE RVU: 1.08
2024 Fac PE RVU: 0.17

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93224 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2022 Medicare Utilization:** 163,054

2024 Work RVU: 0.39
2024 NF PE RVU: 1.74
2024 Fac PE RVU: NA

RUC Recommendation: 0.52 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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93225 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2022 Medicare Utilization:** 62,060

2024 Work RVU: 0.00
2024 NF PE RVU: 0.54
2024 Fac PE RVU: NA

RUC Recommendation: N/A no physician work **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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93226 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 /Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2022 Medicare Utilization:** 107,862

2024 Work RVU: 0.00
2024 NF PE RVU: 1.06
2024 Fac PE RVU: NA

RUC Recommendation: N/A no physician work **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

93227 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2022 Medicare Utilization:** 213,030

2024 Work RVU: 0.39
2024 NF PE RVU: 0.14
2024 Fac PE RVU: 0.14

RUC Recommendation: 0.52 **Referred to CPT** Feburary 2010 **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

93228 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2009 **2022 Medicare Utilization:** 249,275

2024 Work RVU: 0.48
2024 NF PE RVU: 0.23
2024 Fac PE RVU: 0.23

RUC Recommendation: 0.52 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93229 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth6 / PE Stand-Alone Procedure Time2 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2009 **2022 Medicare Utilization:** 335,158

2024 Work RVU: 0.00
2024 NF PE RVU: 24.33
2024 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93230 **Deleted from CPT**

Global: **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC

First Identified: NA **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93231 **Deleted from CPT**

Global: **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: October 2009 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93232 **Deleted from CPT**

Global: **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: October 2009 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93233 **Deleted from CPT**

Global: **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC

First Identified: NA **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93235 **Deleted from CPT**

Global: **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: October 2009 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93236 **Deleted from CPT**

Global: **Issue:** Cardiovascular Stress Test **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93237 **Deleted from CPT**

Global: **Issue:** Wearable Cardiac Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93241 **External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023 **2022 Medicare Utilization:** 17,555

2024 Work RVU: 0.50
2024 NF PE RVU: 7.21
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

93242 **External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023 **2022 Medicare Utilization:** 115,087

2024 Work RVU: 0.00
2024 NF PE RVU: 0.35
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93243 **External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2022 Medicare Utilization: 199,314

2024 Work RVU: 0.00
2024 NF PE RVU: 6.7
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

93244 **External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2022 Medicare Utilization: 193,172

2024 Work RVU: 0.50
2024 NF PE RVU: 0.16
2024 Fac PE RVU: 0.16

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

93245 **External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2022 Medicare Utilization: 7,680

2024 Work RVU: 0.55
2024 NF PE RVU: 7.56
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

Status Report: CMS Requests and Relativity Assessment Issues

93246 **External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2022 Medicare Utilization: 118,970

2024 Work RVU: 0.00
2024 NF PE RVU: 0.35
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

93247 **External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2022 Medicare Utilization: 291,116

2024 Work RVU: 0.00
2024 NF PE RVU: 7.03
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

93248 **External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2022 Medicare Utilization: 253,207

2024 Work RVU: 0.55
2024 NF PE RVU: 0.18
2024 Fac PE RVU: 0.18

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

Status Report: CMS Requests and Relativity Assessment Issues

93268 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2022 Medicare Utilization:** 10,036

2024 Work RVU: 0.52
2024 NF PE RVU: 4.69
2024 Fac PE RVU: NA

RUC Recommendation: 0.52 **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93270 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2022 Medicare Utilization:** 30,235

2024 Work RVU: 0.00
2024 NF PE RVU: 0.24
2024 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** February 2010 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93271 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / PE Stand-Alone Procedure Time2 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2009 **2022 Medicare Utilization:** 38,931

2024 Work RVU: 0.00
2024 NF PE RVU: 4.28
2024 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** February 2010 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93272 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009

2022 Medicare Utilization: 84,804

2024 Work RVU: 0.52
2024 NF PE RVU: 0.17
2024 Fac PE RVU: 0.17

RUC Recommendation: 0.52

Referred to CPT February 2010

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

2022 Medicare Utilization: 106,695

2024 Work RVU: 0.65
2024 NF PE RVU: 1.33
2024 Fac PE RVU: NA

RUC Recommendation: 0.65

Referred to CPT February 2017

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93280 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2022 Medicare Utilization: 756,768

2024 Work RVU: 0.77
2024 NF PE RVU: 1.55
2024 Fac PE RVU: NA

RUC Recommendation: 0.77

Referred to CPT February 2017

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

93281 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2022 Medicare Utilization:** 67,605

2024 Work RVU: 0.85
2024 NF PE RVU: 1.61
2024 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93282 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2022 Medicare Utilization:** 72,442

2024 Work RVU: 0.85
2024 NF PE RVU: 1.48
2024 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93283 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2022 Medicare Utilization:** 148,782

2024 Work RVU: 1.15
2024 NF PE RVU: 1.71
2024 Fac PE RVU: NA

RUC Recommendation: 1.15 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93284 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2022 Medicare Utilization:** 182,819

2024 Work RVU: 1.25
2024 NF PE RVU: 1.84
2024 Fac PE RVU: NA

RUC Recommendation: 1.25 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93285 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2022 Medicare Utilization:** 36,157

2024 Work RVU: 0.52
2024 NF PE RVU: 1.24
2024 Fac PE RVU: NA

RUC Recommendation: 0.52 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93286 **Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2022 Medicare Utilization:** 27,841

2024 Work RVU: 0.30
2024 NF PE RVU: 1.03
2024 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93287 **Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2022 Medicare Utilization:** 13,647

2024 Work RVU: 0.45
2024 NF PE RVU: 1.09
2024 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93288 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2022 Medicare Utilization:** 166,997

2024 Work RVU: 0.43
2024 NF PE RVU: 1.23
2024 Fac PE RVU: NA

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93289 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2022 Medicare Utilization:** 61,363

2024 Work RVU: 0.75
2024 NF PE RVU: 1.36
2024 Fac PE RVU: NA

RUC Recommendation: 0.75 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93290 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2022 Medicare Utilization:** 78,882

2024 Work RVU: 0.43
2024 NF PE RVU: 1.13
2024 Fac PE RVU: NA

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93291 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2022 Medicare Utilization:** 56,650

2024 Work RVU: 0.37
2024 NF PE RVU: 1.07
2024 Fac PE RVU: NA

RUC Recommendation: 0.37 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93292 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2022 Medicare Utilization:** 1,159

2024 Work RVU: 0.43
2024 NF PE RVU: 1.07
2024 Fac PE RVU: NA

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93293 **Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2022 Medicare Utilization:** 12,341

2024 Work RVU: 0.31
2024 NF PE RVU: 0.99
2024 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93294 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2022 Medicare Utilization:** 1,612,239

2024 Work RVU: 0.60
2024 NF PE RVU: 0.23
2024 Fac PE RVU: 0.23

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93295 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2022 Medicare Utilization:** 693,545

2024 Work RVU: 0.74
2024 NF PE RVU: 0.29
2024 Fac PE RVU: 0.29

RUC Recommendation: 0.74 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93296 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2022 Medicare Utilization:** 1,706,050

2024 Work RVU: 0.00
2024 NF PE RVU: 0.63
2024 Fac PE RVU: NA

RUC Recommendation: New PE inputs and Refer to CPT **Referred to CPT** February 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93297 **Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Remote Interrogation Deviec Evaluation - Cardiovascular (PE Only) **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2022 Medicare Utilization:** 595,700

2024 Work RVU: 0.52
2024 NF PE RVU: 1.26
2024 Fac PE RVU:

RUC Recommendation: 0.52 and PE Inputs **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93298 **Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Remote Interrogation Deviec Evaluation - Cardiovascular (PE Only) **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2022 Medicare Utilization:** 1,057,416

2024 Work RVU: 0.52
2024 NF PE RVU: 2.49
2024 Fac PE RVU:

RUC Recommendation: 0.52 and PE Inputs **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93299 **Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results**

Global: **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 22 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93306 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography**

Global: XXX **Issue:** Complete Transthoracic Echocardiography (TTE) with Doppler **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 21 **Specialty Developing Recommendation:** ACC, ASE **First Identified:** July 2015 **2022 Medicare Utilization:** 6,556,291

2024 Work RVU: 1.46
2024 NF PE RVU: 4.35
2024 Fac PE RVU: NA

RUC Recommendation: 1.46 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93307 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 42 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2022 Medicare Utilization:** 22,997

2024 Work RVU: 0.92
2024 NF PE RVU: 3.12
2024 Fac PE RVU: NA

RUC Recommendation: 0.92 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93308 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 42 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2022 Medicare Utilization:** 518,514

2024 Work RVU: 0.53
2024 NF PE RVU: 2.39
2024 Fac PE RVU: NA

RUC Recommendation: 0.53 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93320 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 30 **Specialty Developing Recommendation:** ACC **First Identified:** February 2009 **2022 Medicare Utilization:** 315,122

2024 Work RVU: 0.38
2024 NF PE RVU: 1.12
2024 Fac PE RVU: NA

RUC Recommendation: 0.38 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93321 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 30 **Specialty Developing Recommendation:** ACC **First Identified:** October 2013 **2022 Medicare Utilization:** 294,668

2024 Work RVU: 0.15
2024 NF PE RVU: 0.59
2024 Fac PE RVU: NA

RUC Recommendation: 0.15 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93325 **Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 30 **Specialty Developing Recommendation:** ACC

First Identified: February 2009

2022 Medicare Utilization: 602,818

2024 Work RVU: 0.07
2024 NF PE RVU: 0.63
2024 Fac PE RVU: NA

RUC Recommendation: 0.07

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93350 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;**

Global: XXX **Issue:** Stress Transthoracic Echocardiography (TTE) Complete **Screen:** Other - Identified by RUC / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 26 **Specialty Developing Recommendation:** ACC, ASE

First Identified: April 2008

2022 Medicare Utilization: 66,435

2024 Work RVU: 1.46
2024 NF PE RVU: 4.03
2024 Fac PE RVU: NA

RUC Recommendation: 1.46; CPT Assistant article published

Referred to CPT October 2010
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Result: Decrease

93351 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional**

Global: XXX **Issue:** Stress Transthoracic Echocardiography (TTE) Complete **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 26 **Specialty Developing Recommendation:** ACC, ASE

First Identified: July 2015

2022 Medicare Utilization: 180,025

2024 Work RVU: 1.75
2024 NF PE RVU: 5.11
2024 Fac PE RVU: NA

RUC Recommendation: 1.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

93451 **Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 42,202

2024 Work RVU: 2.47
2024 NF PE RVU: 22.57
2024 Fac PE RVU: NA

RUC Recommendation: Remove from Modifier -51 exempt list. 3.02 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93452 **Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 3,229

2024 Work RVU: 4.50
2024 NF PE RVU: 21.12
2024 Fac PE RVU: NA

RUC Recommendation: 4.32 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93453 **Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 1,886

2024 Work RVU: 5.99
2024 NF PE RVU: 26.66
2024 Fac PE RVU: NA

RUC Recommendation: 5.98 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93454 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 106,882

2024 Work RVU: 4.54
2024 NF PE RVU: 21.29
2024 Fac PE RVU: NA

RUC Recommendation: 4.95 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93455 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 19,948

2024 Work RVU: 5.29
2024 NF PE RVU: 23.45
2024 Fac PE RVU: NA

RUC Recommendation: 6.15 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93456 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 20,099

2024 Work RVU: 5.90
2024 NF PE RVU: 26.19
2024 Fac PE RVU: NA

RUC Recommendation: Remove from Modifier -51 Exempt List. 6.00 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93457 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 3,345

2024 Work RVU: 6.64
2024 NF PE RVU: 28.31
2024 Fac PE RVU: NA

RUC Recommendation: 7.66 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93458 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 388,146

2024 Work RVU: 5.60
2024 NF PE RVU: 24.04
2024 Fac PE RVU: NA

RUC Recommendation: 6.51 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93459 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 59,598

2024 Work RVU: 6.35
2024 NF PE RVU: 25.47
2024 Fac PE RVU: NA

RUC Recommendation: 7.34 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93460 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 72,649

2024 Work RVU: 7.10
2024 NF PE RVU: 28.21
2024 Fac PE RVU: NA

RUC Recommendation: 7.88 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93461 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 10,155

2024 Work RVU: 7.85
2024 NF PE RVU: 31.09
2024 Fac PE RVU: NA

RUC Recommendation: 9.00 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93462 **Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 7,108

2024 Work RVU: 3.73
2024 NF PE RVU: 1.48
2024 Fac PE RVU: 1.48

RUC Recommendation: 3.73 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93463 **Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 5,281

2024 Work RVU: 2.00
2024 NF PE RVU: 0.7
2024 Fac PE RVU: 0.70

RUC Recommendation: 2.00 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93464 **Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 1,210

2024 Work RVU: 1.80
2024 NF PE RVU: 4.61
2024 Fac PE RVU: NA

RUC Recommendation: 1.80 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93501 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93503 **Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75%or More-Part4 / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2022 Medicare Utilization:** 51,189

2024 Work RVU: 2.00
2024 NF PE RVU:
2024 Fac PE RVU: 0.39

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93508 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93510 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More/ CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93511 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93514 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93524 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93526 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93527 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93528 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93529 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93539 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93540 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93541 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93542 **Deleted from CPT** **Global:** **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93543 **Deleted from CPT** **Global:** **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93544 **Deleted from CPT** **Global:** **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93545 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93555 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93556 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93561 **Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)**

Global: ZZZ **Issue:** Cardiac Output Measurement **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 27 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 0.77. Deleted from CPT for 2022.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93562 **Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output**

Global: ZZZ **Issue:** Cardiac Output Measurement **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 27 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 0.95. Deleted from CPT for 2022.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93563 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 110

2024 Work RVU: 1.00
2024 NF PE RVU: 0.35
2024 Fac PE RVU: 0.35

RUC Recommendation: 2.00

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: 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:** Codes Reported Together 95% or More / Survey Below 30 Threshold **Complete?** No

Most Recent RUC Meeting: October 2021 **Tab:** 08 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** October 2021 **2022 Medicare Utilization:** 2

2024 Work RVU: 1.03
2024 NF PE RVU: 0.35
2024 Fac PE RVU: 0.35

RUC Recommendation: Review action plan **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93565 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 52

2024 Work RVU: 0.50
2024 NF PE RVU: 0.17
2024 Fac PE RVU: 0.17

RUC Recommendation: 1.90 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93566 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 177

2024 Work RVU: 0.50
2024 NF PE RVU: 0.17
2024 Fac PE RVU: 0.17

RUC Recommendation: 0.96 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93567 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 16,125

2024 Work RVU: 0.70
2024 NF PE RVU: 0.24
2024 Fac PE RVU: 0.24

RUC Recommendation: 0.97 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93568 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for nonselective pulmonary arterial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 1,204

2024 Work RVU: 0.88
2024 NF PE RVU: 0.3
2024 Fac PE RVU: 0.30

RUC Recommendation: 0.98 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93571 **Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Coronary Flow Reserve Measurement **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 13 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** October 2016 **2022 Medicare Utilization:** 62,078

2024 Work RVU: 0.00
2024 NF PE RVU:
2024 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93572 **Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Coronary Flow Reserve Measurement **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 13 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** October 2017 **2022 Medicare Utilization:** 11,878

2024 Work RVU: 0.00
2024 NF PE RVU:
2024 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93613 **Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** CMS Fastest Growing / High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2022 Medicare Utilization:** 7,909

2024 Work RVU: 5.23
2024 NF PE RVU:
2024 Fac PE RVU: 2.08

RUC Recommendation: 5.23 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93620 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording**

Global: 000 **Issue:** Intracardiac Catheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2022 Medicare Utilization:** 6,224

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 11.57 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93621 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2019 **2022 Medicare Utilization:** 3,608

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93623 **Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pacing Heart Stimulation **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 22 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2018 **2022 Medicare Utilization:** 38,431

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: Referral to CPT for parenthetical. 2.04

Referred to CPT May 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

93641 **Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator**

Global: 000 **Issue:** Insertion/Removal of Pacemaker or Pacing Carioverter-Defibillator **Screen:** Codes Reported Together 75% or More-Part1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2022 Medicare Utilization:** 7,279

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 2B.

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93651 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination**

Global: **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93652 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia**

Global: **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** CMS Fastest Growing/Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93653 **Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry**

Global: 000 **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2022 Medicare Utilization:** 27,100

2024 Work RVU: 15.00
2024 NF PE RVU:
2024 Fac PE RVU: 6.00

RUC Recommendation: 15.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93654 **Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed**

Global: 000 **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2022 Medicare Utilization:** 7,891

2024 Work RVU: 18.10
2024 NF PE RVU:
2024 Fac PE RVU: 7.20

RUC Recommendation: 18.10 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

93655 **Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 /High Volume Growth7 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2022 Medicare Utilization:** 44,633

2024 Work RVU: 5.50
2024 NF PE RVU:
2024 Fac PE RVU: 2.20

RUC Recommendation: 7.00 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

93656 **Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and His bundle recording, when performed**

Global: 000 **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2011

2022 Medicare Utilization: 67,640

2024 Work RVU: 17.00
2024 NF PE RVU:
2024 Fac PE RVU: 6.82

RUC Recommendation: 17.00

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93657 **Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2011

2022 Medicare Utilization: 37,851

2024 Work RVU: 5.50
2024 NF PE RVU:
2024 Fac PE RVU: 2.21

RUC Recommendation: 7.00

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93662 **Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** High Volume Growth1 / High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS

First Identified: February 2008

2022 Medicare Utilization: 26,679

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 2.53

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

93668 **Peripheral arterial disease (PAD) rehabilitation, per session**

Global: XXX **Issue:** Peripheral Artery Disease (PAD) Rehabilitation (PE Only) **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 28 **Specialty Developing Recommendation:**

First Identified: July 2017 **2022 Medicare Utilization:** 1,183

2024 Work RVU: 0.00
2024 NF PE RVU: 0.43
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

93701 **Bioimpedance-derived physiologic cardiovascular analysis**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: October 2010 **2022 Medicare Utilization:** 3,819

2024 Work RVU: 0.00
2024 NF PE RVU: 0.8
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

93731 **Deleted from CPT**

Global: **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93732 **Deleted from CPT**

Global: **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93733 **Deleted from CPT**

Global: **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93743 **Deleted from CPT**

Global: **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93744 **Deleted from CPT**

Global: **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93750 **Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report**

Global: XXX **Issue:** Ventricular Assist Device (VAD) Interrogation **Screen:** High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 24 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** October 2018 **2022 Medicare Utilization:** 78,765

2024 Work RVU: 0.75
2024 NF PE RVU: 0.65
2024 Fac PE RVU: 0.31

RUC Recommendation: 0.85 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93792 **Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 / Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: September 2016 **2022 Medicare Utilization:** 890

2024 Work RVU: 0.00
2024 NF PE RVU: 2.08
2024 Fac PE RVU: NA

RUC Recommendation: Review in 3 years. 0.00 PE Only

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

93793 **Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 / Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: September 2016 **2022 Medicare Utilization:** 1,483,382

2024 Work RVU: 0.18
2024 NF PE RVU: 0.15
2024 Fac PE RVU: NA

RUC Recommendation: Review in 3 years. 0.18

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93875 **Deleted from CPT**

Global: **Issue:** Noninvasive Vascular Diagnostic Studies **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS

First Identified: February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010
Referred to CPT Asst ☑ **Published in CPT Asst:** SS in process of developing draft of CPT Asst article (Aug 2011). Code was deleted

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93880 **Duplex scan of extracranial arteries; complete bilateral study** **Global:** XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACR, ACC, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 1,698,816

2024 Work RVU: 0.80
2024 NF PE RVU: 4.8
2024 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Addressed in CPT Coding Changes

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93882 **Duplex scan of extracranial arteries; unilateral or limited study** **Global:** XXX **Issue:** Duplex Scans **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** January 2012 **2022 Medicare Utilization:** 26,072

2024 Work RVU: 0.50
2024 NF PE RVU: 3.16
2024 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93886 **Transcranial Doppler study of the intracranial arteries; complete study** **Global:** XXX **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** February 2010 **2022 Medicare Utilization:** 81,451

2024 Work RVU: 0.91
2024 NF PE RVU: 7.24
2024 Fac PE RVU: NA

RUC Recommendation: 0.90 **Referred to CPT** May 2023 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93888 **Transcranial Doppler study of the intracranial arteries; limited study**

Global: XXX **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 8,259

2024 Work RVU: 0.50
2024 NF PE RVU: 4.24
2024 Fac PE RVU: NA

RUC Recommendation: 0.73 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93890 **Transcranial Doppler study of the intracranial arteries; vasoreactivity study**

Global: XXX **Issue:** Transcranial Doppler Studies **Screen:** High Volume Growth6 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** October 2019 **2022 Medicare Utilization:** 39,570

2024 Work RVU: 1.00
2024 NF PE RVU: 7.44
2024 Fac PE RVU: NA

RUC Recommendation: Deleted from CPT 2025. **Referred to CPT** May 2023 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93892 **Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection**

Global: XXX **Issue:** Transcranial Doppler Studies **Screen:** High Volume Growth6 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** October 2019 **2022 Medicare Utilization:** 41,305

2024 Work RVU: 1.15
2024 NF PE RVU: 8.57
2024 Fac PE RVU: NA

RUC Recommendation: 1.15 **Referred to CPT** May 2023 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93893 **Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection**

Global: XXX **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** May 2023 **2022 Medicare Utilization:** 1,835

2024 Work RVU: 1.15
2024 NF PE RVU: 10.82
2024 Fac PE RVU: NA

RUC Recommendation: 1.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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93895 **Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral**

Global: XXX **Issue:** Carotid Intima-Media Thickness Ultrasound **Screen:** New Code in CPT 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 37 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2014 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: Rescind April 2014 recommendation, contractor price. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Not Part of RAW

93896 **Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)**

Global: **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** May 2023 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 0.81 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

93897 **Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)**

Global: **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** May 2023 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 0.73 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93898 **Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)**

Global: **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** May 2023 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 0.85 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93922 **Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** October 2008 **2022 Medicare Utilization:** 582,728

2024 Work RVU: 0.25
2024 NF PE RVU: 2.17
2024 Fac PE RVU: NA

RUC Recommendation: 0.25 **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93923 **Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2022 Medicare Utilization:** 324,949

2024 Work RVU: 0.45
2024 NF PE RVU: 3.37
2024 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93924 **Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2022 Medicare Utilization:** 40,889

2024 Work RVU: 0.50
2024 NF PE RVU: 4.21
2024 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93925 **Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2022 Medicare Utilization:** 600,464

2024 Work RVU: 0.80
2024 NF PE RVU: 6.3
2024 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

93926 **Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2022 Medicare Utilization:** 217,657

2024 Work RVU: 0.50
2024 NF PE RVU: 3.74
2024 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

93930 **Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** November 2013 **2022 Medicare Utilization:** 21,965

2024 Work RVU: 0.80
2024 NF PE RVU: 5.03
2024 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93931 **Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 41,366

2024 Work RVU: 0.50
2024 NF PE RVU: 3.14
2024 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93965 **Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)**

Global: **Issue:** Non-invasive Physiologic Studies of Extremity Veins **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 47 **Specialty Developing Recommendation:** ACC, ACR, SCAI, SVS **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93970 **Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2022 Medicare Utilization:** 1,476,860

2024 Work RVU: 0.70
2024 NF PE RVU: 4.82
2024 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93971 **Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Low Value-High Volume / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** October 2010 **2022 Medicare Utilization:** 1,491,961

2024 Work RVU: 0.45
2024 NF PE RVU: 3.07
2024 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93975 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** November 2013 **2022 Medicare Utilization:** 202,616

2024 Work RVU: 1.16
2024 NF PE RVU: 6.64
2024 Fac PE RVU: NA

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93976 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2022 Medicare Utilization:** 148,998

2024 Work RVU: 0.80
2024 NF PE RVU: 3.89
2024 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93978 **Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:**

First Identified: April 2013 **2022 Medicare Utilization:** 242,324

2024 Work RVU: 0.80
2024 NF PE RVU: 4.48
2024 Fac PE RVU: NA

RUC Recommendation: 0.97

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

93979 **Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:**

First Identified: October 2013 **2022 Medicare Utilization:** 53,565

2024 Work RVU: 0.50
2024 NF PE RVU: 2.96
2024 Fac PE RVU: NA

RUC Recommendation: 0.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

93982 **Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS

First Identified: January 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93985 **Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study**

Global: XXX **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: October 2018 **2022 Medicare Utilization:** 18,144

2024 Work RVU: 0.80
2024 NF PE RVU: 6.47
2024 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** September 2018 **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 **2022 Medicare Utilization:** 6,266

2024 Work RVU: 0.50
2024 NF PE RVU: 3.77
2024 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** September 2018 **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 **2022 Medicare Utilization:** 95,663

2024 Work RVU: 0.50
2024 NF PE RVU: 3.8
2024 Fac PE RVU: NA

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94010 **Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation**

Global: XXX **Issue:** Spirometry **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 12 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2010 **2022 Medicare Utilization:** 795,524

2024 Work RVU: 0.17
2024 NF PE RVU: 0.63
2024 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94014 **Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2022 Medicare Utilization:** 183

2024 Work RVU: 0.52
2024 NF PE RVU: 1.13
2024 Fac PE RVU: NA
Result: Remove from Screen

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94015 **Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2022 Medicare Utilization:** 55

2024 Work RVU: 0.00
2024 NF PE RVU: 0.95
2024 Fac PE RVU: NA
Result: Remove from Screen

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94016 **Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** April 2008 **2022 Medicare Utilization:** 6,674

2024 Work RVU: 0.52
2024 NF PE RVU: 0.18
2024 Fac PE RVU: 0.18

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

94060 **Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration**

Global: XXX **Issue:** Spirometry **Screen:** MPC List / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 12 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2010 **2022 Medicare Utilization:** 770,176

2024 Work RVU: 0.22
2024 NF PE RVU: 0.93
2024 Fac PE RVU: NA

RUC Recommendation: 0.22

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Result: Decrease

94200 **Maximum breathing capacity, maximal voluntary ventilation**

Global: XXX **Issue:** Lung Function Test **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 28 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2017 **2022 Medicare Utilization:** 49,239

2024 Work RVU: 0.05
2024 NF PE RVU: 0.38
2024 Fac PE RVU: NA

RUC Recommendation: 0.05

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94250 **Expired gas collection, quantitative, single procedure (separate procedure)**

Global: **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 17 **Specialty Developing Recommendation:** **First Identified:** January 2019 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94260 **Deleted from CPT**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 / **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94350 **Deleted from CPT**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94360 **Deleted from CPT**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94370 **Determination of airway closing volume, single breath tests**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94450 **Breathing response to hypoxia (hypoxia response curve)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2022 Medicare Utilization:** 515

2024 Work RVU: 0.40
2024 NF PE RVU: 1.96
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT** **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 **2022 Medicare Utilization:** 7,524

2024 Work RVU: 0.70
2024 NF PE RVU: 1.93
2024 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** February 2016 **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

2022 Medicare Utilization: 240,300

2024 Work RVU: 0.48
2024 NF PE RVU: 0.51
2024 Fac PE RVU: NA

RUC Recommendation: 0.48

Referred to CPT February 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

94620 **Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)**

Global: **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST

First Identified: July 2015

2022 Medicare Utilization:

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

94621 **Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings**

Global: XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST

First Identified: January 2016

2022 Medicare Utilization: 16,346

2024 Work RVU: 1.42
2024 NF PE RVU: 3.11
2024 Fac PE RVU: NA

RUC Recommendation: 1.42

Referred to CPT February 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

94625 **Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)**

Global: XXX **Issue:** Outpatient Pulmonary Rehabilitation Services **Screen:** Work Neutrality 2024 / Different Performing Specialty from Survey6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACP, ATS, CHEST **First Identified:** April 2024 **2022 Medicare Utilization:** 28,811

2024 Work RVU: 0.36
2024 NF PE RVU: 1.82
2024 Fac PE RVU: 0.15

RUC Recommendation: Maintain. Review on new technology in April 2026.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

94626 **Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)**

Global: XXX **Issue:** Outpatient Pulmonary Rehabilitation Services **Screen:** Work Neutrality 2024 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACP, ATS, CHEST **First Identified:** April 2024 **2022 Medicare Utilization:** 4,551

2024 Work RVU: 0.56
2024 NF PE RVU: 1.80
2024 Fac PE RVU: 0.20

RUC Recommendation: Maintain. Review on new technology in April 2026.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

94640 **Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** Codes Reported Together 75% or More-Part2 /CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 25 **Specialty Developing Recommendation:** AAFP, ATS, CHEST, **First Identified:** **2022 Medicare Utilization:** 166,120

2024 Work RVU: 0.00
2024 NF PE RVU: 0.23
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

94667 **Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 25 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2019 **2022 Medicare Utilization:** 3,277

2024 Work RVU: 0.00
2024 NF PE RVU: 0.73
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

94668 **Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 25 **Specialty Developing Recommendation:** AAFP, ATS, CHEST, **First Identified:** **2022 Medicare Utilization:** 6,247

2024 Work RVU: 0.00
2024 NF PE RVU: 1.15
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs CPT Assistant article published **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94669 **Mechanical chest wall oscillation to facilitate lung function, per session**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 25 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2019 **2022 Medicare Utilization:** 130

2024 Work RVU: 0.00
2024 NF PE RVU: 0.6
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94681 **Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 51 **Specialty Developing Recommendation:** AACE, TES, ACCP/ATS **First Identified:** February 2008 **2022 Medicare Utilization:** 3,429

2024 Work RVU: 0.20
2024 NF PE RVU: 1.21
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94720 **Carbon monoxide diffusing capacity (eg, single breath, steady state)**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94725 **Membrane diffusion capacity**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94726 **Plethysmography for determination of lung volumes and, when performed, airway resistance**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2022 Medicare Utilization:** 587,560

2024 Work RVU: 0.26
2024 NF PE RVU: 1.39
2024 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

94727 **Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2022 Medicare Utilization:** 259,358

2024 Work RVU: 0.26
2024 NF PE RVU: 1.06
2024 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

94728 **Airway resistance by oscillometry**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2022 Medicare Utilization:** 3,318

2024 Work RVU: 0.26
2024 NF PE RVU: 1.05
2024 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94729 **Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2022 Medicare Utilization:** 922,733

2024 Work RVU: 0.19
2024 NF PE RVU: 1.49
2024 Fac PE RVU: NA

RUC Recommendation: 0.19 **Referred to CPT** February 2011 **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94760 **Noninvasive ear or pulse oximetry for oxygen saturation; single determination**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** NA **2022 Medicare Utilization:** 11,156

2024 Work RVU: 0.00
2024 NF PE RVU: 0.07
2024 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94761 **Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 32 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: NA **2022 Medicare Utilization:** 2,493

2024 Work RVU: 0.00
2024 NF PE RVU: 0.11
2024 Fac PE RVU: NA

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

94762 **Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Fastest Growing, CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 32 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: October 2008 **2022 Medicare Utilization:** 139,776

2024 Work RVU: 0.00
2024 NF PE RVU: 0.75
2024 Fac PE RVU: NA

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

94770 **Carbon dioxide, expired gas determination by infrared analyzer**

Global: **Issue:** Evaluation of Wheezing **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 25 **Specialty Developing Recommendation:** ATS, CHEST

First Identified: February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2019
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

95004 **Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 27 **Specialty Developing Recommendation:** AAAAI, AAOA, ACAAI **First Identified:** October 2010 **2022 Medicare Utilization:** 8,192,459

2024 Work RVU: 0.01
2024 NF PE RVU: 0.09
2024 Fac PE RVU: NA

RUC Recommendation: 0.01 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95010 **Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95012 **Nitric oxide expired gas determination**

Global: XXX **Issue:** Exhaled Nitric Oxide Measurement (PE Only) **Screen:** High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 26 **Specialty Developing Recommendation:** AAAAI, ACAAI, ATS, CHEST **First Identified:** October 2018 **2022 Medicare Utilization:** 84,141

2024 Work RVU: 0.00
2024 NF PE RVU: 0.56
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95015 **Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95017 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2022 Medicare Utilization:** 16,575

2024 Work RVU: 0.07
2024 NF PE RVU: 0.18
2024 Fac PE RVU: 0.03

RUC Recommendation: 0.07 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95018 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2022 Medicare Utilization:** 90,311

2024 Work RVU: 0.14
2024 NF PE RVU: 0.45
2024 Fac PE RVU: 0.06

RUC Recommendation: 0.14 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95024 **Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI, AAOA **First Identified:** October 2010 **2022 Medicare Utilization:** 1,386,947

2024 Work RVU: 0.01
2024 NF PE RVU: 0.22
2024 Fac PE RVU: 0.01

RUC Recommendation: New PE Inputs.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

95027 **Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 41 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2022 Medicare Utilization:** 116,083

2024 Work RVU: 0.01
2024 NF PE RVU: 0.13
2024 Fac PE RVU: NA

RUC Recommendation: 0.01

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

95115 **Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection**

Global: XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** January 2012 **2022 Medicare Utilization:** 767,020

2024 Work RVU: 0.00
2024 NF PE RVU: 0.3
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

95117 **Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections**

Global: XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** September 2011 **2022 Medicare Utilization:** 2,410,492

2024 Work RVU: 0.00
2024 NF PE RVU: 0.36
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95144 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 49 **Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI **First Identified:** October 2010 **2022 Medicare Utilization:** 169,071

2024 Work RVU: 0.06
2024 NF PE RVU: 0.43
2024 Fac PE RVU: 0.03

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95148 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms**

Global: XXX **Issue:** **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 73 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2022 Medicare Utilization:** 19,653

2024 Work RVU: 0.06
2024 NF PE RVU: 2.83
2024 Fac PE RVU: 0.02

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95165 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 49 **Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI **First Identified:** October 2010 **2022 Medicare Utilization:** 6,237,888

2024 Work RVU: 0.06
2024 NF PE RVU: 0.37
2024 Fac PE RVU: 0.03

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95249 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 24 **Specialty Developing Recommendation:** AACE, ES, ACP **First Identified:** **2022 Medicare Utilization:** 14,565

2024 Work RVU: 0.00
2024 NF PE RVU: 1.92
2024 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** June 2017 **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** June 2018

95250 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 / Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 24 **Specialty Developing Recommendation:** AACE, ES **First Identified:** October 2013 **2022 Medicare Utilization:** 39,326

2024 Work RVU: 0.00
2024 NF PE RVU: 4.39
2024 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** October 2015 & February 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95251 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth / Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 24 **Specialty Developing Recommendation:** AACE, ES **First Identified:** April 2013 **2022 Medicare Utilization:** 553,918

2024 Work RVU: 0.70
2024 NF PE RVU: 0.29
2024 Fac PE RVU: 0.29

RUC Recommendation: 0.70. **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95700 **Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 / Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 14,831

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95705 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 308

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95706 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 272

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95707 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 162

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95708 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 7,458

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95709 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: May 2018

2022 Medicare Utilization: 1,465

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: PE Only

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

95710 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: May 2018

2022 Medicare Utilization: 126

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: PE Only

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

95711 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: May 2018

2022 Medicare Utilization: 147

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: PE Only

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

95712 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 1,022

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95713 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 2,393

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95714 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 3,239

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95715 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 / Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 17,499

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95716 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 2,244

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95717 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 3,762

2024 Work RVU: 2.00
2024 NF PE RVU: 1.02
2024 Fac PE RVU: 0.97

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95718 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 32,988

2024 Work RVU: 2.50
2024 NF PE RVU: 1.33
2024 Fac PE RVU: 1.26

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95719 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 6,235

2024 Work RVU: 3.00
2024 NF PE RVU: 1.58
2024 Fac PE RVU: 1.50

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95720 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 126,680

2024 Work RVU: 3.86
2024 NF PE RVU: 2.04
2024 Fac PE RVU: 1.93

RUC Recommendation: 3.86 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95721 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 2,557

2024 Work RVU: 3.86
2024 NF PE RVU: 2.05
2024 Fac PE RVU: 1.93

RUC Recommendation: 3.86 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95722 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 2,086

2024 Work RVU: 4.70
2024 NF PE RVU: 2.45
2024 Fac PE RVU: 2.31

RUC Recommendation: 4.70 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95723 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 2,407

2024 Work RVU: 4.75
2024 NF PE RVU: 2.43
2024 Fac PE RVU: 2.29

RUC Recommendation: 4.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95724 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 3,920

2024 Work RVU: 6.00
2024 NF PE RVU: 3.03
2024 Fac PE RVU: 2.86

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95725 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 194

2024 Work RVU: 5.40
2024 NF PE RVU: 2.92
2024 Fac PE RVU: 2.71

RUC Recommendation: 5.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95726 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 577

2024 Work RVU: 7.58
2024 NF PE RVU: 3.99
2024 Fac PE RVU: 3.75

RUC Recommendation: 7.58 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95800 **Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing / High Volume Growth10 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2022 Medicare Utilization:** 103,574

2024 Work RVU: 0.85
2024 NF PE RVU: 3.18
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. 1.05 **Referred to CPT** February 2025 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95801 **Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2022 Medicare Utilization:** 198

2024 Work RVU: 0.85
2024 NF PE RVU: 2.02
2024 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95803 **Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** NA **2022 Medicare Utilization:** 164

2024 Work RVU: 0.90
2024 NF PE RVU: 3.13
2024 Fac PE RVU: NA

RUC Recommendation: 0.90 and New PE inputs **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95805 **Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2022 Medicare Utilization:** 1,681

2024 Work RVU: 1.20
2024 NF PE RVU: 11.6
2024 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95806 **Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2022 Medicare Utilization:** 87,153

2024 Work RVU: 0.93
2024 NF PE RVU: 1.85
2024 Fac PE RVU: NA

RUC Recommendation: 1.28 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95807 **Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2022 Medicare Utilization:** 927

2024 Work RVU: 1.28
2024 NF PE RVU: 10.86
2024 Fac PE RVU: NA

RUC Recommendation: 1.25 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95808 **Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2022 Medicare Utilization:** 614

2024 Work RVU: 1.74
2024 NF PE RVU: 13.44
2024 Fac PE RVU: NA

RUC Recommendation: 1.74 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95810 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** February 2010 **2022 Medicare Utilization:** 171,553

2024 Work RVU: 2.50
2024 NF PE RVU: 15.98
2024 Fac PE RVU: NA

RUC Recommendation: 2.50 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95811 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2022 Medicare Utilization:** 187,527

2024 Work RVU: 2.60
2024 NF PE RVU: 16.71
2024 Fac PE RVU: NA

RUC Recommendation: 2.60 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95812 **Electroencephalogram (EEG) extended monitoring; 41-60 minutes**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** July 2015 **2022 Medicare Utilization:** 19,969

2024 Work RVU: 1.08
2024 NF PE RVU: 9.35
2024 Fac PE RVU: NA

RUC Recommendation: 1.08 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95813 **Electroencephalogram (EEG) extended monitoring; 61-119 minutes**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: July 2015 **2022 Medicare Utilization:** 23,283

2024 Work RVU: 1.63
2024 NF PE RVU: 11.55
2024 Fac PE RVU: NA

RUC Recommendation: 1.63

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

95816 **Electroencephalogram (EEG); including recording awake and drowsy**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: January 2012 **2022 Medicare Utilization:** 233,774

2024 Work RVU: 1.08
2024 NF PE RVU: 10.67
2024 Fac PE RVU: NA

RUC Recommendation: 1.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

95819 **Electroencephalogram (EEG); including recording awake and asleep**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 22 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: September 2011 **2022 Medicare Utilization:** 156,540

2024 Work RVU: 1.08
2024 NF PE RVU: 12.46
2024 Fac PE RVU: NA

RUC Recommendation: 1.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

95822 **Electroencephalogram (EEG); recording in coma or sleep only**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 22 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: January 2012 **2022 Medicare Utilization:** 24,667

2024 Work RVU: 1.08
2024 NF PE RVU: 11.22
2024 Fac PE RVU: NA

RUC Recommendation: 1.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

95827 **Electroencephalogram (EEG); all night recording** **Global:** **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95831 **Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk** **Global:** **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA **First Identified:** October 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95832 **Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side** **Global:** **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA **First Identified:** October 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95833 **Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands**

Global: **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA **First Identified:** October 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95834 **Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands**

Global: **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA **First Identified:** October 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95851 **Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** APTA **First Identified:** April 2022 **2022 Medicare Utilization:** 20,414

2024 Work RVU: 0.16
2024 NF PE RVU: 0.48
2024 Fac PE RVU: 0.06

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95860 **Needle electromyography; 1 extremity with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges over $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2009 **2022 Medicare Utilization:** 2,843

2024 Work RVU: 0.96
2024 NF PE RVU: 2.36
2024 Fac PE RVU: NA

RUC Recommendation: 0.96 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95861 **Needle electromyography; 2 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2022 Medicare Utilization:** 44,932

2024 Work RVU: 1.54
2024 NF PE RVU: 3.16
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen. 1.54 **Referred to CPT** February 2011 & October 2011 & February 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95863 **Needle electromyography; 3 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2022 Medicare Utilization:** 93

2024 Work RVU: 1.87
2024 NF PE RVU: 4.25
2024 Fac PE RVU: NA

RUC Recommendation: 1.87 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95864 **Needle electromyography; 4 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2022 Medicare Utilization:** 1,107

2024 Work RVU: 1.99
2024 NF PE RVU: 4.84
2024 Fac PE RVU: NA

RUC Recommendation: 1.99 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95867 **Needle electromyography; cranial nerve supplied muscle(s), unilateral** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2022 Medicare Utilization:** 1,258

2024 Work RVU: 0.79
2024 NF PE RVU: 2.35
2024 Fac PE RVU: NA

RUC Recommendation: 0.79 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95868 **Needle electromyography; cranial nerve supplied muscles, bilateral**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2022 Medicare Utilization:** 3,766

2024 Work RVU: 1.18
2024 NF PE RVU: 2.91
2024 Fac PE RVU: NA

RUC Recommendation: 1.18 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95869 **Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2011 **2022 Medicare Utilization:** 432

2024 Work RVU: 0.37
2024 NF PE RVU: 2.45
2024 Fac PE RVU: NA

RUC Recommendation: 0.37 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95870 **Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2011 **2022 Medicare Utilization:** 53,954

2024 Work RVU: 0.37
2024 NF PE RVU: 2.09
2024 Fac PE RVU: NA

RUC Recommendation: 0.37 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95885 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2022 Medicare Utilization:** 122,624

2024 Work RVU: 0.35
2024 NF PE RVU: 1.49
2024 Fac PE RVU: NA

RUC Recommendation: 0.35 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95886 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2022 Medicare Utilization:** 851,191

2024 Work RVU: 0.86
2024 NF PE RVU: 1.99
2024 Fac PE RVU: NA

RUC Recommendation: 0.92 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95887 **Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2022 Medicare Utilization:** 13,829

2024 Work RVU: 0.71
2024 NF PE RVU: 1.74
2024 Fac PE RVU: NA

RUC Recommendation: 0.73 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95900 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study**

Global:

Issue: EMG in Conjunction with Nerve Testing

Screen: MPC List / Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab: 32

Specialty Developing Recommendation: AAN, AAPMR, AANEM, APTA

First Identified: October 2010

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011& February 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95903 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study**

Global:

Issue: EMG in Conjunction with Nerve Testing

Screen: CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab: 32

Specialty Developing Recommendation: AAN, AAPMR, AANEM, APTA

First Identified: September 2011

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011 and February 2012 & February 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95904 **Nerve conduction, amplitude and latency/velocity study, each nerve; sensory**

Global:

Issue: EMG in Conjunction with Nerve Testing

Screen: Codes Reported Together 75% or More-Part1 / Low Value-Billed in Multiple Units

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab: 32

Specialty Developing Recommendation: AAN, AAPMR, AANEM, APTA

First Identified: February 2010

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011 & October 2011 & February 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95907 **Nerve conduction studies; 1-2 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2022 Medicare Utilization:** 5,271

2024 Work RVU: 1.00
2024 NF PE RVU: 1.65
2024 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95908 **Nerve conduction studies; 3-4 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2022 Medicare Utilization:** 45,620

2024 Work RVU: 1.25
2024 NF PE RVU: 2.04
2024 Fac PE RVU: NA

RUC Recommendation: 1.37 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95909 **Nerve conduction studies; 5-6 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2022 Medicare Utilization:** 108,998

2024 Work RVU: 1.50
2024 NF PE RVU: 2.45
2024 Fac PE RVU: NA

RUC Recommendation: 1.77 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95910 **Nerve conduction studies; 7-8 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2022 Medicare Utilization:** 130,980

2024 Work RVU: 2.00
2024 NF PE RVU: 3.16
2024 Fac PE RVU: NA

RUC Recommendation: 2.80 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95911 **Nerve conduction studies; 9-10 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2022 Medicare Utilization:** 158,049

2024 Work RVU: 2.50
2024 NF PE RVU: 3.72
2024 Fac PE RVU: NA

RUC Recommendation: 3.34 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95912 **Nerve conduction studies; 11-12 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2022 Medicare Utilization:** 69,835

2024 Work RVU: 3.00
2024 NF PE RVU: 4.26
2024 Fac PE RVU: NA

RUC Recommendation: 4.00 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95913 **Nerve conduction studies; 13 or more studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2022 Medicare Utilization:** 76,025

2024 Work RVU: 3.56
2024 NF PE RVU: 4.82
2024 Fac PE RVU: NA

RUC Recommendation: 4.20 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95921 **Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 / Different Performing Specialty from Survey3 / Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACNS, ACP **First Identified:** October 2009 **2022 Medicare Utilization:** 54,136

2024 Work RVU: 0.90
2024 NF PE RVU: 1.69
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. 0.90 **Referred to CPT** February 2025 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2020

95922 **Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** High Volume Growth1 / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACNS, ACP **First Identified:** February 2008 **2022 Medicare Utilization:** 1,853

2024 Work RVU: 0.96
2024 NF PE RVU: 1.83
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. 0.96 **Referred to CPT** February 2025 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2008; Sep 2020

Status Report: CMS Requests and Relativity Assessment Issues

95923 **Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth6 / Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACNS, ACP **First Identified:** October 2019 **2022 Medicare Utilization:** 88,688

2024 Work RVU: 0.90
2024 NF PE RVU: 2.71
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. 0.90 **Referred to CPT** February 2025 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2020

95924 **Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACNS, ACP **First Identified:** February 2012 **2022 Medicare Utilization:** 16,278

2024 Work RVU: 1.73
2024 NF PE RVU: 2.69
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. 1.73 **Referred to CPT** February 2025 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2020

95925 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2022 Medicare Utilization:** 4,601

2024 Work RVU: 0.54
2024 NF PE RVU: 4.68
2024 Fac PE RVU: NA

RUC Recommendation: 0.54 and New PE Inputs **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95926 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1/ CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2022 Medicare Utilization:** 4,391

2024 Work RVU: 0.54
2024 NF PE RVU: 4.14
2024 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.54 and New PE Inputs **Referred to CPT** October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

95928 **Central motor evoked potential study (transcranial motor stimulation); upper limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 36 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **2022 Medicare Utilization:** 388

2024 Work RVU: 1.50
2024 NF PE RVU: 5.63
2024 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.50 **Referred to CPT** October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95929 **Central motor evoked potential study (transcranial motor stimulation); lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 36 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **2022 Medicare Utilization:** 1,400

2024 Work RVU: 1.50
2024 NF PE RVU: 5.72
2024 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95930 **Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report**

Global: XXX **Issue:** Visual Evoked Potential Testing **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 11 **Specialty Developing Recommendation:** AAO, AOA (optometry), ACNS **First Identified:** October 2015 **2022 Medicare Utilization:** 36,554

2024 Work RVU: 0.35
2024 NF PE RVU: 1.65
2024 Fac PE RVU: NA

RUC Recommendation: 0.35 **Referred to CPT** May 2016 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95934 **H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle**

Global: **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** **First Identified:** **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95936 **H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle**

Global: **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** **First Identified:** **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95937 **Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method**

Global: XXX **Issue:** RAW **Screen:** Different Performing Specialty from Survey5 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2022 Medicare Utilization:** 32,713

2024 Work RVU: 0.65
2024 NF PE RVU: 2.43
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

95938 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** January 2013 **2022 Medicare Utilization:** 94,688

2024 Work RVU: 0.86
2024 NF PE RVU: 10.3
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen. 0.86 and new PE inputs **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95939 **Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** January 2013 **2022 Medicare Utilization:** 45,924

2024 Work RVU: 2.25
2024 NF PE RVU: 14.33
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen. 2.25 and new PE inputs **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95940 **Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2022 Medicare Utilization:** 18,201

2024 Work RVU: 0.60
2024 NF PE RVU:
2024 Fac PE RVU: 0.31

RUC Recommendation: 0.60 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95941 **Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 2.00 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95943 **Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 / Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** January 2018 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95950 **Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours**

Global: **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2009 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95951 **Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours**

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95953 **Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended**

Global: **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2009 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95954 **Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)**

Global: XXX **Issue:** EEG Monitoring **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2008 **2022 Medicare Utilization:** 450

2024 Work RVU: 2.45
2024 NF PE RVU: 9.17
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

95956 **Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse**

Global: **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** October 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

Status Report: CMS Requests and Relativity Assessment Issues

95957 **Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)** **Global:** XXX **Issue:** Electroencephalogram (EEG) Exended Monitoring **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 50 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2022 Medicare Utilization:** 29,391

2024 Work RVU: 1.98
2024 NF PE RVU: 6.7
2024 Fac PE RVU: NA

RUC Recommendation: 1.98 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95970 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming** **Global:** XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 / High Volume Growth3 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** February 2010 **2022 Medicare Utilization:** 27,694

2024 Work RVU: 0.35
2024 NF PE RVU: 0.18
2024 Fac PE RVU: 0.16

RUC Recommendation: 0.45 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95971 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional** **Global:** XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AUA, ACOG, AAPM, SIS, ACNS **First Identified:** October 2009 **2022 Medicare Utilization:** 17,489

2024 Work RVU: 0.78
2024 NF PE RVU: 0.59
2024 Fac PE RVU: 0.30

RUC Recommendation: 0.78 **Referred to CPT** February 2015, June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95972 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional**

Global: XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AUA, ACOG, AAPM, SIS, ACNS **First Identified:** February 2010 **2022 Medicare Utilization:** 37,002

2024 Work RVU: 0.80
2024 NF PE RVU: 0.82
2024 Fac PE RVU: 0.31

RUC Recommendation: 0.80 **Referred to CPT** May 2014 February , June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95973 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 21 **Specialty Developing Recommendation:** AANS/CNS, ACOG, ASA, AUA, ISIS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95974 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour**

Global: **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95975 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

Status Report: CMS Requests and Relativity Assessment Issues

95976 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional**

Global: XXX **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2022 Medicare Utilization:** 7,455

2024 Work RVU: 0.73
2024 NF PE RVU: 0.37
2024 Fac PE RVU: 0.35

RUC Recommendation: 0.95 **Referred to CPT** June 2017 **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 **2022 Medicare Utilization:** 4,950

2024 Work RVU: 0.97
2024 NF PE RVU: 0.49
2024 Fac PE RVU: 0.46

RUC Recommendation: 1.19 **Referred to CPT** June 2017 **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** 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 RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Referred to CPT Asst** ☑ **Published in CPT Asst:** Jul 2016 **Result:** Deleted from CPT

95980 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2022 Medicare Utilization:** 427

2024 Work RVU: 0.80
2024 NF PE RVU:
2024 Fac PE RVU: 0.35

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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95981 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2022 Medicare Utilization:** 531

2024 Work RVU: 0.30
2024 NF PE RVU: 0.81
2024 Fac PE RVU: 0.17

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

95982 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2022 Medicare Utilization:** 838

2024 Work RVU: 0.65
2024 NF PE RVU: 1.01
2024 Fac PE RVU: 0.31

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95983 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional**

Global: XXX **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2022 Medicare Utilization:** 38,254

2024 Work RVU: 0.91
2024 NF PE RVU: 0.49
2024 Fac PE RVU: 0.46

RUC Recommendation: 1.25 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** February 2019

Status Report: CMS Requests and Relativity Assessment Issues

95984 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2022 Medicare Utilization:** 51,686

2024 Work RVU: 0.80
2024 NF PE RVU: 0.42
2024 Fac PE RVU: 0.40

RUC Recommendation: 1.00 **Referred to CPT** June 2017 **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 **2022 Medicare Utilization:** 707

2024 Work RVU: 0.00
2024 NF PE RVU: 2.66
2024 Fac PE RVU: NA

RUC Recommendation: 0.00 **Referred to CPT** October 2010 **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 **2022 Medicare Utilization:** 6,897

2024 Work RVU: 0.77
2024 NF PE RVU: 2.46
2024 Fac PE RVU: 0.32

RUC Recommendation: 0.77 **Referred to CPT** October 2010 **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 **2022 Medicare Utilization:** 112,826

2024 Work RVU: 0.75
2024 NF PE RVU: 0.49
2024 Fac PE RVU: 0.28

RUC Recommendation: Remove from Modifier -51 Exempt list.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

96101 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT June 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

96102 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face**

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT June 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

96103 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report**

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** High Volume Growth2 / Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** April 2013 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96105 **Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS Request/Speech Language Pathology Request / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2022 Medicare Utilization:** 1,718

2024 Work RVU: 1.75
2024 NF PE RVU: 1.06
2024 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

96110 **Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2017 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0.34
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96111 **Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report**

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

96112 **Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 / Different Performing Specialty from Survey6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2022 Medicare Utilization:** 18,459

2024 Work RVU: 2.56
2024 NF PE RVU: 1.01
2024 Fac PE RVU: 0.98

RUC Recommendation: Review in 3 years. 2.50 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2022 Medicare Utilization:** 704

2024 Work RVU: 1.16
2024 NF PE RVU: 0.57
2024 Fac PE RVU: 0.46

RUC Recommendation: 1.10 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2022 Medicare Utilization:** 146,363

2024 Work RVU: 1.86
2024 NF PE RVU: 0.82
2024 Fac PE RVU: 0.43

RUC Recommendation: 1.86 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96118 **Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

96119 **Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face**

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96120 **Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report**

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** April 2013 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

96121 **Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2022 Medicare Utilization:** 32,562

2024 Work RVU: 1.71
2024 NF PE RVU: 0.5
2024 Fac PE RVU: 0.22

RUC Recommendation: 1.71 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

96125 **Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2022 Medicare Utilization:** 6,864

2024 Work RVU: 1.70
2024 NF PE RVU: 1.31
2024 Fac PE RVU: NA

RUC Recommendation: 1.70 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96127 **Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2022 Medicare Utilization:** 600,869

2024 Work RVU: 0.00
2024 NF PE RVU: 0.13
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96130 **Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2022 Medicare Utilization:** 105,672

2024 Work RVU: 2.56
2024 NF PE RVU: 0.92
2024 Fac PE RVU: 0.57

RUC Recommendation: 2.50 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

96131 **Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2022 Medicare Utilization:** 69,961

2024 Work RVU: 1.96
2024 NF PE RVU: 0.56
2024 Fac PE RVU: 0.24

RUC Recommendation: 1.90 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96132 **Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2022 Medicare Utilization:** 216,072

2024 Work RVU: 2.56
2024 NF PE RVU: 1.2
2024 Fac PE RVU: 0.49

RUC Recommendation: 2.50 **Referred to CPT** June 2017 **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 Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2022 Medicare Utilization:** 349,984

2024 Work RVU: 1.96
2024 NF PE RVU: 0.91
2024 Fac PE RVU: 0.25

RUC Recommendation: 1.90 **Referred to CPT** June 2017 **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 Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2022 Medicare Utilization:** 173,355

2024 Work RVU: 0.55
2024 NF PE RVU: 0.68
2024 Fac PE RVU: 0.12

RUC Recommendation: 0.55 **Referred to CPT** June 2017 **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 Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2022 Medicare Utilization:** 332,276

2024 Work RVU: 0.46
2024 NF PE RVU: 0.66
2024 Fac PE RVU: 0.06

RUC Recommendation: 0.46 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

96138 **Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2022 Medicare Utilization:** 182,211

2024 Work RVU: 0.00
2024 NF PE RVU: 1.02
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

96139 **Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2022 Medicare Utilization:** 358,552

2024 Work RVU: 0.00
2024 NF PE RVU: 1.05
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96146 **Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2022 Medicare Utilization:** 8,055

2024 Work RVU: 0.00
2024 NF PE RVU: 0.06
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96150 **Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96151 **Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96152 **Health and behavior intervention, each 15 minutes, face-to-face; individual**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

96153 **Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

96154 **Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:** APA (psychology), NASW **First Identified:** April 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96155 **Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

96156 **Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2022 Medicare Utilization:** 18,554

2024 Work RVU: 2.20
2024 NF PE RVU: 0.7
2024 Fac PE RVU: 0.36

RUC Recommendation: 2.10

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96158 **Health behavior intervention, individual, face-to-face; initial 30 minutes**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2022 Medicare Utilization:** 31,221

2024 Work RVU: 1.52
2024 NF PE RVU: 0.45
2024 Fac PE RVU: 0.20

RUC Recommendation: 1.45

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

96159 **Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2022 Medicare Utilization:** 29,389

2024 Work RVU: 0.52
2024 NF PE RVU: 0.15
2024 Fac PE RVU: 0.06

RUC Recommendation: 0.50

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96164 **Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2022 Medicare Utilization:** 12,356

2024 Work RVU: 0.22
2024 NF PE RVU: 0.08
2024 Fac PE RVU: 0.05

RUC Recommendation: 0.21

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96165 **Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2022 Medicare Utilization:** 35,148

2024 Work RVU: 0.10
2024 NF PE RVU: 0.04
2024 Fac PE RVU: 0.02

RUC Recommendation: 0.10

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

96167 **Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2022 Medicare Utilization:** 1,367

2024 Work RVU: 1.62
2024 NF PE RVU: 0.46
2024 Fac PE RVU: 0.20

RUC Recommendation: 1.55

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96168 **Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2022 Medicare Utilization:** 1,185

2024 Work RVU: 0.58
2024 NF PE RVU: 0.17
2024 Fac PE RVU: 0.07

RUC Recommendation: 0.55

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96170 **Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2022 Medicare Utilization:**

2024 Work RVU: 1.50
2024 NF PE RVU: 0.73
2024 Fac PE RVU: 0.58

RUC Recommendation: 1.50

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

96171 **Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2022 Medicare Utilization:**

2024 Work RVU: 0.54
2024 NF PE RVU: 0.26
2024 Fac PE RVU: 0.21

RUC Recommendation: 0.54 **Referred to CPT** September 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

96202 **Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes**

Global: XXX **Issue:** Caregiver Behavior Management Training **Screen:** RUC Flag for Review **Complete?** No

Most Recent RUC Meeting: April 2021 **Tab:** 11 **Specialty Developing Recommendation:** AACAP, AND, APA (psychology)

First Identified: April 2021 **2022 Medicare Utilization:**

2024 Work RVU: 0.43
2024 NF PE RVU: 0.27
2024 Fac PE RVU: 0.19

RUC Recommendation: Review action plan **Referred to CPT** **Result:** Not part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

96203 **Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Caregiver Behavior Management Training **Screen:** RUC Flag for Review **Complete?** No

Most Recent RUC Meeting: April 2021 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: April 2021 **2022 Medicare Utilization:**

2024 Work RVU: 0.12
2024 NF PE RVU: 0.05
2024 Fac PE RVU: 0.05

RUC Recommendation: Review action plan **Referred to CPT** **Result:** Not part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96360 **Intravenous infusion, hydration; initial, 31 minutes to 1 hour** **Global:** XXX **Issue:** IV Hydration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 25 **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** July 2015 **2022 Medicare Utilization:** 212,461

2024 Work RVU: 0.17
2024 NF PE RVU: 0.79
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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96361 **Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** IV Hydration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 25 **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** July 2015 **2022 Medicare Utilization:** 335,419

2024 Work RVU: 0.09
2024 NF PE RVU: 0.27
2024 Fac PE RVU: NA

RUC Recommendation: 0.09 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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96365 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour** **Global:** XXX **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2022 Medicare Utilization:** 1,391,921

2024 Work RVU: 0.21
2024 NF PE RVU: 1.63
2024 Fac PE RVU: NA

RUC Recommendation: 0.21 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

96366 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** April 2013 **2022 Medicare Utilization:** 583,669

2024 Work RVU: 0.18
2024 NF PE RVU: 0.42
2024 Fac PE RVU: NA

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96367 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2022 Medicare Utilization:** 960,265

2024 Work RVU: 0.19
2024 NF PE RVU: 0.65
2024 Fac PE RVU: NA

RUC Recommendation: 0.19 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96368 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** April 2013 **2022 Medicare Utilization:** 124,450

2024 Work RVU: 0.17
2024 NF PE RVU: 0.41
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96372 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 26 **Specialty Developing Recommendation:** ASCO, ASH, AAFP, ACRh **First Identified:** April 2013 **2022 Medicare Utilization:** 7,563,903

2024 Work RVU: 0.17
2024 NF PE RVU: 0.25
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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96374 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 26 **Specialty Developing Recommendation:** ASCO, ASH, ACRh **First Identified:** July 2015 **2022 Medicare Utilization:** 238,481

2024 Work RVU: 0.18
2024 NF PE RVU: 0.9
2024 Fac PE RVU: NA

RUC Recommendation: 0.18 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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96375 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 26 **Specialty Developing Recommendation:** ASCO, ASH, ACRh **First Identified:** July 2015 **2022 Medicare Utilization:** 1,423,508

2024 Work RVU: 0.10
2024 NF PE RVU: 0.35
2024 Fac PE RVU: NA

RUC Recommendation: 0.10 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

96377 **Application of on-body injector (includes cannula insertion) for timed subcutaneous injection**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** should be on N/R LOI just added to track **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 26 **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** January 2016 **2022 Medicare Utilization:** 45,538

2024 Work RVU: 0.17
2024 NF PE RVU: 0.37
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** N/A **Result:** Not Part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

96380 **Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional**

Global: XXX **Issue:** Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration **Screen:** Not Part of RAW **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 07 **Specialty Developing Recommendation:** AAP, ANA **First Identified:** September 2023 **2022 Medicare Utilization:**

2024 Work RVU: 0.24
2024 NF PE RVU: 0.43
2024 Fac PE RVU:

RUC Recommendation: 0.28 **Referred to CPT** **Result:** Not Part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

96381 **Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection**

Global: XXX **Issue:** Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration **Screen:** Not Part of RAW **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 07 **Specialty Developing Recommendation:** AAP, ANA **First Identified:** September 2023 **2022 Medicare Utilization:**

2024 Work RVU: 0.17
2024 NF PE RVU: 0.41
2024 Fac PE RVU:

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Not Part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96401 **Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH, ACRh **First Identified:** July 2015 **2022 Medicare Utilization:** 708,931

2024 Work RVU: 0.21
2024 NF PE RVU: 1.9
2024 Fac PE RVU: NA

RUC Recommendation: 0.21 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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96402 **Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH, AUA **First Identified:** July 2015 **2022 Medicare Utilization:** 368,463

2024 Work RVU: 0.19
2024 NF PE RVU: 0.85
2024 Fac PE RVU: NA

RUC Recommendation: 0.19 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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96405 **Chemotherapy administration; intralesional, up to and including 7 lesions**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 55 **Specialty Developing Recommendation:** ASCO **First Identified:** NA **2022 Medicare Utilization:** 23,807

2024 Work RVU: 0.52
2024 NF PE RVU: 1.94
2024 Fac PE RVU: 0.30

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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96406 **Chemotherapy administration; intralesional, more than 7 lesions**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 55 **Specialty Developing Recommendation:** ASCO **First Identified:** NA **2022 Medicare Utilization:** 782

2024 Work RVU: 0.80
2024 NF PE RVU: 3.03
2024 Fac PE RVU: 0.46

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

96409 **Chemotherapy administration; intravenous, push technique, single or initial substance/drug**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH **First Identified:** July 2015 **2022 Medicare Utilization:** 49,737

2024 Work RVU: 0.24
2024 NF PE RVU: 2.7
2024 Fac PE RVU: NA

RUC Recommendation: 0.24 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Result: Maintain

96411 **Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH **First Identified:** July 2015 **2022 Medicare Utilization:** 127,123

2024 Work RVU: 0.20
2024 NF PE RVU: 1.4
2024 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Result: Maintain

96413 **Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** February 2010 **2022 Medicare Utilization:** 1,619,733

2024 Work RVU: 0.28
2024 NF PE RVU: 3.53
2024 Fac PE RVU: NA

RUC Recommendation: 0.28 and new PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

96415 **Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2022 Medicare Utilization:** 705,436

2024 Work RVU: 0.19
2024 NF PE RVU: 0.62
2024 Fac PE RVU: NA

RUC Recommendation: 0.19 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

96416 **Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 20 **Specialty Developing Recommendation:** ACRh, ASCO, ASH **First Identified:** February 2010 **2022 Medicare Utilization:** 23,026

2024 Work RVU: 0.21
2024 NF PE RVU: 3.54
2024 Fac PE RVU: NA

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

96417 **Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2022 Medicare Utilization:** 347,185

2024 Work RVU: 0.21
2024 NF PE RVU: 1.66
2024 Fac PE RVU: NA

RUC Recommendation: 0.21 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

96440 **Chemotherapy administration into pleural cavity, requiring and including thoracentesis**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** R **Specialty Developing Recommendation:**

First Identified: NA **2022 Medicare Utilization:** 68

2024 Work RVU: 2.12
2024 NF PE RVU: 20.12
2024 Fac PE RVU: 1.75

RUC Recommendation: New PE inputs **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

96567 **Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day**

Global: XXX **Issue:** Photodynamic Therapy **Screen:** High Volume Growth1 / CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 16 **Specialty Developing Recommendation:** AAD

First Identified: February 2008 **2022 Medicare Utilization:** 44,821

2024 Work RVU: 0.00
2024 NF PE RVU: 4.1
2024 Fac PE RVU: NA

RUC Recommendation: 0.00 PE Only **Referred to CPT** September 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

96573 **Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day**

Global: 000 **Issue:** Photodynamic Therapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 16 **Specialty Developing Recommendation:** AAD

First Identified: January 2017 **2022 Medicare Utilization:** 32,941

2024 Work RVU: 0.48
2024 NF PE RVU: 6.3
2024 Fac PE RVU: NA

RUC Recommendation: 0.48 **Referred to CPT** September 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

96574 **Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day**

Global: 000 **Issue:** Photodynamic Therapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 16 **Specialty Developing Recommendation:** AAD

First Identified: January 2017 **2022 Medicare Utilization:** 54,603

2024 Work RVU: 1.01
2024 NF PE RVU: 7.27
2024 Fac PE RVU: NA

RUC Recommendation: 1.01

Referred to CPT September 2016
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 **2022 Medicare Utilization:** 290,204

2024 Work RVU: 0.00
2024 NF PE RVU: 3.54
2024 Fac PE RVU: NA

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

96920 **Excimer laser treatment for psoriasis; total area less than 250 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 08 **Specialty Developing Recommendation:** AADA

First Identified: October 2008 **2022 Medicare Utilization:** 75,369

2024 Work RVU: 1.15
2024 NF PE RVU: 3.47
2024 Fac PE RVU: 0.68

RUC Recommendation: 1.00

Referred to CPT February 2023
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

96921 **Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 08 **Specialty Developing Recommendation:** AADA

First Identified: February 2008 **2022 Medicare Utilization:** 22,206

2024 Work RVU: 1.30
2024 NF PE RVU: 3.76
2024 Fac PE RVU: 0.77

RUC Recommendation: 1.07 **Referred to CPT** February 2023 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

96922 **Excimer laser treatment for psoriasis; over 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 08 **Specialty Developing Recommendation:** AADA

First Identified: October 2008 **2022 Medicare Utilization:** 13,721

2024 Work RVU: 2.10
2024 NF PE RVU: 4.78
2024 Fac PE RVU: 1.24

RUC Recommendation: 1.32 **Referred to CPT** February 2023 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

97001 **Physical therapy evaluation**

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97002 **Physical therapy re-evaluation**

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

97003 **Occupational therapy evaluation**

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

97004 **Occupational therapy re-evaluation**

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97010 **Application of a modality to 1 or more areas; hot or cold packs**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2022 Medicare Utilization:**

2024 Work RVU: 0.06
2024 NF PE RVU: 0.12
2024 Fac PE RVU: NA

RUC Recommendation: No specialty society interest **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97012 **Application of a modality to 1 or more areas; traction, mechanical**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2022 Medicare Utilization:** 438,704

2024 Work RVU: 0.25
2024 NF PE RVU: 0.16
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.25 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97014 **Application of a modality to 1 or more areas; electrical stimulation (unattended)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CCMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2022 Medicare Utilization:**

2024 Work RVU: 0.18
2024 NF PE RVU: 0.18
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97016 **Application of a modality to 1 or more areas; vasopneumatic devices**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities

Screen: Codes Reported Together 75% or More-Part1 / High Volume Growth2 / CMS Request - Final Rule for 2024

Complete? Yes

Most Recent RUC Meeting: January 2024

Tab: 18

Specialty Developing Recommendation: APTA

First Identified: February 2010

2022 Medicare Utilization: 886,927

2024 Work RVU: 0.18

2024 NF PE RVU: 0.16

2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.18

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

97018 **Application of a modality to 1 or more areas; paraffin bath**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities

Screen: Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2024

Complete? Yes

Most Recent RUC Meeting: January 2024

Tab: 18

Specialty Developing Recommendation: AOTA, APTA

First Identified: February 2010

2022 Medicare Utilization: 148,055

2024 Work RVU: 0.06

2024 NF PE RVU: 0.1

2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.06

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

97022 **Application of a modality to 1 or more areas; whirlpool**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities

Screen: Physical Medicine and Rehabilitation Services / CMS Request - Final Rule for 2024

Complete? Yes

Most Recent RUC Meeting: January 2024

Tab: 18

Specialty Developing Recommendation: APTA

First Identified: April 2016

2022 Medicare Utilization: 136,632

2024 Work RVU: 0.17

2024 NF PE RVU: 0.33

2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs.0.17

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

97032 **Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** CMS High Expenditure Procedural Codes2 / CCMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** July 2015 **2022 Medicare Utilization:** 627,346

2024 Work RVU: 0.25
2024 NF PE RVU: 0.17
2024 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97033 **Application of a modality to 1 or more areas; iontophoresis, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2022 Medicare Utilization:** 34,533

2024 Work RVU: 0.26
2024 NF PE RVU: 0.31
2024 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.26

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97034 **Application of a modality to 1 or more areas; contrast baths, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CCMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2022 Medicare Utilization:** 7,013

2024 Work RVU: 0.21
2024 NF PE RVU: 0.2
2024 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.21

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97035 **Application of a modality to 1 or more areas; ultrasound, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2/ CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** October 2010 **2022 Medicare Utilization:** 1,370,797

2024 Work RVU: 0.21
2024 NF PE RVU: 0.2
2024 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.21

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97110 **Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** Codes Reported Together 75% or More-Part1 / MPC List / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2010 **2022 Medicare Utilization:** 61,746,880

2024 Work RVU: 0.45
2024 NF PE RVU: 0.42
2024 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97112 **Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** September 2011 **2022 Medicare Utilization:** 25,187,873

2024 Work RVU: 0.50
2024 NF PE RVU: 0.5
2024 Fac PE RVU: NA
Result: Increase

RUC Recommendation: New PE Inputs. 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97113 **Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** July 2015 **2022 Medicare Utilization:** 1,598,341

2024 Work RVU: 0.48
2024 NF PE RVU: 0.61
2024 Fac PE RVU: NA
Result: Increase

RUC Recommendation: New PE Inputs. 0.48 **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 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** February 2010 **2022 Medicare Utilization:** 4,039,891

2024 Work RVU: 0.45
2024 NF PE RVU: 0.42
2024 Fac PE RVU: NA
Result: Increase

RUC Recommendation: New PE Inputs. 0.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

97127 **Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact**

Global: **Issue:** Cognitive Function Intervention **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** January 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: 1.50 **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 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA

First Identified: September 2011 **2022 Medicare Utilization:** 28,628,190

2024 Work RVU: 0.43
2024 NF PE RVU: 0.37
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.43

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

97150 **Therapeutic procedure(s), group (2 or more individuals)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** **Specialty Developing Recommendation:** APTA

First Identified: April 2011 **2022 Medicare Utilization:** 1,777,283

2024 Work RVU: 0.29
2024 NF PE RVU: 0.24
2024 Fac PE RVU: NA

RUC Recommendation: 0.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

97161 **Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA

First Identified: February 2015 **2022 Medicare Utilization:** 1,565,700

2024 Work RVU: 1.54
2024 NF PE RVU: 1.43
2024 Fac PE RVU: NA

RUC Recommendation: 0.75

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

97162 **Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2022 Medicare Utilization:** 1,368,156

2024 Work RVU: 1.54
2024 NF PE RVU: 1.43
2024 Fac PE RVU: NA

RUC Recommendation: 1.18 **Referred to CPT** February 2015 **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 **2022 Medicare Utilization:** 275,985

2024 Work RVU: 1.54
2024 NF PE RVU: 1.43
2024 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** February 2015 **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 **2022 Medicare Utilization:** 544,912

2024 Work RVU: 0.96
2024 NF PE RVU: 1.1
2024 Fac PE RVU: NA

RUC Recommendation: 0.75 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97165 **Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2022 Medicare Utilization:** 159,056

2024 Work RVU: 1.54
2024 NF PE RVU: 1.46
2024 Fac PE RVU: NA

RUC Recommendation: 0.88 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Recommendation:** AOTA, APTA **First Identified:** February 2015 **2022 Medicare Utilization:** 138,872

2024 Work RVU: 1.54
2024 NF PE RVU: 1.46
2024 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** February 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97167 **Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2022 Medicare Utilization:** 25,058

2024 Work RVU: 1.54
2024 NF PE RVU: 1.46
2024 Fac PE RVU: NA

RUC Recommendation: 1.70 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97168 **Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2022 Medicare Utilization:** 35,478

2024 Work RVU: 0.96
2024 NF PE RVU: 1.11
2024 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** February 2015 **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 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** September 2011 **2022 Medicare Utilization:** 29,439,992

2024 Work RVU: 0.44
2024 NF PE RVU: 0.65
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.44 **Referred to CPT** **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97533 **Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2022 Medicare Utilization:** 61,069

2024 Work RVU: 0.48
2024 NF PE RVU: 1.38
2024 Fac PE RVU: NA
Result: Increase

RUC Recommendation: New PE Inputs. 0.48

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97535 **Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Codes Reported Together 75% or More-Part2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** October 2012 **2022 Medicare Utilization:** 3,146,957

2024 Work RVU: 0.45
2024 NF PE RVU: 0.52
2024 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.45

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Article no longer necessary

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97537 **Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2022 Medicare Utilization:** 15,702

2024 Work RVU: 0.48
2024 NF PE RVU: 0.46
2024 Fac PE RVU: NA
Result: Increase

RUC Recommendation: New PE Inputs. 0.48

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97542 **Wheelchair management (eg, assessment, fitting, training), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2013 **2022 Medicare Utilization:** 100,703

2024 Work RVU: 0.48
2024 NF PE RVU: 0.46
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.48 **Referred to CPT** **Result:** Increase

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 **2022 Medicare Utilization:** 677,827

2024 Work RVU: 0.77
2024 NF PE RVU: 2.2
2024 Fac PE RVU: 0.22

RUC Recommendation: 0.88 **Referred to CPT** **Result:** Increase

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 **2022 Medicare Utilization:** 143,433

2024 Work RVU: 0.50
2024 NF PE RVU: 0.79
2024 Fac PE RVU: 0.17

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Increase

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 **2022 Medicare Utilization:** 1

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97605 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** April 2013 **2022 Medicare Utilization:** 40,481

2024 Work RVU: 0.55
2024 NF PE RVU: 0.73
2024 Fac PE RVU: 0.16

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97606 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** April 2013 **2022 Medicare Utilization:** 14,301

2024 Work RVU: 0.60
2024 NF PE RVU: 0.92
2024 Fac PE RVU: 0.18

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97607 **Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2022 Medicare Utilization:** 8,410

2024 Work RVU: 0.41
2024 NF PE RVU: 9.98
2024 Fac PE RVU: 0.16

RUC Recommendation: 0.11 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

97608 **Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2022 Medicare Utilization:** 1,516

2024 Work RVU: 0.46
2024 NF PE RVU: 10.26
2024 Fac PE RVU: 0.19

RUC Recommendation: 0.46 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

97610 **Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Active Wound Care Management **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2022 Medicare Utilization:** 75,762

2024 Work RVU: 0.40
2024 NF PE RVU: 12.42
2024 Fac PE RVU: 0.12

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97755 **Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Tests and Measures **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** February 2008 **2022 Medicare Utilization:** 2,921

2024 Work RVU: 0.62
2024 NF PE RVU: 0.51
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

97760 **Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2022 Medicare Utilization:** 59,596

2024 Work RVU: 0.50
2024 NF PE RVU: 0.92
2024 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** September 2016 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97761 **Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2022 Medicare Utilization:** 3,817

2024 Work RVU: 0.50
2024 NF PE RVU: 0.74
2024 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** September 2016 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97762 **Checkout for orthotic/prosthetic use, established patient, each 15 minutes** **Global:** **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

97763 **Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes** **Global:** XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2022 Medicare Utilization:** 44,185

2024 Work RVU: 0.48
2024 NF PE RVU: 1.08
2024 Fac PE RVU: NA

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97802 **Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes** **Global:** XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2022 Medicare Utilization:** 189,871

2024 Work RVU: 0.53
2024 NF PE RVU: 0.55
2024 Fac PE RVU: 0.41

RUC Recommendation: 0.53 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97803 **Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2022 Medicare Utilization:** 180,865

2024 Work RVU: 0.45
2024 NF PE RVU: 0.49
2024 Fac PE RVU: 0.35

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97810 **Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient**

Global: XXX **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA **First Identified:** September 2022 **2022 Medicare Utilization:** 67,915

2024 Work RVU: 0.60
2024 NF PE RVU: 0.51
2024 Fac PE RVU: 0.27

RUC Recommendation: Flag for re-review. 0.61 **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97811 **Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA **First Identified:** September 2022 **2022 Medicare Utilization:** 78,947

2024 Work RVU: 0.50
2024 NF PE RVU: 0.32
2024 Fac PE RVU: 0.23

RUC Recommendation: Flag for re-review. 0.46 **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97813 **Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient**

Global: XXX **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA **First Identified:** September 2022 **2022 Medicare Utilization:** 55,569

2024 Work RVU: 0.65
2024 NF PE RVU: 0.67
2024 Fac PE RVU: 0.30

RUC Recommendation: Flag for re-review. 0.74 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:**

97814 **Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA **First Identified:** September 2022 **2022 Medicare Utilization:** 67,442

2024 Work RVU: 0.55
2024 NF PE RVU: 0.51
2024 Fac PE RVU: 0.25

RUC Recommendation: Flag for re-review. 0.47 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:**

98000 **Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making.When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.**

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 0.93 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

98001 **Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making.When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.**

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 1.60 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

98002 **Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.**

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 2.60 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

98003 **Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making.When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.**

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98004 **Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making.When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.**

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

98005 **Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making.When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.**

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

98006 **Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making.When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.**

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 1.92 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98007 **Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making.When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.**

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 2.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

98008 **Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion.When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.**

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 0.90

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

98009 **Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion.When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.**

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 1.55

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

98010 **Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion.When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.**

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 2.42

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

98011 **Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion.When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.**

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 3.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

98012 **Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion.When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.**

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 0.65

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

98013 **Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion.When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.**

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 1.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

98014 **Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion.When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.**

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 1.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

98015 **Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion.When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.**

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 2.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

98016 **Brief communication technology-based service (eg, virtual check-in) by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion**

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:
Result: Increase

RUC Recommendation: 0.30

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

98925 **Osteopathic manipulative treatment (OMT); 1-2 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010 **2022 Medicare Utilization:** 42,904

2024 Work RVU: 0.46
2024 NF PE RVU: 0.45
2024 Fac PE RVU: 0.19
Result: Increase

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

98926 **Osteopathic manipulative treatment (OMT); 3-4 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA

First Identified: October 2009 **2022 Medicare Utilization:** 84,884

2024 Work RVU: 0.71
2024 NF PE RVU: 0.6
2024 Fac PE RVU: 0.28
Result: Increase

RUC Recommendation: 0.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98927 **Osteopathic manipulative treatment (OMT); 5-6 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA

First Identified: October 2009 **2022 Medicare Utilization:** 78,791

2024 Work RVU: 0.96
2024 NF PE RVU: 0.75
2024 Fac PE RVU: 0.36

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98928 **Osteopathic manipulative treatment (OMT); 7-8 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010 **2022 Medicare Utilization:** 84,545

2024 Work RVU: 1.21
2024 NF PE RVU: 0.87
2024 Fac PE RVU: 0.45

RUC Recommendation: 1.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98929 **Osteopathic manipulative treatment (OMT); 9-10 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010 **2022 Medicare Utilization:** 77,604

2024 Work RVU: 1.46
2024 NF PE RVU: 0.99
2024 Fac PE RVU: 0.53

RUC Recommendation: 1.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98940 **Chiropractic manipulative treatment (CMT); spinal, 1-2 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2022 Medicare Utilization:** 4,263,668

2024 Work RVU: 0.46
2024 NF PE RVU: 0.35
2024 Fac PE RVU: 0.18

RUC Recommendation: 0.46

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

98941 **Chiropractic manipulative treatment (CMT); spinal, 3-4 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2022 Medicare Utilization:** 12,740,778

2024 Work RVU: 0.71
2024 NF PE RVU: 0.46
2024 Fac PE RVU: 0.28

RUC Recommendation: 0.71

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98942 **Chiropractic manipulative treatment (CMT); spinal, 5 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2022 Medicare Utilization:** 921,306

2024 Work RVU: 0.96
2024 NF PE RVU: 0.55
2024 Fac PE RVU: 0.37

RUC Recommendation: 0.96

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98943 **Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions**

Global: XXX **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2022 Medicare Utilization:**

2024 Work RVU: 0.46
2024 NF PE RVU: 0.28
2024 Fac PE RVU: 0.18

RUC Recommendation: 0.46

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

98975

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** AAPM&R, APTA **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

98976

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

98977

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** AAPM&R, APTA **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98978

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** APA (psychology) **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

98980

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** AAPM&R, APTA **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

98981

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** AAPM&R, APTA **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98XX4

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

98XX5

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** AAPM&R, APTA **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

98XX6

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** APA (psychology) **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98XX7

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** AAPM&R, APTA **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

99091

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** ACC, ACP, ANA **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

99143 **Deleted from CPT**

Global: **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99144 **Deleted from CPT** **Global:** **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99148 **Deleted from CPT** **Global:** **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99149 **Deleted from CPT** **Global:** **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99150 **Deleted from CPT**

Global: **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

99151 **Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2022 Medicare Utilization:** 6

2024 Work RVU: 0.50
2024 NF PE RVU: 1.29
2024 Fac PE RVU: 0.18

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

99152 **Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2022 Medicare Utilization:** 1,544,458

2024 Work RVU: 0.25
2024 NF PE RVU: 1.23
2024 Fac PE RVU: 0.08

RUC Recommendation: 0.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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99155 **Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2022 Medicare Utilization:** 6

2024 Work RVU: 1.90
2024 NF PE RVU:
2024 Fac PE RVU: 0.34

RUC Recommendation: 1.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

99156 **Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2022 Medicare Utilization:** 8,887

2024 Work RVU: 1.65
2024 NF PE RVU:
2024 Fac PE RVU: 0.40

RUC Recommendation: 1.84 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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99174 **Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report**

Global: XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 09 **Specialty Developing Recommendation:** AAP, AAO **First Identified:** NA **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0.18
2024 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** May 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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99177 **Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis**

Global: XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 09 **Specialty Developing Recommendation:** **First Identified:** May 2014 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0.14
2024 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** May 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

Status Report: CMS Requests and Relativity Assessment Issues

99183 **Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session**

Global: XXX **Issue:** Hyperbaric Oxygen Under Pressure (PE Only) **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 16 **Specialty Developing Recommendation:** AAFP, UHMS **First Identified:** April 2013 **2022 Medicare Utilization:** 293,139

2024 Work RVU: 2.11
2024 NF PE RVU: 0.77
2024 Fac PE RVU: 0.77

RUC Recommendation: Review staff note at RAW. 2.11 **Referred to CPT** September 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

99281 **Emergency department visit for the evaluation and management of a patient that may not require the presence of a physician or other qualified health care professional**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2022 Medicare Utilization:** 53,580

2024 Work RVU: 0.25
2024 NF PE RVU:
2024 Fac PE RVU: 0.06

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

99282 **Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2022 Medicare Utilization:** 285,295

2024 Work RVU: 0.93
2024 NF PE RVU:
2024 Fac PE RVU: 0.21

RUC Recommendation: 0.93 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99283 **Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2022 Medicare Utilization:** 1,938,782

2024 Work RVU: 1.60
2024 NF PE RVU:
2024 Fac PE RVU: 0.34

RUC Recommendation: 1.42 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

99284 **Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2022 Medicare Utilization:** 4,040,786

2024 Work RVU: 2.74
2024 NF PE RVU:
2024 Fac PE RVU: 0.56

RUC Recommendation: 2.60 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

99285 **Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2022 Medicare Utilization:** 9,036,154

2024 Work RVU: 4.00
2024 NF PE RVU:
2024 Fac PE RVU: 0.78

RUC Recommendation: 3.80 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99358 **Prolonged evaluation and management service before and/or after direct patient care; first hour**

Global: XXX **Issue:** Prolonged Services - Without Direct Patient Contact **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 14 **Specialty Developing Recommendation:** AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS **First Identified:** November 2019 **2022 Medicare Utilization:** 360,913

2024 Work RVU: 1.80
2024 NF PE RVU: 0.74
2024 Fac PE RVU: 0.70

RUC Recommendation: 1.80 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

99359 **Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)**

Global: ZZZ **Issue:** Prolonged Services - Without Direct Patient Contact **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 14 **Specialty Developing Recommendation:** AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS **First Identified:** November 2019 **2022 Medicare Utilization:** 12,889

2024 Work RVU: 0.75
2024 NF PE RVU: 0.33
2024 Fac PE RVU: 0.29

RUC Recommendation: 0.75 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

99363 **Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)**

Global: **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** **First Identified:** September 2016 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99364 **Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)**

Global: **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** **First Identified:** September 2016 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

99375 **Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2022 Medicare Utilization:**

2024 Work RVU: 1.73
2024 NF PE RVU: 1.2
2024 Fac PE RVU: 0.67

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99378 **Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2022 Medicare Utilization:**

2024 Work RVU: 1.73
2024 NF PE RVU: 1.2
2024 Fac PE RVU: 0.67

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

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:** **2022 Medicare Utilization:** 5,909

2024 Work RVU: 0.00
2024 NF PE RVU: 0.6
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT February 2022

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:** **2022 Medicare Utilization:** 2,568

2024 Work RVU: 0.00
2024 NF PE RVU: 0.28
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** February 2022 **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: ZZZ **Issue:** Prolonged Services - on the date of an E/M **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 15 **Specialty Developing Recommendation:** AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS **First Identified:** November 2021 **2022 Medicare Utilization:**

2024 Work RVU: 0.61
2024 NF PE RVU: 0.27
2024 Fac PE RVU: 0.24

RUC Recommendation: 0.61 **Referred to CPT** February 2021 **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: ZZZ **Issue:** Prolonged Services - on the date of an E/M **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 15 **Specialty Developing Recommendation:** AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 0.81
2024 NF PE RVU:
2024 Fac PE RVU: 0.31

RUC Recommendation: 0.81 **Referred to CPT** February 2021 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

99453

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

99454

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99457 **Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** April 2022 **2022 Medicare Utilization:** 1,523,232

2024 Work RVU: 0.61
2024 NF PE RVU: 0.82
2024 Fac PE RVU: 0.24

RUC Recommendation: Review action plan.

Referred to CPT September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

99458

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation:

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

99459 **Pelvic examination (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pelvic Exam (PE Only) **Screen:** Gender Equity Payment **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 13 **Specialty Developing Recommendation:** AAFP, ACOG, ANA, AUA **First Identified:** April 2022 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0.68
2024 Fac PE RVU:

RUC Recommendation: PE Inputs

Referred to CPT September 2022
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

99473

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** AAPA, ACC, ANA **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

99474

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** ACC, ACP, ANA **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: **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 **2022 Medicare Utilization:** 186,333

2024 Work RVU: 1.50
2024 NF PE RVU: 0.94
2024 Fac PE RVU: 0.64

RUC Recommendation: 1.45. Refer to CPT Assistant **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2018

Status Report: CMS Requests and Relativity Assessment Issues

99492 **Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, review by the psychiatric consultant with modifications of the plan if recommended, entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant, and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.**

Global: XXX **Issue:** Psychiatric Collaborative Care Management Services **Screen:** Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** AACAP, AAFP, AAP, ACP, APA (psychiatry) **First Identified:** October 2019 **2022 Medicare Utilization:** 13,115

2024 Work RVU: 1.88
2024 NF PE RVU: 2.6
2024 Fac PE RVU: 0.79

RUC Recommendation: Maintain, remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** AACAP, AAFP, AAP, ACP, APA (psychiatry) **First Identified:** October 2019 **2022 Medicare Utilization:** 50,341

2024 Work RVU: 2.05
2024 NF PE RVU: 2.01
2024 Fac PE RVU: 0.86

RUC Recommendation: Maintain, remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

99494 **Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychiatric Collaborative Care Management Services **Screen:** Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** AACAP, AAFP, AAP, ACP, APA (psychiatry) **First Identified:** October 2019 **2022 Medicare Utilization:** 29,466

2024 Work RVU: 0.82
2024 NF PE RVU: 0.91
2024 Fac PE RVU: 0.35

RUC Recommendation: Maintain, remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

99495 **Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge At least moderate level of medical decision making during the service period Face-to-face visit, within 14 calendar days of discharge**

Global: XXX **Issue:** Transitional Care Management Services **Screen:** Codes Increased by CMS Independent of RUC Review **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 09 **Specialty Developing Recommendation:** AGS, ANA **First Identified:** October 2021 **2022 Medicare Utilization:** 622,897

2024 Work RVU: 2.78
2024 NF PE RVU: 3.25
2024 Fac PE RVU: 1.20

RUC Recommendation: Withdrawn **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

99496 **Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge High level of medical decision making during the service period Face-to-face visit, within 7 calendar days of discharge**

Global: XXX **Issue:** Transitional Care Management Services **Screen:** Codes Increased by CMS Independent of RUC Review **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 09 **Specialty Developing Recommendation:** AGS, ANA **First Identified:** October 2021 **2022 Medicare Utilization:** 615,721

2024 Work RVU: 3.79
2024 NF PE RVU: 4.37
2024 Fac PE RVU: 1.62

RUC Recommendation: Withdrawn **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

99497 **Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate**

Global: XXX **Issue:** Advance Care Planning **Screen:** CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: April 2022 **Tab:** 10 **Specialty Developing Recommendation:** AAHPM, CHEST, AGS, ANA, ATS **First Identified:** January 2014 **2022 Medicare Utilization:** 2,220,821

2024 Work RVU: 1.50
2024 NF PE RVU: 0.86
2024 Fac PE RVU: 0.64

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2014

Status Report: CMS Requests and Relativity Assessment Issues

99498 **Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Advance Care Planning **Screen:** CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: April 2022 **Tab:** 10 **Specialty Developing Recommendation:** AAHPM, CHEST, AGS, ANA, ATS **First Identified:** January 2014 **2022 Medicare Utilization:** 69,391

2024 Work RVU: 1.40
2024 NF PE RVU: 0.63
2024 Fac PE RVU: 0.61

RUC Recommendation: 1.40 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2014

99XX4

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

99XX5

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** No

Most Recent RUC Meeting: **Tab:** **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2024 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0008 **Administration of influenza virus vaccine** **Global:** XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0009 **Administration of pneumococcal vaccine** **Global:** XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0010 **Administration of hepatitis b vaccine** **Global:** XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0101 **Cervical or vaginal cancer screening; pelvic and clinical breast examination** **Global:** XXX **Issue:** **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 35 **Specialty Developing Recommendation:** ACOG **First Identified:** October 2010 **2022 Medicare Utilization:** 762,407

2024 Work RVU: 0.45
2024 NF PE RVU: 0.66
2024 Fac PE RVU: 0.30

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0102 **Prostate cancer screening; digital rectal examination** **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2022 Medicare Utilization:** 13,311

2024 Work RVU: 0.18
2024 NF PE RVU: 0.51
2024 Fac PE RVU: 0.07

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0104 **Colorectal cancer screening; flexible sigmoidoscopy** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2022 Medicare Utilization:** 2,580

2024 Work RVU: 0.84
2024 NF PE RVU: 4.63
2024 Fac PE RVU: 0.73

RUC Recommendation: 0.84 **Referred to CPT** October 2013 **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 **2022 Medicare Utilization:** 262,099

2024 Work RVU: 3.26
2024 NF PE RVU: 6.51
2024 Fac PE RVU: 1.77

RUC Recommendation: 3.36 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0108 **Diabetes outpatient self-management training services, individual, per 30 minutes**

Global: XXX **Issue:** Diabetes Management Training **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41iv **Specialty Developing Recommendation:** AND **First Identified:** April 2016 **2022 Medicare Utilization:** 153,572

2024 Work RVU: 0.90
2024 NF PE RVU: 0.69
2024 Fac PE RVU: NA

RUC Recommendation: 0.90 **Referred to CPT** **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 **2022 Medicare Utilization:** 36,616

2024 Work RVU: 0.25
2024 NF PE RVU: 0.21
2024 Fac PE RVU: NA

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0121 **Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List /CMS-Other Utilization over 20,000 Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 182,133

2024 Work RVU: 3.26
2024 NF PE RVU: 6.51
2024 Fac PE RVU: 1.77

RUC Recommendation: 3.36 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0124 **Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician**

Global: XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 26 **Specialty Developing Recommendation:** CAP

First Identified: October 2017

2022 Medicare Utilization: 40,067

2024 Work RVU: 0.26
2024 NF PE RVU: 0.45
2024 Fac PE RVU: 0.45

RUC Recommendation: 0.42

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

G0127 **Trimming of dystrophic nails, any number**

Global: 000 **Issue:** **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 51 **Specialty Developing Recommendation:** APMA

First Identified: April 2011

2022 Medicare Utilization: 1,153,600

2024 Work RVU: 0.17
2024 NF PE RVU: 0.54
2024 Fac PE RVU: 0.04

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0141 **Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician**

Global: XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 26 **Specialty Developing Recommendation:** CAP

First Identified: October 2017

2022 Medicare Utilization: 1,668

2024 Work RVU: 0.26
2024 NF PE RVU: 0.45
2024 Fac PE RVU: 0.45

RUC Recommendation: 0.42

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

G0166 **External counterpulsation, per treatment session**

Global: XXX **Issue:** External Counterpulsation **Screen:** CMS-Other - Utilization over 100,000 / CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 14 **Specialty Developing Recommendation:** ACC

First Identified: April 2016

2022 Medicare Utilization: 49,673

2024 Work RVU: 0.00
2024 NF PE RVU: 3.04
2024 Fac PE RVU: NA

RUC Recommendation: 0.00 (PE Only)

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

G0168 **Wound closure utilizing tissue adhesive(s) only**

Global: 000 **Issue:** Skin Adhesives (PE Only) **Screen:** CMS 000-Day Global Typically Reported with an E/M / PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** ACEP

First Identified: July 2016

2022 Medicare Utilization: 32,674

2024 Work RVU: 0.31
2024 NF PE RVU: 3.29
2024 Fac PE RVU: 0.07

RUC Recommendation: New PE inputs. 0.45

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

G0179 **Physician or allowed practitioner re-certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians and allowed practitioners to affirm the initial implementation of the plan of care**

Global: XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest

First Identified: October 2008

2022 Medicare Utilization: 633,943

2024 Work RVU: 0.45
2024 NF PE RVU: 0.78
2024 Fac PE RVU: NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

G0180 **Physician or allowed practitioner certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians and allowed practitioners to affirm the initial implementation of the plan of care**

Global: XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** October 2008 **2022 Medicare Utilization:** 962,695

2024 Work RVU: 0.67
2024 NF PE RVU: 0.89
2024 Fac PE RVU: NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0181 **Physician or allowed practitioner supervision of a patient receiving medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician or allowed practitioner development and/or revision of care plans**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** October 2008 **2022 Medicare Utilization:** 396,383

2024 Work RVU: 1.73
2024 NF PE RVU: 1.29
2024 Fac PE RVU: NA

RUC Recommendation: Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0182 **Physician supervision of a patient under a medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2022 Medicare Utilization:** 33,657

2024 Work RVU: 1.73
2024 NF PE RVU: 1.29
2024 Fac PE RVU: NA

RUC Recommendation: Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0202 **Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (cad) when performed**

Global: **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: CMS Deleted for 2018

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

G0204 **Diagnostic mammography, including computer-aided detection (cad) when performed; bilateral**

Global: **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: CMS Deleted for 2018

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

G0206 **Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)**

Global: **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: CMS Deleted for 2018

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

G0237 **Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)**

Global: XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: February 2008 **2022 Medicare Utilization:** 14,732

2024 Work RVU: 0.00
2024 NF PE RVU: 0.33
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0238 **Therapeutic procedures to improve respiratory function, other than described by g0237, one on one, face to face, per 15 minutes (includes monitoring)**

Global: XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: February 2008 **2022 Medicare Utilization:** 40,330

2024 Work RVU: 0.00
2024 NF PE RVU: 0.3
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

G0248 **Demonstration, prior to initiation of home inr monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the inr monitor, obtaining at least one blood sample, provision of instructions for reporting home inr test results, and documentation of patient's ability to perform testing and report results**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** ACC **First Identified:** January 2016 **2022 Medicare Utilization:** 17,910

2024 Work RVU: 0.00
2024 NF PE RVU: 2.96
2024 Fac PE RVU: NA

RUC Recommendation: Created Category I code, recommend CMS delete G code **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0249 **Provision of test materials and equipment for home inr monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2022 Medicare Utilization:** 967,209

2024 Work RVU: 0.00
2024 NF PE RVU: 1.96
2024 Fac PE RVU: NA

RUC Recommendation: Created Category I code, recommend CMS delete G code **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0250 **Physician review, interpretation, and patient management of home inr testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2022 Medicare Utilization:** 124,192

2024 Work RVU: 0.18
2024 NF PE RVU: 0.07
2024 Fac PE RVU: NA

RUC Recommendation: Created Category I code, recommend CMS delete G code **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0268 **Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing**

Global: 000 **Issue:** Removal of Impacted Cerumen **Screen:** CMS Fastest Growing / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 35 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2008 **2022 Medicare Utilization:** 157,864

2024 Work RVU: 0.61
2024 NF PE RVU: 0.87
2024 Fac PE RVU: 0.29

RUC Recommendation: 0.61 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0270 **Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ADA **First Identified:** February 2008 **2022 Medicare Utilization:** 64,023

2024 Work RVU: 0.45
2024 NF PE RVU: 0.49
2024 Fac PE RVU: 0.35

RUC Recommendation: Maintain/Remove from screen **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0277 **Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval**

Global: XXX **Issue:** Hyperbaric Oxygen Under Pressure (PE Only) **Screen:** High Volume Growth8 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 16 **Specialty Developing Recommendation:** AAFP, UHMS **First Identified:** April 2022 **2022 Medicare Utilization:** 154,103

2024 Work RVU: 0.00
2024 NF PE RVU: 5.43
2024 Fac PE RVU: NA

RUC Recommendation: Review Staff note at RAW. PE Inputs **Referred to CPT** September 2024 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0279 **Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066)**

Global: ZZZ **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 31 **Specialty Developing Recommendation:**

First Identified: October 2017

2022 Medicare Utilization: 944,589

2024 Work RVU: 0.60
2024 NF PE RVU: 0.79
2024 Fac PE RVU: NA

RUC Recommendation: Recommend CMS delete

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0283 **Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Electrical Stimulation Other than Wound **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA

First Identified: October 2010

2022 Medicare Utilization: 5,773,099

2024 Work RVU: 0.18
2024 NF PE RVU: 0.16
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.18

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

G0296 **Counseling visit to discuss need for lung cancer screening using low dose ct scan (ldct) (service is for eligibility determination and shared decision making)**

Global: XXX **Issue:** Counseling Visit for Lung Cancer **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: January 2019

2022 Medicare Utilization: 53,676

2024 Work RVU: 0.52
2024 NF PE RVU: 0.28
2024 Fac PE RVU: 0.20

RUC Recommendation: Maintain

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

G0297 **Low dose ct scan (ldct) for lung cancer screening** **Global:** **Issue:** Screening CT of Thorax **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 07 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: CMS Deleted for 2021. Recommend CMS delete. Cat I code created.

Referred to CPT May 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0364 **Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service** **Global:** **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 31 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0365 **Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)** **Global:** **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 17 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0389 **Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (aaa) screening**

Global: **Issue:** Abdominal Aorta Ultrasound Screening **Screen:** Final Rule for 2015 / High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 12 **Specialty Developing Recommendation:** ACC, ACP, ACR, SCAI, SVS **First Identified:** July 2014 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: CPT Assistant article published **Referred to CPT** May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2017

G0396 **Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab:** 31 **Specialty Developing Recommendation:** AAFP, ASA **First Identified:** October 2017 **2022 Medicare Utilization:** 55,411

2024 Work RVU: 0.65
2024 NF PE RVU: 0.33
2024 Fac PE RVU: 0.24

RUC Recommendation: Refer to CPT **Referred to CPT** Time Uncertain **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 RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AASM, ATS, CHEST **First Identified:** October 2018 **2022 Medicare Utilization:** 75,957

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: Requested CMS delete **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0402 **Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment**

Global: XXX **Issue:** Initial Preventive Exam **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2022 Medicare Utilization:** 492,007

2024 Work RVU: 2.60
2024 NF PE RVU: 2.21
2024 Fac PE RVU: 1.13
Result: Maintain

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0403 **Electrocardiogram, routine ecg with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report**

Global: XXX **Issue:** EKG for Initial Preventive Exam **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2022 Medicare Utilization:** 107,117

2024 Work RVU: 0.17
2024 NF PE RVU: 0.24
2024 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0407 **Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: April 2021 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ANA, APA (psychiatry) **First Identified:** October 2020 **2022 Medicare Utilization:** 26,312

2024 Work RVU: 1.39
2024 NF PE RVU:
2024 Fac PE RVU: 0.63
Result:

RUC Recommendation: Review in April 2025 or April 2029

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0408 **Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: April 2021 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ANA, APA (psychiatry) **First Identified:** October 2020 **2022 Medicare Utilization:** 20,971

2024 Work RVU: 2.00
2024 NF PE RVU:
2024 Fac PE RVU: 0.94

RUC Recommendation: Review in April 2025 or April 2029

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

G0416 **Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method**

Global: XXX **Issue:** Prostate Biopsy - Pathology **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2014 **2022 Medicare Utilization:** 128,143

2024 Work RVU: 3.60
2024 NF PE RVU: 7.18
2024 Fac PE RVU: NA

RUC Recommendation: 4.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

G0422 **Intensive cardiac rehabilitation; with or without continuous ecg monitoring with exercise, per session**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** October 2020 **2022 Medicare Utilization:** 33,455

2024 Work RVU: 1.92
2024 NF PE RVU: 1.81
2024 Fac PE RVU: 1.81

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0423 **Intensive cardiac rehabilitation; with or without continuous ecg monitoring; without exercise, per session**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** October 2020 **2022 Medicare Utilization:** 39,320

2024 Work RVU: 1.92
2024 NF PE RVU: 1.81
2024 Fac PE RVU: 1.81

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

G0425 **Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth**

Global: XXX **Issue:** Telehealth Consultations - ED or Initial Inpatient **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: April 2022 **2022 Medicare Utilization:** 32,243

2024 Work RVU: 1.92
2024 NF PE RVU:
2024 Fac PE RVU: 0.65
Result:

RUC Recommendation: No recommendation. Review in April 2025 or April 2029.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0426 **Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth**

Global: XXX **Issue:** Telehealth Consultations - ED or Initial Inpatient **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: September 2022 **2022 Medicare Utilization:** 27,853

2024 Work RVU: 2.61
2024 NF PE RVU:
2024 Fac PE RVU: 1.05
Result:

RUC Recommendation: No recommendation. Review in April 2025 or April 2029.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0427 **Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth**

Global: XXX **Issue:** Telehealth Consultations - ED or Initial Inpatient **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: September 2022 **2022 Medicare Utilization:** 19,556

2024 Work RVU: 3.86
2024 NF PE RVU:
2024 Fac PE RVU: 1.38
Result:

RUC Recommendation: No recommendation. Review in April 2025 or April 2029.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0436 **Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes**

Global: **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 35 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0438 **Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2013 **2022 Medicare Utilization:** 726,692

2024 Work RVU: 2.60
2024 NF PE RVU: 2.2
2024 Fac PE RVU: NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0439 **Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2013 **2022 Medicare Utilization:** 9,397,762

2024 Work RVU: 1.92
2024 NF PE RVU: 1.86
2024 Fac PE RVU: NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0442 **Annual alcohol misuse screening, 5 to 15 minutes**

Global: XXX **Issue:** Annual Alcohol Screening **Screen:** CMS-Other - Utilization over 100,000 / High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 15 **Specialty Developing Recommendation:** AAFP, ACP, ANA **First Identified:** April 2016 **2022 Medicare Utilization:** 871,999

2024 Work RVU: 0.18
2024 NF PE RVU: 0.38
2024 Fac PE RVU: 0.08

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0443 **Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes**

Global: XXX **Issue:** Annual Alcohol Screening **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 15 **Specialty Developing Recommendation:** AAFP, ACP, ANA **First Identified:** September 2022 **2022 Medicare Utilization:** 2,507

2024 Work RVU: 0.45
2024 NF PE RVU: 0.27
2024 Fac PE RVU: 0.19

RUC Recommendation: 0.63 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0444 **Annual depression screening, 5 to 15 minutes**

Global: XXX **Issue:** Annual Depression Screening **Screen:** CMS-Other - Utilization over 100,000 /High Volume Gowth8 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 16 **Specialty Developing Recommendation:** AAFP, ACP, ANA **First Identified:** April 2016 **2022 Medicare Utilization:** 2,304,857

2024 Work RVU: 0.18
2024 NF PE RVU: 0.38
2024 Fac PE RVU: 0.08

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0445 **High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes**

Global: XXX **Issue:** Behavioral Counseling/Therapy **Screen:** High Volume Growth8 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 17 **Specialty Developing Recommendation:** AAFP, ACP

First Identified: September 2022

2022 Medicare Utilization: 654

2024 Work RVU: 0.45
2024 NF PE RVU: 0.31
2024 Fac PE RVU: 0.19

RUC Recommendation: 0.45

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

G0446 **Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes**

Global: XXX **Issue:** Behavioral Counseling/Therapy **Screen:** CMS-Other - Utilization over 30,000 / High Volume Growth8 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 17 **Specialty Developing Recommendation:** AAFP, ACP

First Identified: October 2017

2022 Medicare Utilization: 313,297

2024 Work RVU: 0.45
2024 NF PE RVU: 0.28
2024 Fac PE RVU: 0.20

RUC Recommendation: 0.45

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

G0447 **Face-to-face behavioral counseling for obesity, 15 minutes**

Global: XXX **Issue:** Behavioral Counseling/Therapy **Screen:** CMS-Other - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 17 **Specialty Developing Recommendation:** AAFP, ACP

First Identified: April 2016

2022 Medicare Utilization: 271,081

2024 Work RVU: 0.45
2024 NF PE RVU: 0.28
2024 Fac PE RVU: 0.19

RUC Recommendation: 0.45

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

G0452 **Molecular pathology procedure; physician interpretation and report**

Global: XXX **Issue:** Molecular Pathology Interpretation **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 13 **Specialty Developing Recommendation:**

First Identified: October 2018 **2022 Medicare Utilization:** 174,711

2024 Work RVU: 0.93
2024 NF PE RVU: 0.51
2024 Fac PE RVU: NA

RUC Recommendation: 0.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

G0453 **Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 35 **Specialty Developing Recommendation:**

First Identified: April 2016 **2022 Medicare Utilization:** 351,862

2024 Work RVU: 0.60
2024 NF PE RVU:
2024 Fac PE RVU: 0.30

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0456 **Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 square centimeters**

Global: **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: November 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. CMS deleted.

Referred to CPT May 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

G0457 **Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area greater than 50 square centimeters**

Global: **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: November 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. CMS deleted.

Referred to CPT May 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0498 **Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/clinic, includes follow up office/clinic visit at the conclusion of the infusion**

Global: YYY **Issue:** RAW **Screen:** Contractor Priced High Volume3 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASCO, ASH

First Identified: April 2024 **2022 Medicare Utilization:** 92,894

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0

RUC Recommendation: Remove from Screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

G0500 **Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate)**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:**

First Identified: October 2020 **2022 Medicare Utilization:** 279,515

2024 Work RVU: 0.10
2024 NF PE RVU: 1.59
2024 Fac PE RVU: 0.04

RUC Recommendation: Maintain

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

G0506 **Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service)**

Global: ZZZ **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: October 2020 **2022 Medicare Utilization:** 107,354

2024 Work RVU: 0.87
2024 NF PE RVU: 0.95
2024 Fac PE RVU: 0.38

RUC Recommendation: Requested CMS Delete

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Request CMS Delete

G0516 **Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)**

Global: 000 **Issue:** Skin Adhesives (PE Only) **Screen:** PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** No Interest

First Identified: January 2023 **2022 Medicare Utilization:** 3

2024 Work RVU: 1.82
2024 NF PE RVU: 3.97
2024 Fac PE RVU: 0.94

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

G0517 **Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)**

Global: 000 **Issue:** Skin Adhesives (PE Only) **Screen:** PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** No Interest

First Identified: January 2023 **2022 Medicare Utilization:** 3

2024 Work RVU: 2.10
2024 NF PE RVU: 4.33
2024 Fac PE RVU: 1.05

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

G0518 **Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)**

Global: 000 **Issue:** Skin Adhesives (PE Only) **Screen:** PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** No Interest

First Identified: January 2023 **2022 Medicare Utilization:**

2024 Work RVU: 3.55
2024 NF PE RVU: 7.7
2024 Fac PE RVU: 1.60

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

G2010 **Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AADA, AAFP, ACP **First Identified:** April 2022 **2022 Medicare Utilization:** 5,381

2024 Work RVU: 0.18
2024 NF PE RVU: 0.18
2024 Fac PE RVU: 0.08

RUC Recommendation: Requested CMS delete. Addressed by CPT/RUC Telemedicine Office Visits Workgroup.

Referred to CPT February 2023

Result: Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G2012 **Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion**

Global: XXX **Issue:** Telemedicine Evaluation and Management Services **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** April 2022 **2022 Medicare Utilization:** 125,800

2024 Work RVU: 0.25
2024 NF PE RVU: 0.15
2024 Fac PE RVU: 0.11

RUC Recommendation: Requested CMS delete

Referred to CPT February 2023

Result: Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G2066 **Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results**

Global: XXX **Issue:** Remote Interrogation Device Evaluation - Cardiovascular (PE Only) **Screen:** Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** April 2022 **2022 Medicare Utilization:** 1,257,027

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: PE Inputs

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G2252 **Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion**

Global: XXX **Issue:** Telemedicine Evaluation and Management Services **Screen:** Added as part of the family **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: April 2023

2022 Medicare Utilization: 5,262

2024 Work RVU: 0.50
2024 NF PE RVU: 0.26
2024 Fac PE RVU: 0.21

RUC Recommendation: Requested CMS Delete

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Request CMS Delete

G6001 **Ultrasonic guidance for placement of radiation therapy fields**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AADA, ASTRO

First Identified: October 2020

2022 Medicare Utilization: 192,052

2024 Work RVU: 0.58
2024 NF PE RVU: 4.79
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT

Referred to CPT September 2024

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

G6002 **Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO

First Identified: October 2017

2022 Medicare Utilization: 847,801

2024 Work RVU: 0.39
2024 NF PE RVU: 1.84
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT

Referred to CPT September 2024

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

G6003 **Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2022 Medicare Utilization:** 217

2024 Work RVU: 0.00
2024 NF PE RVU: 4.61
2024 Fac PE RVU: NA
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

G6004 **Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2022 Medicare Utilization:** 1,018

2024 Work RVU: 0.00
2024 NF PE RVU: 3.78
2024 Fac PE RVU: NA
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

G6005 **Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2022 Medicare Utilization:** 507

2024 Work RVU: 0.00
2024 NF PE RVU: 3.79
2024 Fac PE RVU: NA
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

G6006 **Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2022 Medicare Utilization:** 54

2024 Work RVU: 0.00
2024 NF PE RVU: 3.76
2024 Fac PE RVU: NA
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G6007 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2022 Medicare Utilization:** 274

2024 Work RVU: 0.00
2024 NF PE RVU: 6.89
2024 Fac PE RVU: NA
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

G6008 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2022 Medicare Utilization:** 117

2024 Work RVU: 0.00
2024 NF PE RVU: 5.21
2024 Fac PE RVU: NA
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

G6009 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2022 Medicare Utilization:** 63

2024 Work RVU: 0.00
2024 NF PE RVU: 5.2
2024 Fac PE RVU: NA
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

G6010 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2022 Medicare Utilization:** 20

2024 Work RVU: 0.00
2024 NF PE RVU: 5.16
2024 Fac PE RVU: NA
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G6011 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2022 Medicare Utilization:** 4,800

2024 Work RVU: 0.00
2024 NF PE RVU: 6.86
2024 Fac PE RVU: NA
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

G6012 **Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2022 Medicare Utilization:** 285,264

2024 Work RVU: 0.00
2024 NF PE RVU: 6.87
2024 Fac PE RVU: NA
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

G6013 **Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2022 Medicare Utilization:** 137,074

2024 Work RVU: 0.00
2024 NF PE RVU: 6.9
2024 Fac PE RVU: NA
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G6014 **Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** No

Most Recent RUC Meeting: October 2019 **Tab:** 17 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2019 **2022 Medicare Utilization:** 8,864

2024 Work RVU: 0.00
2024 NF PE RVU: 6.85
2024 Fac PE RVU: NA
Result:

RUC Recommendation: Refer to CPT. Remove from screen **Referred to CPT** September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

G6015 **Intensity modulated treatment delivery, single or multiple fields/arcs,via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2022 Medicare Utilization:** 1,116,088

2024 Work RVU: 0.00
2024 NF PE RVU: 10.62
2024 Fac PE RVU: NA
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

G6016 **Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2022 Medicare Utilization:** 3,980

2024 Work RVU: 0.00
2024 NF PE RVU: 10.62
2024 Fac PE RVU: NA
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G6017 **Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg,3d positional tracking, gating, 3d surface tracking), each fraction of treatment**

Global: YYY **Issue:** RAW **Screen:** Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2022 **2022 Medicare Utilization:** 99,418

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Removed from screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

GPCX1 **Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious, or complex chronic condition. (Add-on code, list separately in addition to office/ outpatient evaluation and management visit, new or established)**

Global: **Issue:** Visit Complexity E/M Add-On **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 34 **Specialty Developing Recommendation:** **First Identified:** November 2019 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: No recommendation on physician work, time or PE for this code. CMS estimates of utilization for code GPC1X should be more conservative.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: N/A

P3001 **Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician**

Global: XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 26 **Specialty Developing Recommendation:** CAP **First Identified:** October 2017 **2022 Medicare Utilization:** 1,033

2024 Work RVU: 0.26
2024 NF PE RVU: 0.45
2024 Fac PE RVU: 0.45

RUC Recommendation: 0.42

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

Q0091 **Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory** **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** October 2018 **2022 Medicare Utilization:** 408,616

2024 Work RVU: 0.37
2024 NF PE RVU: 0.94
2024 Fac PE RVU: 0.15

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

CPT	2025 Long Descriptor	Issue	Most Recent RUC Meeting Date	Tab	Next RUC Review	RUC or RAW to Review	Specialty Society to Survey	RUC Recommendation	Screen	First Identified - RUC Meeting Date	Global	2024 Work RVU/Base Unit	2024 Facility PE RVUs	2024 Non-Facility PE RVUs	2024 PLI RVU	2022 Medicare Util	Referred to CPT Asst	CPT Asst Status	CPT Asst Complete	Referred to CPT	Refer to CPT Background	CPT Meeting	CPT Tab	CPT Ed Panel Status Complete?	Complete	Result
0042T	Cerebral perfusion analysis using	Cerebral Perfusion & CT	September 2024	09			ACR, ASNR	Deleted from CPT	High Volume Category III Codes 2022	April 2022	XXX	0.00	0.00	0	0.00	35,935	FALSE			TRUE	In April 2022, the Relativity	May 2024	17	Deleted	TRUE	Deleted from CPT
00534	Anesthesia for transvenous insertion or	RAW	January 2019	37			ASA	Remove from screen	High Volume	October 2018	XXX	7.00	0.00	0	0.00	28,037	FALSE			FALSE					TRUE	Remove from Screen
00537	Anesthesia for cardiac	Anesthesia for Cardiac	October 2020	13			ASA	12	High Volume Growth4	October 2016	XXX	10.00	0.00	0	0.00	104,177	FALSE			FALSE					TRUE	Increase
0054T	Computer-assisted musculoskeletal	RAW	April 2024	12	April 2027	RAW	AAOS, NASS	Review action plan	High Volume Category III Codes 2022	April 2022	XXX	0.00	0.00	0	0.00	5,589	FALSE			FALSE					FALSE	
0055T	Computer-assisted musculoskeletal	RAW	April 2024	12	April 2027	RAW	AAOS, NASS	Review action plan	High Volume Category III Codes 2022	April 2022	XXX	0.00	0.00	0	0.00	14,262	FALSE			FALSE					FALSE	
00560	Anesthesia for procedures on heart,	RAW	January 2019	37			ASA	Remove from screen	High Volume Growth5	October 2018	XXX	15.00	0.00	0	0.00	59,712	FALSE			FALSE					TRUE	Remove from Screen
00731	Anesthesia for upper gastrointestinal	Anesthesia for Intestinal	January 2017	04			ASA	5 base units	CMS Request - Final Rule for 2016	September 2016	XXX	5.00	0.00	0	0.00	1,036,505	FALSE			FALSE		September	12	yes	TRUE	Maintain
00732	Anesthesia for upper gastrointestinal	Anesthesia for Intestinal	January 2017	04			ASA	6 base units	CMS Request - Final Rule for 2016	September 2016	XXX	6.00	0.00	0	0.00	90,797	FALSE			FALSE		September	12	yes	TRUE	Increase
00740	Anesthesia for upper gastrointestinal	Anesthesia for Intestinal	January 2017	04			ASA	Deleted from CPT	CMS Request - Final Rule for 2016	July 2015							FALSE			TRUE	In April 2016, an Ad Hoc	September	12	yes	TRUE	Deleted from CPT
00810	Anesthesia for lower intestinal	Anesthesia for Intestinal	January 2017	04			ASA	Deleted from CPT	CMS Request - Final Rule for 2016	July 2015							FALSE			TRUE	In April 2016, an Ad Hoc	September	12	yes	TRUE	Deleted from CPT
00811	Anesthesia for lower intestinal	Anesthesia for Intestinal	April 2017	04			ASA	4 base units	CMS Request - Final Rule for 2016	September 2016	XXX	4.00	0.00	0	0.00	1,059,888	FALSE			FALSE		September	12	yes	TRUE	Decrease
00812	Anesthesia for lower intestinal	Anesthesia for Intestinal	April 2017	04			ASA	3 base units	CMS Request - Final Rule for 2016	September 2016	XXX	3.00	0.00	0	0.00	545,332	FALSE			FALSE		September	12	yes	TRUE	Decrease
00813	Anesthesia for combined upper and	Anesthesia for Intestinal	January 2017	04			ASA	5 base units	CMS Request - Final Rule for 2016	September 2016	XXX	5.00	0.00	0	0.00	492,238	FALSE			FALSE		September	12	yes	TRUE	Maintain
00918	Anesthesia for transurethral	Anesthesia for	January 2021	29				Maintain	High Volume Growth7	October 2020	XXX	0.00	0.00	0	0.00	100,926	FALSE			FALSE					TRUE	Remove from Screen
0101T	Extracorporeal shock wave involving	RAW	September 2023	22				Maintain	High Volume Category III Codes 2023	April 2023	XXX	0.00	0.00	0	0.00	7,034	FALSE			FALSE					TRUE	Maintain
01916	Anesthesia for diagnostic	RAW	September 2023	22				Maintain	High Volume Growth6	October 2019	XXX	5.00	0.00	0	0.00	38,495	FALSE			FALSE					TRUE	Maintain
0191T	Insertion of anterior segment aqueous	Cataract Removal with	January 2021	16			AAO	Deleted from CPT	High Volume Category III Codes 2019	October 2019	XXX						FALSE			FALSE	At the April 2019 RUC meeting	October 2020	37	complete	TRUE	Deleted from CPT
01930	Anesthesia for therapeutic	Anesthesia for	February 2008	S			ASA	Remove from screen	High Volume Growth1	February 2008	XXX	5.00	0.00	0	0.00	13,368	FALSE			FALSE					TRUE	Remove from Screen
01935	Anesthesia for percutaneous image	Anesthesia Services for	January 2021	04			ASA	Deleted from CPT	High Volume Growth4	January 2021	XXX						FALSE			FALSE		October 2020	15	complete	TRUE	Deleted from CPT
01936	Anesthesia for percutaneous image	Anesthesia Services for	January 2021	04			ASA	Deleted from CPT	High Volume Growth4	October 2016	XXX						FALSE			TRUE	This service was identifed on	October 2020	15	complete	TRUE	Deleted from CPT
01937	Anesthesia for percutaneous image-	Anesthesia Services for	January 2021	04			ASA	4	High Volume Growth4	January 2021	XXX	4.00	0.00	0	0.00	25,946	FALSE			FALSE		October 2020	15	complete	TRUE	Decrease
01938	Anesthesia for percutaneous image-	Anesthesia Services for	January 2021	04			ASA	4	High Volume Growth4	January 2021	XXX	4.00	0.00	0	0.00	100,419	FALSE			FALSE		October 2020	15	complete	TRUE	Decrease
01939	Anesthesia for percutaneous image-	Anesthesia Services for	January 2021	04			ASA	4	High Volume Growth4	January 2021	XXX	4.00	0.00	0	0.00	17,119	FALSE			FALSE		October 2020	15	complete	TRUE	Decrease
01940	Anesthesia for percutaneous image-	Anesthesia Services for	January 2021	04			ASA	4	High Volume Growth4	January 2021	XXX	4.00	0.00	0	0.00	56,429	FALSE			FALSE		October 2020	15	complete	TRUE	Decrease
01941	Anesthesia for percutaneous image-	Anesthesia Services for	January 2021	04			ASA	6	High Volume Growth4	January 2021	XXX	5.00	0.00	0	0.00	20,152	FALSE			FALSE		October 2020	15	complete	TRUE	Increase
01942	Anesthesia for percutaneous image-	Anesthesia Services for	January 2021	04			ASA	6	High Volume Growth4	January 2021	XXX	5.00	0.00	0	0.00	36,859	FALSE			FALSE		October 2020	15	complete	TRUE	Increase
0232T	Injection(s), platelet rich plasma, any	RAW	April 2024	12			AAPM&R, AAOS,	Remove from screen	High Volume Category III Codes 2022	April 2022	XXX	0.00	0.00	0	0.00	703	FALSE			FALSE					TRUE	Remove from screen
0275T	Percutaneous		January 2020	37			AAO, AOA (eye)	Maintain	High Volume Category III Codes 2019	October 2019	YYY	0.00	0.00	0	0.00	10,052	FALSE			FALSE					TRUE	Maintain
0330T	Tear film imaging, unilateral or bilateral,	RAW	September 2023	22	September	RAW		Review in 3 years (Sept 2026)	High Volume Category III Codes 2023	April 2023	YYY	0.00	0.00	0	0.00	1,693	FALSE			FALSE					FALSE	
0358T	Bioelectrical impedance analysis whole	RAW	April 2024	12			AAFP, ACP	Remove from screen	High Volume Category III Codes 2023	April 2023	YYY	0.00	0.00	0	0.00	2,512	FALSE			FALSE					TRUE	Remove from screen
0376T	Insertion of anterior segment aqueous	Cataract Removal with	January 2021	16			AAO	Deleted from CPT	High Volume Category III Codes 2019	October 2019	XXX						FALSE			TRUE	At the April 2019 RUC meeting	October 2020	37	complete	TRUE	Deleted from CPT
0379T	Visual field assessment, with		September 2023	22	September	RAW	AAO, AOA	Review in 3 years (Sept 2026)	High Volume Category III Codes 2019	October 2019	XXX	0.00	0.00	0	0.00	46,645	FALSE			FALSE					FALSE	
0394T	High dose rate electronic	Superficial Radiation	September 2024	14	January 2025	RUC	AADA, ACRO, ASTRO	Deleted from CPT	High Volume Category III Codes 2019	October 2019	XXX	0.00	0.00	0	0.00	32,936	FALSE			TRUE	In October 2019, this service	September	41	Deleted	TRUE	Deleted from CPT
0421T	Transurethral waterjet ablation of	Transurethral Robotic-	September 2024	07			AUA	Deleted from CPT	High Volume Category III Codes 2023	April 2023	XXX	0.00	0.00	0	0.00	2,818	FALSE			TRUE	In April 2023, this service was	May 2024	08	Deleted	TRUE	Deleted from CPT
0446T	Creation of subcutaneous pocket with	Insertion/ Removal of	January 2020	33			AACE, ES	Contractor Price	CMS Request - Final Rule for 2020	November 2019	000	1.14	0.47	91.71	0.07	69	FALSE			FALSE	In the CY 2020 Final Rule, CMS	February 2021	46	Renewed 5 years	TRUE	Contractor Price
0447T	Removal of implantable interstitial	Insertion/ Removal of	January 2020	33			AACE, ES	Contractor Price	CMS Request - Final Rule for 2020	November 2019	000	1.34	0.55	1.57	0.08	30	FALSE			TRUE	In the CY 2020 Final Rule, CMS	February 2021	46	Renewed 5 years	TRUE	Contractor Price
0448T	Removal of implantable interstitial	Insertion/ Removal of	January 2020	33			AACE, ES	Contractor Price	CMS Request - Final Rule for 2020	November 2019	000	1.91	0.78	90.49	0.11	55	FALSE			TRUE	In the CY 2020 Final Rule, CMS	February 2021	46	Renewed 5 years	TRUE	Contractor Price
0449T	Insertion of aqueous drainage device,		January 2020	37				Maintain	High Volume Category III Codes 2019	October 2019	YYY	0.00	0.00	0	0.00	2,391	FALSE			FALSE					TRUE	Maintain
0474T	Insertion of anterior segment aqueous		January 2020	37				Maintain	High Volume Category III Codes 2019	October 2019	XXX	0.00	0.00	0	0.00		FALSE			FALSE					TRUE	Maintain
0507T	Near infrared dual imaging (ie,	RAW	September 2022	13	April 2025	RAW	AAO, AOA	Review action plan	High Volume Category III Codes 2022	April 2022	XXX	0.00	NA	0	0.00	5,705	FALSE			FALSE					FALSE	
0509T	Electroretinography (ERG) with	Electroretinography	January 2024	16	April 2028	RAW	AAO, AOA	Refer to CPT Assistant	Work Neutrality 2019	October 2020	XXX	0.40	NA	1.86	0.02	14,137	TRUE	Aug 2024	Yes	FALSE					FALSE	Remove from Screen
0552T	Low-level laser therapy, dynamic	RAW	September 2024	14			ANA, APMA	Maintain	High Volume Category III Codes 2024	April 2024	YYY						FALSE			FALSE					TRUE	Maintain
0598T	Noncontact real-time fluorescence	RAW	September 2023	22				Maintain	High Volume Category III Codes 2023	April 2023	YYY	0.00	0.00	0	0.00	16,516	FALSE			FALSE					TRUE	Maintain
0599T	Noncontact real-time fluorescence	RAW	September 2024	14	September	RAW	ANA, APMA	Review in 2 years	High Volume Category III Codes 2024	April 2024	ZZZ						FALSE			FALSE					FALSE	
0671T	Insertion of anterior segment aqueous	Cataract Removal with	January 2021	16			AAO	Contractor Price	High Volume Category III Codes 2019	January 2021	YYY	0.00	0.00	0	0.00	23	FALSE			FALSE		October 2020	37	complete	TRUE	Contractor Price
10004	Fine needle aspiration biopsy, without	Fine Needle Aspiration	October 2017	04				0.80	CMS High Expenditure Procedural	June 2017	ZZZ	0.80	0.36	0.64	0.13	258	FALSE			FALSE					TRUE	Decrease
10005	Fine needle aspiration biopsy, including	Fine Needle Aspiration	January 2020	21				1.63	CMS High Expenditure Procedural	June 2017	XXX	1.46	0.54	2.41	0.16	127,911	FALSE			FALSE					TRUE	Decrease
10006	Fine needle aspiration biopsy, including	Fine Needle Aspiration	October 2017	04				1.00	CMS High Expenditure Procedural	June 2017	ZZZ	1.00	0.38	0.7	0.10	30,128	FALSE			FALSE					TRUE	Decrease
10007	Fine needle aspiration biopsy, including	Fine Needle Aspiration	October 2017	04				1.81	CMS High Expenditure Procedural	June 2017	XXX	1.81	0.62	7.08	0.22	660	FALSE			FALSE					TRUE	Decrease
10008	Fine needle aspiration biopsy, including	Fine Needle Aspiration	October 2017	04				1.18	CMS High Expenditure Procedural	June 2017	ZZZ	1.18	0.19	2.9	0.15	20	FALSE			FALSE					TRUE	Decrease
10009	Fine needle aspiration biopsy, including	Fine Needle Aspiration	October 2017	04				2.43	CMS High Expenditure Procedural	June 2017	XXX	2.26	0.72	10.31	0.22	2,223	FALSE			FALSE					TRUE	Decrease
10010	Fine needle aspiration biopsy, including	Fine Needle Aspiration	October 2017	04				1.65	CMS High Expenditure Procedural	June 2017	ZZZ	1.65	0.27	5.19	0.21	29	FALSE			FALSE					TRUE	Decrease
10011	Fine needle aspiration biopsy, including	Fine Needle Aspiration	January 2018	04				Contractor Price	CMS High Expenditure Procedural	June 2017	XXX	0.00	0.00	0	0.00	72	FALSE			FALSE					TRUE	Contractor Price
10012	Fine needle aspiration biopsy, including	Fine Needle Aspiration	January 2018	04				Contractor Price	CMS High Expenditure Procedural	June 2017	ZZZ	0.00	0.00	0	0.00	49	FALSE			FALSE					TRUE	Contractor Price
10021	Fine needle aspiration biopsy, without	Fine Needle Aspiration	January 2020	21			AACE, ASBS, ASC,	1.20	CMS Request - Final Rule for 2016 /	July 2015	XXX	1.03	0.46	1.87	0.14	11,339	FALSE			TRUE	The specialty societies gave	June 2017	06	yes	TRUE	Decrease
10022	Fine needle aspiration; with imaging	Fine Needle Aspiration	October 2017	04			AACE, ASBS, ASC,	Deleted from CPT	CMS Fastest Growing / CMS High	October 2008							FALSE			TRUE	The specialty societies gave	June 2017	06	yes	TRUE	Deleted from CPT
10030	Image-guided fluid collection drainage	Drainage of Abscess	January 2013	04			ACR, SIR	3.00	Codes Reported Together 75% or More-	January 2012	000	2.75	0.91	15.93	0.31	7,543	FALSE			FALSE		October 2012	06	Complete	TRUE	Decrease
10040	Acne surgery (eg, marsupialization,	Acne Surgery	April 2016	13			AAD	0.91	Harvard Valued - Utilization over	October 2015	010	0.91	0.54	2.49	0.10	42,535	FALSE			FALSE					TRUE	Decrease
10060	Incision and drainage of abscess (eg,	Incision and Drainage of	October 2010	07			APMA	1.50	Harvard Valued - Utilization over	February 2010	010	1.22	1.87	2.48	0.13	282,306	FALSE			FALSE					TRUE	Increase
10061	Incision and drainage of abscess (eg,	Incision and Drainage of	January 2020	37			APMA	Maintain. 2.45	Harvard Valued - Utilization over	October 2009	010	2.45	2.79	3.7	0.32	96,529	FALSE			FALSE					TRUE	Maintain
10120	Incision and removal of foreign body,		September 2011	12			APMA, AAFP	1.25	Harvard Valued - Utilization over	April 2011	010	1.22	1.82	3.22	0.15	36,731	FALSE			FALSE					TRUE	Maintain
10180	Incision and drainage, complex,		October 2013	18				Remove from re-review	RUC identified when reviewing	January 2013	010	2.30	2.58	5.11	0.51	7,202	FALSE			FALSE					TRUE	Maintain
11040	Deleted from CPT	Excision and	September 2007	16			APMA, APTA	Deleted from CPT	Site of Service Anomaly	September 2007							FALSE			TRUE	Descriptor enables a bi-modal	October 2009	15	Code Deleted	TRUE	Deleted from CPT
11041	Deleted from CPT	Excision and	September 2007	16			APMA, APTA	Deleted from CPT	Site of Service Anomaly	September 2007							FALSE			TRUE	Descriptor enables a bi-modal	October 2009	15	Code Deleted	TRUE	Deleted from CPT
11042	Debridement, subcutaneous tissue	Excision and	February 2010	04			APMA, APTA	1.12	Site of Service Anomaly	September 2007	000	1.01	0.67	2.76	0.13	1,945,330	FALSE			TRUE	Descriptor enables a bi-modal	October 2009	15	Complete	TRUE	Increase
11043	Debridement, muscle and/or fascia	Debridement	February 2010	04			APMA, APTA	3.00	Site of Service Anomaly	September 2007	000	2.70	1.48	3.89	0.40	520,996	FALSE			TRUE	Descriptor enables a bi-modal	October 2009	15	Complete	TRUE	Decrease
11044	Debridement, bone (includes	Debridement	February 2010	04			APMA, APTA	4.56	Site of Service Anomaly	September 2007	000	4.10	1.96	4.59	0.66	105,688	FALSE			TRUE	Descriptor enables a bi-modal	October 2009	15	Complete	TRUE	Increase
11045	Debridement, subcutaneous tissue	Excision and	February 2010	04			ACS, APMA, APTA	0.69	Site of Service Anomaly	February 2010	ZZZ	0.50	0.17	0.62	0.08	601,310	FALSE			FALSE					TRUE	Increase
11046	Debridement, muscle and/or fascia	Debridement	April 2024	12			AAFP, ACS, ANA,	1.29	Site of Service Anomaly / High Volume	February 2010	ZZZ	1.03	0.41	0.97	0.19	308,551	FALSE			FALSE					TRUE	Decrease
11047	Debridement, bone (includes	Debridement	January 2020	37			ACS, APMA, APTA	2.00	Site of Service Anomaly / High Volume	February 2010	ZZZ	1.80	0.73	1.47	0.35	92,829	FALSE			FALSE					TRUE	Increase
11055	Paring or cutting of benign	RAW Review	January 2012	30			APMA	Maintain	CMS Request to Re-Review Families of	November 2011	000	0.35	0.08	1.76	0.03	765,096	FALSE			FALSE					TRUE	Maintain
11056	Paring or cutting of benign	Trim Skin Lesions	January 2012	53			APMA	0.50	MPC List / CMS Request to Re-Review	October 2010	000	0.50	0.11	1.94	0.04	1,778,472	FALSE			FALSE					TRUE	Decrease
11057	Paring or cutting of benign	RAW Review	January 2012	30			APMA	Maintain	CMS Request to Re-Review Families of	November 2011	000	0.65	0.15	2.01	0.05	305,871	FALSE			FALSE					TRUE	Maintain
11100	Biopsy of skin, subcutaneous tissue	Biopsy of Skin Lesion	April 2017	05			AAD	Deleted from CPT	MPC List / CMS High Expenditure	October 2010							FALSE			TRUE	Prior to the January 2016 RUC	February 2017	65	yes	TRUE	Deleted from CPT
11101	Biopsy of skin, subcutaneous tissue	Biopsy of Skin Lesion	April 2017	05			AAD	Deleted from CPT	Low Value Billed in Multiple Units /	October 2010							FALSE			TRUE	Prior to the January 2016 RUC	February 2017	65	yes	TRUE	Deleted from CPT
11102	Tangential biopsy of skin (eg, shave,	Skin Biopsy	April 2017	05				0.66	CMS High Expenditure Procedural	February 2017	000	0.66	0.39	2.29	0.07	3,231,520	FALSE			FALSE		February 2017	65	yes	TRUE	Decrease
11103	Tangential biopsy of skin (eg, shave,	Skin Biopsy	April 2017	05				0.38	CMS High Expenditure Procedural	February 2017	ZZZ	0.38	0.23	1.09	0.04	1,390,281	FALSE			FALSE		February 2017	65	yes	TRUE	Decrease
11104	Punch biopsy of skin (including simple	Skin Biopsy	April 2017	05				0.83	CMS High Expenditure Procedural	February 2017	000	0.83	0.46	2.83	0.10	306,899	FALSE			FALSE		February 2017	65	yes	TRUE	Decrease
11105	Punch biopsy of skin (including simple	Skin Biopsy	April 2017	05				0.45	CMS High Expenditure Procedural	February 2017	ZZZ	0.45	0.25	1.28	0.06	80,118	FALSE			FALSE		February 2017	65	yes	TRUE	Decrease
11106	Incisional biopsy of skin (eg, wedge)	Skin Biopsy	April 2017	05				1.01	CMS High Expenditure Procedural	February 2017	000	1.01	0.54	3.53	0.13	32,275	FALSE			FALSE		February 2017	65	yes	TRUE	Decrease
11107	Incisional biopsy of skin (eg, wedge)	Skin Biopsy	April 2017	05				0.54	CMS High Expenditure Procedural	February 2017	ZZZ	0.54	0.30	1.53	0.07	6,753	FALSE			FALSE		February 2017	65	yes	TRUE	Decrease
11300	Shaving of epidermal or dermal lesion,	Shaving of Epidermal or	April 2012	38			AAD	0.60	CMS High Expenditure Procedural	January 2012	000	0.60	0.34	2.35	0.07	92,233	FALSE			FALSE					TRUE	Increase
11301	Shaving of epidermal or dermal lesion,	Shaving of Epidermal or	April 2012	38			AAD	0.90	CMS High Expenditure Procedural	January 2012	000	0.90	0.52	2.65	0.10	189,090	FALSE			FALSE					TRUE	Increase
11302	Shaving of epidermal or dermal lesion,	Shaving of Epidermal or	April 2012	38			AAD	1.16	CMS High Expenditure Procedural	January 2012	000	1.05	0.61	2.96	0.11	99,618	FALSE			FALSE					TRUE	Increase
11303	Shaving of epidermal or dermal lesion,	Shaving of Epidermal or	April 2012	38			AAD	1.25	CMS High Expenditure Procedural	January 2012	000	1.25	0.72	3.17	0.14	15,459	FALSE			FALSE					TRUE	Increase
11305	Shaving of epidermal or dermal lesion,	Shaving of Epidermal or	September 2024	14			AAD	Refer to CPT Assistant. 0.80	CMS High Expenditure Procedural	January 2012	000	0.80	0.24	2.29	0.07	86,244	TRUE			FALSE					FALSE	Increase
11306	Shaving of epidermal or dermal lesion,	Shaving of Epidermal or	April 2012	38			AAD	1.18	CMS High Expenditure Procedural	January 2012	000	0.96	0.40	2.63	0.09	95,542	FALSE			FALSE					TRUE	Increase
11307	Shaving of epidermal or dermal lesion,	Shaving of Epidermal or	April 2012	38			AAD	1.20	CMS High Expenditure Procedural	January 2012	000	1.20	0.53	2.84	0.12	53,622	FALSE			FALSE					TRUE	Increase
11308	Shaving of epidermal or dermal lesion,	Shaving of Epidermal or	September 2024	14			AAD	Refer to CPT Assistant. 1.46	CMS High Expenditure Procedural	January 2012	000	1.46	0.48	2.79	0.13	20,159	TRUE			FALSE					FALSE	Increase
11310	Shaving of epidermal or dermal lesion,	Shaving of Epidermal or	April 2012	38			AAD	1.19	CMS High Expenditure Procedural	January 2012	000	0.80	0.46	2.59	0.09	58,885	FALSE			FALSE					TRUE	Increase
11311	Shaving of epidermal or dermal lesion,	Shaving of Epidermal or	April 2012	38			AAD	1.43	CMS High Expenditure Procedural	January 2012	000	1.10	0.64	2.89	0.12	84,959	FALSE			FALSE					TRUE	Increase
11312	Shaving of epidermal or dermal lesion,	Shaving of Epidermal or	April 2012	38			AAD	1.80	CMS High Expenditure Procedural	January 2012	000	1.30	0.76	3.23	0.14	38,038	FALSE			FALSE					TRUE	Increase
11313	Shaving of epidermal or dermal lesion,	Shaving of Epidermal or	April 2012	38			AAD	2.00	CMS High Expenditure Procedural	January 2012	000	1.68	0.98	3.57	0.19	6,503	FALSE			FALSE					TRUE	Increase
11719	Trimming of nondystrophic nails, any	Debridement of Nail	January 2012	32			APMA	0.17	Low Value-High Volume	October 2010	000	0.17	0.04	0.25	0.01	601,670	FALSE			FALSE					TRUE	Maintain
11720	Debridement of nail(s) by any	Debridement of Nail	September 2011	53			APMA	0.32 (Interim)	MPC List	Septemper 2011	000	0.32	0.07	0.64	0.03	1,890,207	FALSE			FALSE					TRUE	Maintain
11721	Debridement of nail(s) by any	Debridement of Nail	September 2011	53			APMA	0.54 (Interim)	MPC List	October 2010	000	0.54	0.12	0.76	0.04	5,480,251	FALSE			FALSE					TRUE	Maintain
11730	Avulsion of nail plate, partial or	Removal of Nail Plate	January 2016	56			APMA	1.10	CMS High Expenditure Procedural	July 2015	000	1.05	0.46	2.32	0.09	257,294	FALSE			FALSE					TRUE	Maintain
11750	Excision of nail and nail matrix, partial	Excision of Nail Bed -	September 2014	26		RUC		1.99	010-Day Global Post-Operative Visits	January 2014	010	1.58	1.35	3.13	0.13	152,931	FALSE			FALSE					TRUE	Decrease
11752	Excision of nail and nail matrix, partial	Excision of Nail Bed -	January 2015	28				Deleted from CPT	010-Day Global Post-Operative Visits	January 2014							FALSE			TRUE	The American Podiatric	October 2015	09	Code Deleted	TRUE	Deleted from CPT
11755	Biopsy of nail unit (eg, plate, bed,	Biopsy of Nail	April 2017	41i			APMA	1.25	CMS 000-Day Global Typically Reported	July 2016	000	1.25	0.45	2.32	0.10	50,457	FALSE			FALSE					TRUE	Decrease
11900	Injection, intralesional; up to and	Skin Injection Services	April 2010	31			AAD	0.52	Harvard Valued - Utilization over	October 2009	000	0.52	0.31	1.15	0.06	252,141	FALSE			FALSE					TRUE	Maintain
11901	Injection, intralesional; more than 7	Skin Injection Services	April 2010	31			AAD	0.80	Harvard Valued - Utilization over	February 2010	000	0.80	0.47	1.23	0.08	67,849	FALSE			FALSE					TRUE	Maintain
11980	Subcutaneous hormone pellet	Drug Delivery Implant	October 2018	05			AAOS, ACOG, AUA	1.10	High Volume Growth2 / Different	April 2013	000	1.10	0.40	1.58	0.15	26,294	FALSE			TRUE	In January 2018, this service	May 2018	10	Yes	TRUE	Decrease
11981	Insertion, drug-delivery implant (ie,	Drug Delivery Implant	October 2018	05			AAOS, ACOG, AUA	1.30	High Volume Growth1 / Different	June 2008	000	1.14	0.52	1.68	0.21	7,837	FALSE			TRUE	In January 2018, this service	May 2018	10	Yes	TRUE	Decrease
11982	Removal, non-biodegradable drug	Drug Delivery Implant	October 2018	05			AAOS, ACOG, AUA	1.70	High Volume Growth1 / Different	February 2008	000	1.34	0.60	1.76	0.24	2,137	FALSE			TRUE	In January 2018, this service	May 2018	10	Yes	TRUE	Decrease
11983	Removal with reinsertion, non-	Drug Delivery Implant	October 2018	05			AAOS, ACOG, AUA	2.10	High Volume Growth1	June 2008	000	1.91	0.83	2.02	0.34	1,131	FALSE			FALSE					TRUE	Decrease
12001	Simple repair of superficial wounds of	Repair of Superficial	April 2010	32			ACEP, AAFP	0.84	Harvard Valued - Utilization over	October 2009	000	0.84	0.34	1.84	0.16	150,428	FALSE			FALSE					TRUE	Decrease
12002	Simple repair of superficial wounds of	Repair of Superficial	April 2010	32			ACEP, AAFP	1.14	Harvard Valued - Utilization over	October 2009	000	1.14	0.40	2.08	0.22	126,288	FALSE			FALSE					TRUE	Decrease
12004	Simple repair of superficial wounds of	Repair of Superficial	April 2010	32			ACEP, AAFP	1.44	Harvard Valued - Utilization over	April 2010	000	1.44	0.47	2.28	0.29	19,855	FALSE			FALSE					TRUE	Decrease
12005	Simple repair of superficial wounds of	Repair of Superficial	April 2010	32			ACEP, AAFP	1.97	Harvard Valued - Utilization over	April 2010	000	1.97	0.46	2.97	0.40	5,529	FALSE			FALSE					TRUE	Decrease
12006	Simple repair of superficial wounds of	Repair of Superficial	April 2010	32			ACEP, AAFP	2.39	Harvard Valued - Utilization over	April 2010	000	2.39	0.60	3.3	0.47	1,007	FALSE			FALSE					TRUE	Decrease
12007	Simple repair of superficial wounds of	Repair of Superficial	April 2010	32			ACEP, AAFP	2.90	Harvard Valued - Utilization over	April 2010	000	2.90	0.82	3.51	0.58	353	FALSE			FALSE					TRUE	Decrease
12011	Simple repair of superficial wounds of	Repair of Superficial	April 2010	32			ACEP, AAFP	1.07	Harvard Valued - Utilization over	April 2010	000	1.07	0.38	2.1	0.21	81,964	FALSE			FALSE					TRUE	Decrease

12013	Simple repair of superficial wounds of	Repair of Superficial	April 2010	32			ACEP, AAFP	1.22	Harvard Valued - Utilization over	April 2010	000	1.22	0.27	2.06	0.24	48,807	FALSE			FALSE					TRUE	Decrease
12014	Simple repair of superficial wounds of	Repair of Superficial	April 2010	32			ACEP, AAFP	1.57	Harvard Valued - Utilization over	April 2010	000	1.57	0.35	2.41	0.32	6,453	FALSE			FALSE					TRUE	Decrease
12015	Simple repair of superficial wounds of	Repair of Superficial	April 2010	32			ACEP, AAFP	1.98	Harvard Valued - Utilization over	April 2010	000	1.98	0.43	2.81	0.40	3,215	FALSE			FALSE					TRUE	Decrease
12016	Simple repair of superficial wounds of	Repair of Superficial	April 2010	32			ACEP, AAFP	2.68	Harvard Valued - Utilization over	April 2010	000	2.68	0.59	3.36	0.54	460	FALSE			FALSE					TRUE	Decrease
12017	Simple repair of superficial wounds of	Repair of Superficial	April 2010	32			ACEP, AAFP	3.18	Harvard Valued - Utilization over	April 2010	000	3.18	0.73		0.69	66	FALSE			FALSE					TRUE	Decrease
12018	Simple repair of superficial wounds of	Repair of Superficial	April 2010	32			ACEP, AAFP	3.61	Harvard Valued - Utilization over	April 2010	000	3.61	0.80		0.77	25	FALSE			FALSE					TRUE	Decrease
12031	Repair, intermediate, wounds of scalp,	Repair of Intermediate	October 2010	22			AAO-HNS, AAD, AAP,	2.00	Harvard Valued - Utilization over	February 2010	010	2.00	2.29	5.66	0.25	60,749	FALSE			FALSE					TRUE	Decrease
12032	Repair, intermediate, wounds of scalp,	Repair of Intermediate	October 2010	22			AAO-HNS, AAD, AAP,	2.52	Harvard Valued - Utilization over	October 2009	010	2.52	2.89	6.33	0.29	322,923	FALSE			FALSE					TRUE	Maintain
12034	Repair, intermediate, wounds of scalp,	Repair of Intermediate	October 2010	22			AAO-HNS, AAD, AAP,	2.97	Harvard Valued - Utilization over	February 2010	010	2.97	2.78	6.7	0.40	33,005	FALSE			FALSE					TRUE	Maintain
12035	Repair, intermediate, wounds of scalp,	Repair of Intermediate	October 2010	22			AAO-HNS, AAD, AAP,	3.60	Harvard Valued - Utilization over	February 2010	010	3.50	3.11	7.58	0.63	5,345	FALSE			FALSE					TRUE	Increase
12036	Repair, intermediate, wounds of scalp,	Repair of Intermediate	October 2010	22			AAO-HNS, AAD, AAP,	4.50	Harvard Valued - Utilization over	February 2010	010	4.23	3.36	7.94	0.88	995	FALSE			FALSE					TRUE	Increase
12037	Repair, intermediate, wounds of scalp,	Repair of Intermediate	October 2010	22			AAO-HNS, AAD, AAP,	5.25	Harvard Valued - Utilization over	February 2010	010	5.00	3.78	8.6	1.06	499	FALSE			FALSE					TRUE	Increase
12041	Repair, intermediate, wounds of neck,	Repair of Intermediate	October 2010	22			AAO-HNS, AAD, AAP,	2.10	Harvard Valued - Utilization over	February 2010	010	2.10	1.99	5.57	0.26	20,155	FALSE			FALSE					TRUE	Decrease
12042	Repair, intermediate, wounds of neck,	Repair of Intermediate	October 2010	22			AAO-HNS, AAD, AAP,	2.79	Harvard Valued - Utilization over	February 2010	010	2.79	2.74	6.21	0.33	64,267	FALSE			FALSE					TRUE	Maintain
12044	Repair, intermediate, wounds of neck,	Repair of Intermediate	October 2010	22			AAO-HNS, AAD, AAP,	3.19	Harvard Valued - Utilization over	February 2010	010	3.19	2.78	7.88	0.45	3,138	FALSE			FALSE					TRUE	Maintain
12045	Repair, intermediate, wounds of neck,	Repair of Intermediate	October 2010	22			AAO-HNS, AAD, AAP,	3.90	Harvard Valued - Utilization over	February 2010	010	3.75	3.78	8	0.69	352	FALSE			FALSE					TRUE	Increase
12046	Repair, intermediate, wounds of neck,	Repair of Intermediate	October 2010	22			AAO-HNS, AAD, AAP,	4.60	Harvard Valued - Utilization over	February 2010	010	4.30	4.16	9.65	1.12	97	FALSE			FALSE					TRUE	Increase
12047	Repair, intermediate, wounds of neck,	Repair of Intermediate	October 2010	22			AAO-HNS, AAD, AAP,	5.50	Harvard Valued - Utilization over	February 2010	010	4.95	4.40	10.28	1.27	37	FALSE			FALSE					TRUE	Increase
12051	Repair, intermediate, wounds of face,	Repair of Intermediate	October 2010	22			AAO-HNS, AAD, AAP,	2.33	Harvard Valued - Utilization over	February 2010	010	2.33	2.44	5.89	0.31	52,399	FALSE			FALSE					TRUE	Decrease
12052	Repair, intermediate, wounds of face,	Repair of Intermediate	April 2010	45			AAO-HNS, AAD, AAP,	Remove from screen	Harvard Valued - Utilization over	February 2010	010	2.87	2.75	6.27	0.35	98,255	FALSE			FALSE					TRUE	Remove from Screen
12053	Repair, intermediate, wounds of face,	Repair of Intermediate	October 2010	22			AAO-HNS, AAD, AAP,	3.17	Harvard Valued - Utilization over	February 2010	010	3.17	2.87	7.36	0.40	15,838	FALSE			FALSE					TRUE	Maintain
12054	Repair, intermediate, wounds of face,	Repair of Intermediate	October 2010	22			AAO-HNS, AAD, AAP,	3.50	Harvard Valued - Utilization over	February 2010	010	3.50	2.57	7.49	0.52	3,948	FALSE			FALSE					TRUE	Maintain
12055	Repair, intermediate, wounds of face,	Repair of Intermediate	October 2010	22			AAO-HNS, AAD, AAP,	4.65	Harvard Valued - Utilization over	February 2010	010	4.50	3.74	9.82	0.81	368	FALSE			FALSE					TRUE	Increase
12056	Repair, intermediate, wounds of face,	Repair of Intermediate	October 2010	22			AAO-HNS, AAD, AAP,	5.50	Harvard Valued - Utilization over	February 2010	010	5.30	5.24	11.14	0.98	38	FALSE			FALSE					TRUE	Increase
12057	Repair, intermediate, wounds of face,	Repair of Intermediate	October 2010	22			AAO-HNS, AAD, AAP,	6.28	Harvard Valued - Utilization over	February 2010	010	6.00	5.45	11.11	1.12	15	FALSE			FALSE					TRUE	Increase
13100	Repair, complex, trunk; 1.1 cm to 2.5	Complex Wound Repair	April 2012	37			AAD, AAO-HNS,	3.00	CMS Request	July 2011	010	3.00	2.60	6.85	0.38	4,763	FALSE			FALSE					TRUE	Decrease
13101	Repair, complex, trunk; 2.6 cm to 7.5	Complex Wound Repair	April 2012	37			AAD, AAO-HNS,	3.50	CMS Request	July 2011	010	3.50	3.44	7.99	0.42	85,376	FALSE			FALSE					TRUE	Decrease
13102	Repair, complex, trunk; each additional	Complex Wound Repair	April 2012	37			AAD, AAO-HNS,	1.24	CMS Request	July 2011	ZZZ	1.24	0.69	2.05	0.20	20,982	FALSE			FALSE					TRUE	Maintain
13120	Repair, complex, scalp, arms, and/or	Complex Wound Repair	October 2017	19			AAD, AAO-HNS,	3.23	CMS Fastest Growing / CPT Assistant	October 2008	010	3.23	3.28	7.03	0.40	10,565	TRUE	1st article: May	Yes	FALSE		September	9	Complete	TRUE	Decrease
13121	Repair, complex, scalp, arms, and/or	Complex Wound Repair	October 2017	19			AAD, AAO-HNS,	4.00	CMS Fastest Growing / CPT Assistant	October 2008	010	4.00	3.21	8.29	0.47	186,578	TRUE	1st article: May	Yes	FALSE		September	9	Complete	TRUE	Decrease
13122	Repair, complex, scalp, arms, and/or	Complex Wound Repair	October 2017	19			AAD, AAO-HNS,	1.44	CMS Fastest Growing / CPT Assistant	October 2008	ZZZ	1.44	0.79	2.14	0.22	26,304	TRUE	1st article: May	Yes	FALSE		September	9	Complete	TRUE	Maintain
13131	Repair, complex, forehead, cheeks,	Complex Wound Repair	April 2012	37			AAD, AAO-HNS,	3.73	Harvard Valued - Utilization over	April 2011	010	3.73	3.02	7.46	0.46	32,882	FALSE			FALSE					TRUE	Decrease
13132	Repair, complex, forehead, cheeks,	Complex Wound Repair	April 2012	37			AAD, AAO-HNS,	4.78	CMS Request	September 2011	010	4.78	3.67	8.79	0.55	253,613	FALSE			FALSE					TRUE	Decrease
13133	Repair, complex, forehead, cheeks,	Complex Wound Repair	April 2012	37			AAD, AAO-HNS,	2.19	CMS Request	September 2011	ZZZ	2.19	1.24	2.56	0.29	13,119	FALSE			FALSE					TRUE	Maintain
13150	Repair, complex, eyelids, nose, ears	Complex Wound Repair	April 2012	37			AAD, AAO-HNS,	Deleted from CPT	CMS Request	September 2011							FALSE			TRUE	Specialties are requesting	October 2012	05	Deleted from CPT	TRUE	Deleted from CPT
13151	Repair, complex, eyelids, nose, ears	Complex Wound Repair	April 2012	37			AAD, AAO-HNS,	4.34	CMS Request	September 2011	010	4.34	3.40	7.81	0.54	28,089	FALSE			FALSE					TRUE	Decrease
13152	Repair, complex, eyelids, nose, ears	Complex Wound Repair	September 2024	14	September	RAW	AAD, AAO-HNS,	Reviewin 1 year. 5.34	Harvard Valued - Utilization over	April 2011	010	5.34	3.98	8.9	0.66	47,532	FALSE			FALSE					FALSE	Decrease
13153	Repair, complex, eyelids, nose, ears	Complex Wound Repair	April 2012	37			AAD, AAO-HNS,	2.38	CMS Request	July 2011	ZZZ	2.38	1.30	2.79	0.37	767	FALSE			FALSE					TRUE	Maintain
14000	Adjacent tissue transfer or	Skin Tissue	October 2008	9			ACS, AAD, ASPS	6.19	Site of Service Anomaly	April 2008	090	6.37	7.69	11.72	1.14	5,425	FALSE			FALSE					TRUE	Decrease
14001	Adjacent tissue transfer or	Skin Tissue	October 2008	9			ACS, AAD, ASPS	8.58	Site of Service Anomaly	September 2007	090	8.78	9.23	14.05	1.65	8,093	FALSE			FALSE					TRUE	Decrease
14020	Adjacent tissue transfer or	Skin Tissue	October 2008	9			AAD, ASPS	7.02	Site of Service Anomaly	April 2008	090	7.22	8.79	12.97	1.05	15,142	FALSE			FALSE					TRUE	Decrease
14021	Adjacent tissue transfer or	Skin Tissue	October 2008	9			AAD, ASPS	9.52	Site of Service Anomaly / CMS Fastest	September 2007	090	9.72	10.19	15.07	1.36	18,276	FALSE			FALSE					TRUE	Decrease
14040	Adjacent tissue transfer or	Skin Tissue	October 2008	9			AAD, ASPS, AAO-	8.44	Site of Service Anomaly	April 2008	090	8.60	9.01	13.2	1.12	56,431	FALSE			FALSE					TRUE	Maintain
14041	Adjacent tissue transfer or	Skin Tissue	October 2008	9			AAD, ASPS, AAO-	10.63	Site of Service Anomaly	September 2007	090	10.83	10.67	15.65	1.34	42,433	FALSE			FALSE					TRUE	Decrease
14060	Adjacent tissue transfer or	Skin Tissue	October 2008	9			AAD, ASPS, AAO-	Maintain	Site of Service Anomaly	April 2008	090	9.23	9.58	12.79	1.14	79,674	FALSE			FALSE					TRUE	Maintain
14061	Adjacent tissue transfer or	Skin Tissue	October 2008	9			AAD, ASPS, AAO-	11.25	Site of Service Anomaly	September 2007	090	11.48	11.61	17.11	1.44	29,527	FALSE			FALSE					TRUE	Decrease
14300	Deleted from CPT	Adjacent Tissue Transfer	April 2009	04			ACS, AAD, ASPS,	Deleted from CPT	Site of Service Anomaly / CMS Fastest	September 2007							FALSE			TRUE	The specialty society	February 2009	09	Code Deleted	TRUE	Deleted from CPT
14301	Adjacent tissue transfer or	Adjacent Tissue Transfer	April 2009	04			ACS, AAO-HNS, ASPS	12.47	Site of Service Anomaly / CMS Fastest	September 2007	090	12.65	11.35	17.89	2.05	40,699	FALSE			FALSE		February 2009	09		TRUE	Decrease
14302	Adjacent tissue transfer or	Adjacent Tissue Transfer	April 2009	04			ACS, AAO-HNS, ASPS	3.73	Site of Service Anomaly / CMS Fastest	September 2007	ZZZ	3.73	1.99	1.99	0.68	49,270	FALSE			FALSE		February 2009	09		TRUE	Decrease
15002	Surgical preparation or creation of	RAW	September 2014	21			ASPS	Maintain work RVU and adjust	Pre-Time Analysis	January 2014	000	3.65	2.22	5.99	0.66	23,539	FALSE			FALSE					TRUE	Maintain
15004	Surgical preparation or creation of	RAW	September 2014	21			ASPS, APMA	Maintain work RVU and adjust	Pre-Time Analysis	January 2014	000	4.58	2.51	6.56	0.62	33,520	FALSE			FALSE					TRUE	Maintain
15100	Split-thickness autograft, trunk, arms,	RAW	September 2014	21			ASPS	Maintain work RVU and adjust	Pre-Time Analysis	January 2014	090	9.90	9.68	14.3	1.93	10,266	FALSE			FALSE					TRUE	Maintain
15120	Split-thickness autograft, face, scalp,	Autograft	September 2007	16			AAO-HNS, ASPS	Remove from screen	Site of Service Anomaly	September 2007	090	10.15	8.91	13.64	1.67	6,986	FALSE			FALSE					TRUE	Remove from Screen
15170	Acellular dermal replacement, trunk,	Acellular Dermal	February 2010	31			APMA, ASPS	Deleted from CPT	Different Performing Specialty from	February 2010							FALSE			FALSE					TRUE	Deleted from CPT
15171	Acellular dermal replacement, trunk,	Acellular Dermal	February 2010	31			APMA, ASPS	Deleted from CPT	Different Performing Specialty from	February 2010							FALSE			FALSE					TRUE	Deleted from CPT
15175	Acellular dermal replacement, face,	Acellular Dermal	February 2010	31			APMA, ASPS	Deleted from CPT	Different Performing Specialty from	October 2009							FALSE			TRUE	The specialty recommended	October 2010	07	Complete	TRUE	Deleted from CPT
15176	Acellular dermal replacement, face,	Acellular Dermal	February 2010	31			APMA, ASPS	Deleted from CPT	Different Performing Specialty from	February 2010							FALSE			FALSE					TRUE	Deleted from CPT
15220	Full thickness graft, free, including	Skin Graft	September 2007	16			AAO-HNS, ASPS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	8.09	9.06	13.93	1.19	8,806	FALSE			FALSE					TRUE	PE Only
15240	Full thickness graft, free, including	RAW	September 2014	21			ASPS, AAD	Maintain work RVU and adjust	Pre-Time Analysis	January 2014	090	10.41	12.07	16.16	1.44	11,884	FALSE			FALSE					TRUE	Maintain
15271	Application of skin substitute graft to	Chronic Wound Dermal	April 2011	04			ACS, APMA, ASPS	1.50	Different Performing Specialty from	April 2011	000	1.50	0.78	2.91	0.22	165,476	FALSE			FALSE		February 2011			TRUE	Decrease
15272	Application of skin substitute graft to	Chronic Wound Dermal	September 2024	14		RAW	ACS, APMA, ASPS	Remove from screen. 0.59	Different Performing Specialty from	April 2011	ZZZ	0.33	0.12	0.36	0.05	24,110	FALSE			FALSE		February 2011			TRUE	Decrease
15273	Application of skin substitute graft to	Chronic Wound Dermal	April 2011	04			ACS, APMA, ASPS	3.50	Different Performing Specialty from	April 2011	000	3.50	1.66	5.12	0.64	6,796	FALSE			FALSE		February 2011			TRUE	Decrease
15274	Application of skin substitute graft to	Chronic Wound Dermal	April 2011	04			ACS, APMA, ASPS	0.80	Different Performing Specialty from	April 2011	ZZZ	0.80	0.35	1.46	0.17	28,204	FALSE			FALSE		February 2011			TRUE	Decrease
15275	Application of skin substitute graft to	Chronic Wound Dermal	April 2011	04			ACS, APMA, ASPS	1.83	Different Performing Specialty from	April 2011	000	1.83	0.75	2.75	0.19	166,871	FALSE			FALSE		February 2011			TRUE	Decrease
15276	Application of skin substitute graft to	Chronic Wound Dermal	April 2011	04			ACS, APMA, ASPS	0.59	Different Performing Specialty from	April 2011	ZZZ	0.50	0.17	0.4	0.07	7,968	FALSE			FALSE		February 2011			TRUE	Decrease
15277	Application of skin substitute graft to	Chronic Wound Dermal	April 2011	04			ACS, APMA, ASPS	4.00	Different Performing Specialty from	April 2011	000	4.00	1.89	5.5	0.72	1,592	FALSE			FALSE		February 2011			TRUE	Decrease
15278	Application of skin substitute graft to	Chronic Wound Dermal	April 2011	04			ACS, APMA, ASPS	1.00	Different Performing Specialty from	April 2011	ZZZ	1.00	0.45	1.64	0.20	2,667	FALSE			FALSE		February 2011			TRUE	Decrease
15320	Deleted from CPT	Skin Allograft	February 2010	31			APMA, ASPS	Deleted from CPT	Different Performing Specialty from	October 2009							FALSE			TRUE	The specialty recommended	October 2010	07	Complete	TRUE	Deleted from CPT
15321	Deleted from CPT	Skin Allograft	February 2010	31			APMA, ASPS	Deleted from CPT	Different Performing Specialty from	February 2010							FALSE			FALSE					TRUE	Deleted from CPT
15330	Acellular dermal allograft, trunk, arms,	Allograft	February 2008	S			ASPS	Deleted from CPT	High IWPUT	February 2008							FALSE			FALSE					TRUE	Deleted from CPT
15331	Deleted from CPT	Acellular Dermal Allograft	February 2010	31			AAO-HNS, APMA,	Deleted from CPT	Different Performing Specialty from	February 2010							FALSE			FALSE					TRUE	Deleted from CPT
15335	Deleted from CPT	Acellular Dermal Allograft	February 2010	31			AAO-HNS, APMA,	Deleted from CPT	Different Performing Specialty from	October 2009							FALSE			TRUE	The specialty recommended	October 2010	07	Complete	TRUE	Deleted from CPT
15336	Deleted from CPT	Acellular Dermal Allograft	February 2010	31			AAO-HNS, APMA,	Deleted from CPT	Different Performing Specialty from	February 2010							FALSE			FALSE		February 2011			TRUE	Deleted from CPT
15360	Deleted from CPT	Tissue Cultured	February 2010	31			APMA, ASPS	Deleted from CPT	Different Performing Specialty from	February 2010							FALSE			FALSE		February 2011			TRUE	Deleted from CPT
15361	Deleted from CPT	Tissue Cultured	February 2010	31			APMA, ASPS	Deleted from CPT	Different Performing Specialty from	February 2010							FALSE			FALSE		February 2011			TRUE	Deleted from CPT
15365	Deleted from CPT	Tissue Cultured	February 2010	31			APMA, ASPS	Deleted from CPT	Different Performing Specialty from	October 2009							FALSE			TRUE	The specialty recommended	October 2010	07	Complete	TRUE	Deleted from CPT
15366	Deleted from CPT	Tissue Cultured	February 2010	31			APMA, ASPS	Deleted from CPT	Different Performing Specialty from	February 2010							FALSE			FALSE		February 2011			TRUE	Deleted from CPT
15400	Deleted from CPT	Xenograft	September 2007	16			APMA, AAO-HNS,	Deleted from CPT	Site of Service Anomaly	September 2007							FALSE			FALSE					TRUE	Deleted from CPT
15401	Deleted from CPT	Xenograft	February 2008	S			ACS, ASPS	Deleted from CPT	High Volume Growth1	February 2008							FALSE			FALSE					TRUE	Deleted from CPT
15420	Deleted from CPT	Xenograft Skin	February 2010	31			APMA, ASPS, AAD	Deleted from CPT	Different Performing Specialty from	October 2009							FALSE			TRUE	The specialty recommended	October 2010	07	Complete	TRUE	Deleted from CPT
15421	Deleted from CPT	Xenograft Skin	February 2010	31			APMA, ASPS, AAD	Deleted from CPT	Different Performing Specialty from	February 2010							FALSE			FALSE		February 2011			TRUE	Deleted from CPT
15570	Formation of direct or tubed pedicle,	Skin Pedicle Flaps	October 2008	10			ACS, ASPS, AAO-HNS	10.00	Site of Service Anomaly	September 2007	090	10.21	9.70	15.08	1.99	226	FALSE			FALSE					TRUE	Maintain
15572	Formation of direct or tubed pedicle,	Skin Pedicle Flaps	October 2008	10			ACS, ASPS, AAO-HNS	9.94	Site of Service Anomaly	April 2008	090	10.12	10.24	14.66	1.79	472	FALSE			FALSE					TRUE	Maintain
15574	Formation of direct or tubed pedicle,	Skin Pedicle Flaps	October 2008	10			ASPS, AAO-HNS	10.52	Site of Service Anomaly	September 2007	090	10.70	9.86	14.3	1.67	1,210	FALSE			FALSE					TRUE	Maintain
15576	Formation of direct or tubed pedicle,	Skin Pedicle Flaps	October 2008	10			ASPS, AAO-HNS	9.24	Site of Service Anomaly	September 2007	090	9.37	8.90	12.97	1.15	4,553	FALSE			FALSE					TRUE	Maintain
15730	Midface flap (ie, zygomaticofacial flap)	Muscle Flaps	January 2017	05			AAO	13.50	High Level E/M in Global Period	January 2017	090	13.50	12.33	27.61	1.56	1,593	FALSE			FALSE					TRUE	Decrease
15731	Forehead flap with preservation of	Muscle Flaps	January 2017	05				Not part of family	High Level E/M in Global Period	April 2016	090	14.38	13.36	17.21	2.18	2,253	FALSE			TRUE	In April 2016 the RUC reviewed	September	15	yes	TRUE	Not Part of RAW
15732	Muscle, myocutaneous, or	Muscle Flaps	January 2017	05			ASPS	Deleted from CPT	Site of Service Anomaly / High Level	September 2007							FALSE			TRUE	The specialty society explained	September	15	yes	TRUE	Deleted from CPT
15733	Muscle, myocutaneous, or	Muscle Flaps	January 2017	05			ASPS	15.68	High Level E/M in Global Period	January 2017	090	15.68	12.61		2.56	4,649	FALSE			FALSE					TRUE	Decrease
15734	Muscle, myocutaneous, or	Muscle Flaps	April 2016	14				23.00	High Level E/M in Global Period	October 2015	090	23.00	17.03		4.98	22,071	FALSE			FALSE		September	15	yes	TRUE	Increase
15736	Muscle, myocutaneous, or	Muscle Flaps	April 2016	14			ASSH, ASPS	17.04	High Level E/M in Global Period	January 2016	090	17.04	16.19		3.34	1,425	FALSE			FALSE		September	15	yes	TRUE	Maintain
15738	Muscle, myocutaneous, or	Muscle Flaps	April 2016	14			ASPS	19.04	High Level E/M in Global Period	January 2016	090	19.04	15.27		3.68	5,108	FALSE			FALSE		September	15	yes	TRUE	Maintain
15740	Flap; island pedicle requiring	Dermatology and Plastic	April 2008	28			AAD, ASPS	11.57	Site of Service Anomaly / CMS Fastest	September 2007	090	11.80	11.68	16.92	1.82	1,836	FALSE			TRUE	CPT code 15740 was identified	February 2009	11 &	Complete	TRUE	Maintain
15769	Grafting of autologous soft tissue,	Tissue Grafting	September 2022	13			AAOHNS, ASPS	6.68	Site of Service Anomaly - 2017	May 2018	090	6.68	6.54		1.26	5,880	TRUE	July 2023	Yes	FALSE					TRUE	Increase
15771	Grafting of autologous fat harvested by	Tissue Grafting	October 2018	04			ASPS	6.73	Site of Service Anomaly - 2017	May 2018	090	6.73	7.46	10.45	1.25	3,442	FALSE			FALSE					TRUE	Increase
15772	Grafting of autologous fat harvested by	Tissue Grafting	October 2018	04			ASPS	2.50	Site of Service Anomaly - 2017	May 2018	ZZZ	2.50	1.45	2.79	0.46	7,785	FALSE			FALSE					TRUE	Increase
15773	Grafting of autologous fat harvested by	Tissue Grafting	October 2018	04			ASPS	6.83	Site of Service Anomaly - 2017	May 2018	090	6.83	7.11	9.98	1.17	438	FALSE			FALSE					TRUE	Increase
15774	Grafting of autologous fat harvested by	Tissue Grafting	October 2018	04			ASPS	2.41	Site of Service Anomaly - 2017	May 2018	ZZZ	2.41	1.41	2.74	0.44	67	FALSE			FALSE					TRUE	Increase
15777	Implantation of biologic implant (eg,	Chronic Wound Dermal	April 2011	04			ACS, APMA, ASPS	3.65	Different Performing Specialty from	April 2011	ZZZ	3.65	2.01	2.01	0.71	6,994	FALSE			FALSE		February 2011			TRUE	Decrease
15778	Implantation of absorbable mesh or	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	8.00	Site of Service Anomaly - 2019	February 2021	000	7.05	2.82		1.62		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease
15823	Blepharoplasty, upper eyelid; with	Upper Eyelid	April 2010	33			AAO	6.81	Harvard Valued - Utilization over	October 2009	090	6.81	9.12	11.3	0.59	87,515	FALSE			FALSE					TRUE	Decrease
16020	Dressings and/or debridement of	Dressings/ Debridement	October 2010	08			ASPS, AAFP, AAPMR,	0.80	Different Performing Specialty from	October 2009	000	0.71	0.85	1.76	0.12	11,334	FALSE			FALSE					TRUE	Maintain
16025	Dressings and/or debridement of	Dressings/ Debridement	October 2010	08			ASPS, AAFP, AAPMR,	1.85	Different Performing Specialty from	October 2009	000	1.74	1.31	2.71	0.29	1,629	FALSE			FALSE					TRUE	Maintain
16030	Dressings and/or debridement of	Dressings/ Debridement	April 2010	45			ACEP, ASPS, AAFP,	CPT Assistant article published.	Different Performing Specialty from	February 2010	000	2.08	1.45	3.44	0.42	1,142	TRUE	Oct 2012	Yes	FALSE					TRUE	Maintain
17000	Destruction (eg, laser surgery,	Destruction of	April 2013	17			AAD	0.61	MPC List	October 2010	010	0.61	0.99	1.37	0.06	5,821,046	FALSE			FALSE					TRUE	Decrease
17003	Destruction (eg, laser surgery,	Destruction of	April 2013	17			AAD	0.04	Low Value-Billed in Multiple Units /	October 2010	ZZZ	0.04	0.02	0.16	0.00	18,598,830	FALSE			FALSE					TRUE	Decrease
17004	Destruction (eg, laser surgery,	Destruction of	April 2013	17			AAD	Remove from Modifier -51	CMS High Expenditure Procedural	September 2011	010	1.37	1.43	3.52	0.15	831,242	FALSE			FALSE					TRUE	Decrease
17106	Destruction of cutaneous vascular	Destruction of Skin	October 2008	11			AAD	3.61	High IWPUT	February 2008	090	3.69	4.19	6.28	0.43	3,523	FALSE			FALSE					TRUE	Decrease
17107	Destruction of cutaneous vascular	Destruction of Skin	October 2008	11			AAD	4.68	High IWPUT	February 2008	090	4.79	5.49	8.17	0.53	2,070	FALSE			FALSE					TRUE	Decrease
17108	Destruction of cutaneous vascular	Destruction of Skin	October 2008	11			AAD	6.37	High IWPUT	February 2008	090	7.49	7.34	10.65	1.03	5,317	FALSE			FALSE					TRUE	Decrease
17110	Destruction (eg, laser surgery,	RAW	October 2013	18				Remove from screen	High Volume Growth2	April 2013	010	0.70	1.30	2.66	0.07	2,817,292	FALSE			FALSE					TRUE	Remove from Screen
17111	Destruction (eg, laser surgery,	RAW	October 2013	18				Remove from screen	High Volume Growth2	April 2013	010	0.97	1.44	2.94	0.10	142,026	FALSE			FALSE					TRUE	Remove from Screen
17250	Chemical cauterization of granulation	Chemical Cauterization of	January 2022	20	January 2025	RAW	AAFP, ACS, APMA	Review in 3 years (Jan 2025).	High Volume Growth3	October 2015	000	0.50	0.55	2.04	0.08	241,862	TRUE	Sep 2016	Yes	TRUE	In January 2016, the Relativity	September	17	Yes	FALSE	
17261	Destruction, malignant lesion (eg, laser	Destruction of Malignant	October 2010	26			AAD, AAFP	1.22	Harvard Valued - Utilization over	October 2009	010	1.22	1.27	3.13	0.13	129,075	FALSE			FALSE					TRUE	Maintain
17262	Destruction, malignant lesion (eg, laser	Destruction of Malignant	October 2010	26			AAD, AAFP	1.63	Harvard Valued - Utilization over	February 2010	010	1.63	1.51	3.58	0.17	288,353	FALSE			FALSE					TRUE	Maintain
17271	Destruction, malignant lesion (eg, laser	Destruction of Malignant	October 2010	26			AAD, AAFP	1.54	Harvard Valued - Utilization over	February 2010	010	1.54	1.45	3.32	0.16	44,856	FALSE			FALSE					TRUE	Maintain

17272	Destruction, malignant lesion (eg, laser	Destruction of Malignant	October 2010	26			AAD, AAFP	1.82	Harvard Valued - Utilization over	February 2010	010	1.82	1.62	3.68	0.19	75,113	FALSE			FALSE					TRUE	Maintain
17281	Destruction, malignant lesion (eg, laser	Destruction of Malignant	October 2010	26			AAD, AAFP	1.77	Harvard Valued - Utilization over	February 2010	010	1.77	1.58	3.47	0.19	65,491	FALSE			FALSE					TRUE	Maintain
17282	Destruction, malignant lesion (eg, laser	Destruction of Malignant	October 2010	26			AAD, AAFP	2.09	Harvard Valued - Utilization over	October 2009	010	2.09	1.77	3.89	0.22	66,033	FALSE			FALSE					TRUE	Maintain
17311	Mohs micrographic technique,	Mohs Surgery	September 2024	14	September	RAW	AAD	Review in 1 year. 6.20	CMS High Expenditure Procedural	September 2011	000	6.20	3.68	13.61	0.64	850,608	FALSE			FALSE					FALSE	Maintain
17312	Mohs micrographic technique,	Mohs Surgery	April 2013	18			AAD	3.30	CMS High Expenditure Procedural	September 2011	ZZZ	3.30	1.95	8.76	0.35	488,511	FALSE			FALSE					TRUE	Maintain
17313	Mohs micrographic technique,	Mohs Surgery	April 2013	18			AAD	5.56	CMS High Expenditure Procedural	January 2012	000	5.56	3.30	13.08	0.58	169,318	FALSE			FALSE					TRUE	Maintain
17314	Mohs micrographic technique,	Mohs Surgery	April 2013	18			AAD	3.06	CMS High Expenditure Procedural	January 2012	ZZZ	3.06	1.81	8.51	0.32	61,476	FALSE			FALSE					TRUE	Maintain
17315	Mohs micrographic technique,	Mohs Surgery	April 2013	18			AAD	0.87	CMS High Expenditure Procedural	January 2012	ZZZ	0.87	0.52	1.44	0.09	17,917	FALSE			FALSE					TRUE	Maintain
19020	Mastotomy with exploration or	Mastotomy	September 2007	16			ACS	Reduce 99238 to 0.5, remove	Site of Service Anomaly	September 2007	090	3.83	4.76	9.42	0.93	1,057	FALSE			FALSE					TRUE	PE Only
19081	Biopsy, breast, with placement of	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	3.29	Codes Reported Together 75% or More-	January 2012	000	3.29	1.17	11.23	0.33	56,458	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19082	Biopsy, breast, with placement of	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	1.65	Codes Reported Together 75% or More-	January 2012	ZZZ	1.65	0.58	9.59	0.17	4,257	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19083	Biopsy, breast, with placement of	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	3.10	Codes Reported Together 75% or More-	January 2012	000	3.10	1.10	11.37	0.33	110,638	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19084	Biopsy, breast, with placement of	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	1.55	Codes Reported Together 75% or More-	January 2012	ZZZ	1.55	0.55	9.52	0.16	14,741	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19085	Biopsy, breast, with placement of	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	3.64	Codes Reported Together 75% or More-	January 2012	000	3.64	1.29	18.7	0.33	6,881	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19086	Biopsy, breast, with placement of	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	1.82	Codes Reported Together 75% or More-	January 2012	ZZZ	1.82	0.64	15.55	0.16	1,450	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19102	Biopsy of breast; percutaneous, needle	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	Deleted from CPT	Codes Reported Together 75% or More-	January 2012							FALSE			FALSE		October 2012	08	Complete	TRUE	Deleted from CPT
19103	Biopsy of breast; percutaneous,	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	Deleted from CPT	Codes Reported Together 75% or More-	January 2012							FALSE			FALSE		October 2012	08	Complete	TRUE	Deleted from CPT
19281	Placement of breast localization	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	2.00	Codes Reported Together 75% or More-	January 2012	000	2.00	0.71	5.03	0.18	24,273	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19282	Placement of breast localization	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	1.00	Codes Reported Together 75% or More-	January 2012	ZZZ	1.00	0.36	4.01	0.09	3,457	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19283	Placement of breast localization	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	2.00	Codes Reported Together 75% or More-	January 2012	000	2.00	0.71	5.52	0.21	3,735	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19284	Placement of breast localization	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	1.00	Codes Reported Together 75% or More-	January 2012	ZZZ	1.00	0.35	4.54	0.11	463	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19285	Placement of breast localization	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	1.70	Codes Reported Together 75% or More-	January 2012	000	1.70	0.60	9.04	0.17	27,979	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19286	Placement of breast localization	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	0.85	Codes Reported Together 75% or More-	January 2012	ZZZ	0.85	0.30	7.97	0.09	2,441	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19287	Placement of breast localization	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	3.02	Codes Reported Together 75% or More-	January 2012	000	2.55	0.91	16.04	0.23	288	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19288	Placement of breast localization	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	1.51	Codes Reported Together 75% or More-	January 2012	ZZZ	1.28	0.45	13.1	0.11	93	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19290	Preoperative placement of needle	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	Deleted from CPT	Codes Reported Together 75% or More-	January 2012							FALSE			FALSE		October 2012	08	Complete	TRUE	Deleted from CPT
19291	Preoperative placement of needle	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	Deleted from CPT	Codes Reported Together 75% or More-	January 2012							FALSE			FALSE		October 2012	08	Complete	TRUE	Deleted from CPT
19295	Image guided placement, metallic	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	Deleted from CPT	CMS Fastest Growing / Codes	October 2008							FALSE			FALSE		October 2012	08	Complete	TRUE	Deleted from CPT
19303	Mastectomy, simple, complete	Mastectomy	April 2016	15			ACS, ASBS	15.00	Site of Service Anomaly - 2015 / High	October 2015	090	15.00	10.11		3.77	23,502	FALSE			FALSE					TRUE	Decrease
19307	Mastectomy, modified radical, including	Modified Radical	January 2020	22				17.99	Site of Service Anomaly - 2019	October 2019	090	17.99	13.01		4.55	4,078	FALSE			FALSE					TRUE	Decrease
19318	Breast reduction	Mammaplasty	September 2007	16			ASPS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	16.03	13.80		0.03	6,930	FALSE			FALSE					TRUE	PE Only
19340	Insertion of breast implant on same day	Breast Implant/Expander	January 2020	05			ASPS	11.00	CMS Request / Site of Service Anomaly -	October 2009	090	10.48	10.33		2.06	2,632	FALSE			FALSE					TRUE	Decrease
19357	Tissue expander placement in breast	Breast Implant/Expander	January 2020	05			ASPS	15.36	Site of Service Anomaly / 090-Day	September 2007	090	14.84	17.28		2.79	5,664	FALSE			TRUE	Originally referred to CPT	October 2009	20	Complete	TRUE	Decrease
20000	Deleted from CPT	Incision of Abcess	September 2007	16			APMA, AAOS	Deleted from CPT	Site of Service Anomaly (99238-Only)	September 2007							FALSE			TRUE	This service was identified with	June 2009	15	Code Deleted	TRUE	Deleted from CPT
20005	Incision and drainage of soft tissue	Incision of Deep Abscess	October 2017	19			ACS, AAO-HNS	Deleted from CPT	Site of Service Anomaly / Negative	September 2007							FALSE			TRUE	A RUC member requested that	February 2018	06	complete	TRUE	Deleted from CPT
20220	Biopsy, bone, trocar, or needle;	Bone Biopsy	January 2019	22			ACR, SIR	1.93	Different Performing Specialty from	January 2018	000	1.65	0.76	5.12	0.16	11,653	FALSE			FALSE					TRUE	Increase
20225	Biopsy, bone, trocar, or needle; deep	Bone Biopsy	January 2019	22			ACR, SIR	3.00	Different Performing Specialty from	October 2017	000	2.45	1.11	8.62	0.25	12,086	FALSE			FALSE					TRUE	Increase
20240	Biopsy, bone, open; superficial (eg,	Bone Biopsy Excisional	January 2016	04			AAOS, APMA	3.73	010-Day Global Post-Operative Visits	April 2014	000	2.61	1.27		0.30	6,678	FALSE			FALSE					TRUE	Increase
20245	Biopsy, bone, open; deep (eg, humeral	Bone Biopsy Excisional	January 2016	04			AAOS	6.50	010-Day Global Post-Operative Visits	January 2014	000	6.00	3.20		1.05	4,064	FALSE			TRUE	In April 2015, in preparation	October 2015		revised	TRUE	Decrease
20525	Removal of foreign body in muscle or	Removal of Foreign Body	September 2007	16			ACS, AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	010	3.54	3.25	9.75	0.66	1,295	FALSE			FALSE					TRUE	PE Only
20526	Injection, therapeutic (eg, local	RAW	January 2017	30				Remove fromm screen	CMS 000-Day Global Typically Reported	July 2016	000	0.94	0.59	1.37	0.17	93,718	FALSE			FALSE					TRUE	Remove from Screen
20550	Injection(s); single tendon sheath, or	Injection of Tendon	January 2016	27		RUC	AAOS, AAPM&R,	0.75	CMS Fastest Growing / CMS High	October 2008	000	0.75	0.31	0.89	0.10	789,921	FALSE			FALSE					TRUE	Maintain
20551	Injection(s); single tendon	Therapeutic Injection	April 2017	10			AAPMR, AAOS,	0.75	CMS Fastest Growing / CMS 000-Day	October 2008	000	0.75	0.31	0.89	0.09	127,434	FALSE			FALSE					TRUE	Maintain
20552	Injection(s); single or multiple trigger		January 2016	28		RUC	AAPM&R, ACRh, ASA	0.66	CMS High Expenditure Procedural	July 2015	000	0.66	0.36	0.84	0.08	276,901	FALSE			FALSE					TRUE	Maintain
20553	Injection(s); single or multiple trigger		January 2016	28		RUC	AAPM&R, ACRh, ASA	0.75	CMS High Expenditure Procedural	July 2015	000	0.75	0.41	0.98	0.09	352,125	FALSE			FALSE					TRUE	Maintain
20600	Arthrocentesis, aspiration and/or	Arthrocentesis	January 2014	04			AAFP, AAOS, ACR,	0.66 and new PE inputs	Harvard Valued - Utilization over	February 2010	000	0.66	0.32	0.87	0.09	437,116	FALSE			TRUE	Ultrasound as an imaging	October 2013	06	Complete	TRUE	Maintain
20604	Arthrocentesis, aspiration and/or	Arthrocentesis	January 2014	04			AAFP, AAOS, ACR,	0.89	CMS Request - Final Rule for 2014	July 2013	000	0.89	0.37	1.5	0.10	54,114	FALSE			FALSE		October 2013	06		TRUE	Decrease
20605	Arthrocentesis, aspiration and/or	Arthrocentesis	January 2014	04			AAFP, AAOS, ACR,	0.68 and new PE inputs	Harvard Valued - Utilization over	October 2009	000	0.68	0.33	0.89	0.09	388,653	FALSE			TRUE	Ultrasound as an imaging	October 2013	06	Complete	TRUE	Maintain
20606	Arthrocentesis, aspiration and/or	Arthrocentesis	January 2014	04			AAFP, AAOS, ACR,	1.00	CMS Request - Final Rule for 2014	July 2013	000	1.00	0.42	1.58	0.13	58,020	FALSE			FALSE		October 2013	06		TRUE	Decrease
20610	Arthrocentesis, aspiration and/or	Arthrocentesis	January 2014	04			AAFP, AAOS, ACR,	0.79 and new PE inputs	Harvard Valued - Utilization over	February 2010	000	0.79	0.44	1.04	0.13	5,936,856	FALSE			TRUE	Ultrasound as an imaging	October 2013	06	Complete	TRUE	Maintain
20611	Arthrocentesis, aspiration and/or	Arthrocentesis	January 2014	04			AAFP, AAOS, ACR,	1.10	CMS Request - Final Rule for 2014	July 2013	000	1.10	0.51	1.74	0.15	1,133,173	FALSE			FALSE		October 2013	06		TRUE	Decrease
20612	Aspiration and/or injection of ganglion	RAW	January 2017	30				Remove from screen	CMS 000-Day Global Typically Reported	July 2016	000	0.70	0.43	1.16	0.10	25,159	FALSE			FALSE					TRUE	Remove from Screen
20680	Removal of implant; deep (eg, buried	RAW	September 2014	21			AAOS, APMA	5.96 and adjustments to pre-	Pre-Time Analysis	January 2014	090	5.96	5.69	11.09	1.06	46,982	FALSE			FALSE					TRUE	Maintain
20692	Application of a multiplane (pins or	RAW	April 2014	52				Maintain	090-Day Global Post-Operative Visits	January 2014	090	16.27	14.94		2.88	2,937	FALSE			FALSE					TRUE	Maintain
20694	Removal, under anesthesia, of external	External Fixation	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	4.28	5.36	8.04	0.78	5,259	FALSE			FALSE					TRUE	PE Only
20700	Manual preparation and insertion of	Drug Delivery Implant	October 2018	05			AAOS, AUA	1.50	Different Performing Specialty from	May 2018	ZZZ	1.50	0.73	0.73	0.29	1,170	FALSE			FALSE					TRUE	Increase
20701	Removal of drug-delivery device(s),	Drug Delivery Implant	October 2018	05			AAOS, AUA	1.13	Different Performing Specialty from	May 2018	ZZZ	1.13	0.56	0.56	0.22	225	FALSE			FALSE					TRUE	Increase
20702	Manual preparation and insertion of	Drug Delivery Implant	October 2018	05			AAOS, AUA	2.50	Different Performing Specialty from	May 2018	ZZZ	2.50	1.25	1.25	0.49	500	FALSE			FALSE					TRUE	Increase
20703	Removal of drug-delivery device(s),	Drug Delivery Implant	October 2018	05			AAOS, AUA	1.80	Different Performing Specialty from	May 2018	ZZZ	1.80	0.93	0.93	0.37	69	FALSE			FALSE					TRUE	Increase
20704	Manual preparation and insertion of	Drug Delivery Implant	October 2018	05			AAOS, AUA	2.60	Different Performing Specialty from	May 2018	ZZZ	2.60	1.34	1.34	0.52	479	FALSE			FALSE					TRUE	Increase
20705	Removal of drug-delivery device(s),	Drug Delivery Implant	October 2018	05			AAOS, AUA	2.15	Different Performing Specialty from	May 2018	ZZZ	2.15	1.11	1.11	0.43	111	FALSE			FALSE					TRUE	Increase
20900	Bone graft, any donor area; minor or	Bone Graft Procedures	April 2008	29			AOFAS, AAOS	3.00	Site of Service Anomaly	September 2007	000	3.00	1.89	8.06	0.50	4,965	FALSE			FALSE					TRUE	Decrease
20902	Bone graft, any donor area; major or	Bone Graft Procedures	April 2008	29			AOFAS, AAOS	4.58	Site of Service Anomaly	April 2008	000	4.58	2.79		0.85	4,287	FALSE			FALSE					TRUE	Decrease
20926	Tissue grafts, other (eg, paratenon, fat,	Tissue Grafting	October 2018	04			AAOS, ASPS, AANS,	Deleted from CPT	CMS Fastest Growing / Site of Service	October 2008							TRUE	Deleted for	N/A	TRUE	In October 2017, AMA Staff	May 2018	12	Yes	TRUE	Deleted from CPT
20985	Computer-assisted surgical navigational	RAW	September 2024	14	April 2025	RUC	AAOS	Refer to CPT	High Volume Growth10	April 2024	ZZZ	2.50	1.29		0.51	59,915	FALSE			TRUE	In September 2024 the RUC	February 2025			FALSE	
21015	Radical resection of tumor (eg,	Radical Resection of Soft	February 2009	6			ACS, AAOS, AAO-	9.71	Site of Service Anomaly	September 2007	090	9.89	9.50		1.65	313	FALSE			TRUE	CPT developed new coding	June 2008	06	New code	TRUE	Increase
21025	Excision of bone (eg, for osteomyelitis	Excision of Bone –	October 2010	61			AAOMS	10.03	Site of Service Anomaly	September 2007	090	10.03	8.77	12.73	1.09	3,883	FALSE			FALSE					TRUE	Decrease
21495	Open treatment of hyoid fracture	Laryngoplasty	January 2016	09		RUC		Deleted from CPT	090-Day Global Post-Operative Visits	October 2015							FALSE			FALSE					TRUE	Deleted from CPT
21557	Radical resection of tumor (eg,	Radical Resection of Soft	February 2009	6			ACS, AAOS	14.57	Site of Service Anomaly	September 2007	090	14.75	10.96		3.17	338	FALSE			TRUE	CPT developed new coding	June 2008	06	New code	TRUE	Decrease
21800	Closed treatment of rib fracture,	Internal Fixation of Rib	April 2014	05			STS, ACS	Deleted from CPT	CMS Request - Final Rule for 2014	July 2013							FALSE			TRUE	Refer to CPT for deletion.	February 2014	15	Complete	TRUE	Deleted from CPT
21805	Open treatment of rib fracture without	Internal Fixation of Rib	April 2014	05			STS, ACS	Deleted from CPT	CMS Request - Final Rule for 2014	January 2014							FALSE			TRUE	Referred to CPT for	October 2014	7	Complete	TRUE	Deleted from CPT
21810	Treatment of rib fracture requiring	Internal Fixation of Rib	April 2014	05			STS, ACS	Deleted from CPT	CMS Request - Final Rule for 2014	January 2014							FALSE			FALSE		October 2013	07	Complete	TRUE	Deleted from CPT
21811	Open treatment of rib fracture(s) with	Internal Fixation of Rib	April 2014	05			STS, ACS	19.55	CMS Request - Final Rule for 2014	January 2014	000	10.79	4.29		2.58	448	FALSE			FALSE		October 2013	07	Complete	TRUE	Decrease
21812	Open treatment of rib fracture(s) with	Internal Fixation of Rib	April 2014	05			STS, ACS	25.00	CMS Request - Final Rule for 2014	January 2014	000	13.00	5.22		3.09	527	FALSE			FALSE		October 2013	07	Complete	TRUE	Decrease
21813	Open treatment of rib fracture(s) with	Internal Fixation of Rib	April 2014	05			STS, ACS	35.00	CMS Request - Final Rule for 2014	January 2014	000	17.61	7.07		4.52	78	FALSE			FALSE		October 2013	07	Complete	TRUE	Decrease
21820	Closed treatment of sternum fracture	Internal Fixation of Rib	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	CMS Request - Final Rule for 2014 /	January 2014	090	1.36	2.96	3.02	0.29	124	TRUE	Jan 2018	Yes	FALSE		October 2013	07	Complete	TRUE	PE Only
21825	Open treatment of sternum fracture	Internal Fixation of Rib	April 2014	05			STS, ACS	Unrelated to the family	CMS Request - Final Rule for 2014	January 2014	090	7.76	7.10		1.82	473	FALSE			FALSE		October 2013	07	Complete	TRUE	Remove from Screen
21935	Radical resection of tumor (eg,	Radical Resection of Soft	February 2009	6			ACS, AAOS	15.54	Site of Service Anomaly	September 2007	090	15.72	11.34		3.72	189	FALSE			TRUE	CPT developed new coding	June 2008	06	New code	TRUE	Decrease
22214	Osteotomy of spine, posterior or	RAW	September 2014	21			AAOS, NASS,	Maintain	CMS Fastest Growing	October 2008	090	21.02	18.65		6.25	6,758	FALSE			FALSE					TRUE	Maintain
22305	Closed treatment of vertebral process	Closed treatment of	April 2015	23			AANS/CNS, NASS	Deleted from CPT	CMS Request - Final Rule for 2014	July 2013							FALSE			TRUE	In October 2013, AAOS and	May 2016	13	Complete	TRUE	Deleted from CPT
22310	Closed treatment of vertebral body	Closed Treatment	September 2023	22	September	RAW	AANS, AAOS, CNS,	Refer to CPT Assistant. 3.45.	Negative IWPUT / Site of Service	April 2017	090	3.45	4.88	5.31	0.77	5,440	TRUE	May 2024	Yes	FALSE					FALSE	Decrease
22510	Percutaneous vertebroplasty (bone	Percutaneous	April 2014	06			AANS, CNS, AAOS,	8.15	Codes Reported Together 75% or More-	April 2014	010	7.90	3.78	44.36	1.15	2,205	FALSE			FALSE		February 2014	16	Complete	TRUE	Decrease
22511	Percutaneous vertebroplasty (bone	Percutaneous	April 2014	06			AANS, CNS, AAOS,	8.05	Codes Reported Together 75% or More-	April 2014	010	7.33	3.68	44.95	1.07	2,659	FALSE			FALSE		February 2014	16	Complete	TRUE	Decrease
22512	Percutaneous vertebroplasty (bone	Percutaneous	April 2014	06			AANS, CNS, AAOS,	4.00	Codes Reported Together 75% or More-	April 2014	ZZZ	4.00	1.41	16.94	0.72	1,641	FALSE			FALSE		February 2014	16	Complete	TRUE	Decrease
22513	Percutaneous vertebral augmentation,	Percutaneous	April 2014	06			AANS, CNS, AAOS,	8.90	Codes Reported Together 75% or More-	April 2014	010	8.65	4.93	158.03	1.63	18,975	FALSE			FALSE		February 2014	16	Complete	TRUE	Decrease
22514	Percutaneous vertebral augmentation,	Percutaneous	April 2014	06			AANS, CNS, AAOS,	8.24	Codes Reported Together 75% or More-	April 2014	010	7.99	4.69	158.08	1.50	21,168	FALSE			FALSE		February 2014	16	Complete	TRUE	Decrease
22515	Percutaneous vertebral augmentation,	Percutaneous	April 2014	06			AANS, CNS, AAOS,	4.00	Codes Reported Together 75% or More-	April 2014	ZZZ	4.00	1.65	81.4	0.80	12,476	FALSE			FALSE		February 2014	16	Complete	TRUE	Decrease
22520	Percutaneous vertebroplasty (bone	Percutaneous	April 2014	06			AANS, CNS, AAOS,	Deleted from CPT	CMS Request - Practice Expense	February 2009							FALSE			TRUE	Joint Workgroup recommends	February 2014	16	Complete	TRUE	Deleted from CPT
22521	Percutaneous vertebroplasty (bone	Percutaneous	April 2014	06			AANS, CNS, AAOS,	Deleted from CPT	Site of Service Anomaly (99238-Only);	September 2007							FALSE			TRUE	Joint Workgroup recommends	February 2014	16	Complete	TRUE	Deleted from CPT
22522	Percutaneous vertebroplasty (bone	Percutaneous	April 2014	06			AANS, CNS, AAOS,	Deleted from CPT	Codes Reported Together 75% or More-	April 2014							FALSE			FALSE		February 2014	16	Complete	TRUE	Deleted from CPT
22523	Percutaneous vertebral augmentation,	Percutaneous	April 2014	06			AANS, CNS, AAOS,	Deleted from CPT	CMS Request: PE Review	September 2011							FALSE			FALSE		February 2014	16	Complete	TRUE	Deleted from CPT
22524	Percutaneous vertebral augmentation,	Percutaneous	April 2014	06			AANS, CNS, AAOS,	Deleted from CPT	CMS Request: PE Review	September 2011							FALSE			FALSE		February 2014	16	Complete	TRUE	Deleted from CPT
22525	Percutaneous vertebral augmentation,	Percutaneous	April 2014	06			AANS, CNS, AAOS,	Deleted from CPT	CMS Request: PE Review	September 2011							FALSE			FALSE		February 2014	16	Complete	TRUE	Deleted from CPT
22533	Arthrodesis, lateral extracavitary	Arthrodesis	September 2011	51			AAOS, NASS,	Remove from screen. CPT	CMS Fastest Growing	October 2008	090	24.79	18.88		6.50	632	TRUE	Oct 2009	Yes	FALSE					TRUE	Remove from Screen
22551	Arthrodesis, anterior interbody,	Arthrodesis	February 2010	05			NASS, AANS/CNS,	24.50	Codes Reported Together 95% or More	February 2010	090	25.00	18.17		8.33	31,110	FALSE			FALSE		October 2009	21		TRUE	Decrease
22552	Arthrodesis, anterior interbody,	Arthrodesis	February 2010	05			NASS, AANS/CNS,	6.50	Codes Reported Together 95% or More	February 2010	ZZZ	6.50	3.22		2.13	28,816	FALSE			FALSE		October 2009	21		TRUE	Maintain
22554	Arthrodesis, anterior interbody	Arthrodesis	September 2022	13			AANS, AAOS, CNS,	Refer to CPT Assistant. 17.69	Codes Reported Together 95% or More	February 2008	090	17.69	14.79		5.87	3,237	TRUE	Aug 2023	Yes	TRUE	Referred to the CPT Editorial	October 2009	21	Yes	FALSE	Maintain
22558	Arthrodesis, anterior interbody	Vertebral Corpectomy	September 2022	13			AANS/CNS, AAOS,	Maintain	High Volume Growth2 / Codes	April 2013	090	23.53	16.00		6.52	19,795	FALSE			TRUE	In January 2015 the Joint	September	20	yes	TRUE	Maintain
22585	Arthrodesis, anterior interbody	Arthrodesis	February 2010	05			NASS, AANS/CNS	Remove from screen	Codes Reported Together 95% or More	February 2010	ZZZ	5.52	2.55		1.62	15,268	FALSE			FALSE		October 2009	21		TRUE	Maintain
22612	Arthrodesis, posterior or posterolateral	Lumbar Arthrodesis	October 2015	21			AANS/CNS, AAOS,	Review utilization data October	Codes Reported Together 75% or More-	February 2010	090	23.53	17.52		6.74	41,911	FALSE			TRUE	The Workgroup accepts the	October 2010	16	Complete	TRUE	Maintain
22614	Arthrodesis, posterior or posterolateral	Lumbar Arthrodesis	February 2011	04			AANS/CNS, AAOS,	6.43	Codes Reported Together 75% or More-	February 2010	ZZZ	6.43	3.19		2.08	141,461	FALSE			FALSE					TRUE	Decrease
22630	Arthrodesis, posterior interbody	Lumbar Arthrodesis	February 2011	04			AANS/CNS, AAOS,	22.09	Codes Reported Together 75% or More-	February 2010	090	22.09	17.39		7.91	4,665	FALSE			TRUE	The Workgroup accepts the	October 2010	16	Complete	TRUE	Maintain
22632	Arthrodesis, posterior interbody	Lumbar Arthrodesis	February 2011	04			AANS/CNS, AAOS,	5.22	Codes Reported Together 75% or More-	February 2010	ZZZ	5.22	2.56		1.84	1,576	FALSE			FALSE					TRUE	Decrease
22633	Arthrodesis, combined posterior or	Lumbar Arthrodesis	February 2011	04			AANS/CNS, AAOS,	27.75	Codes Reported Together 75% or More-	February 2010	090	26.80	19.44		8.45	34,486	FALSE			TRUE		October 2010	16	Complete	TRUE	Decrease
22634	Arthrodesis, combined posterior or	Lumbar Arthrodesis	February 2011	04			AANS/CNS, AAOS,	8.16	Codes Reported Together 75% or More-	February 2010	ZZZ	7.96	3.95		2.58	13,296	FALSE			TRUE		October 2010	16	Complete	TRUE	Decrease
22843	Posterior segmental instrumentation	Spine Fixation Device	February 2009	38			AAOS, NASS, AANS	Remove from screen	CMS Fastest Growing	October 2008	ZZZ	13.44	6.68		4.31	9,067	FALSE			FALSE					TRUE	Remove from Screen
22849	Reinsertion of spinal fixation device	RAW	September 2014	21			AAOS, NASS,	Maintain	CMS Fastest Growing	October 2008	090	19.17	14.58		5.78	3,442	FALSE			TRUE	The Workgroup recommends	June 2010	10	Complete Intro	TRUE	Maintain
22851	Application of intervertebral	Biomechancial Device	January 2016	06		RUC	AANS/CNS, NASS	Deleted from CPT	CMS Fastest Growing / High Volume	October 2008							FALSE			TRUE	While preparing to survey CPT	October 2015	14	Code Deleted	TRUE	Deleted from CPT
22859	Insertion of intervertebral	Biomechancial Device	January 2016	06			AAOS, AANS, CNS,	6.00	CMS High Expenditure Procedural	October 2015	ZZZ	5.50	2.72		1.74	826	FALSE			FALSE					TRUE	Decrease
22867	Insertion of interlaminar/interspinous	Insertion of	January 2021	26			AAOS, AANS, CNS,	15.00	CMS High Expenditure Procedural	October 2015	090	15.00	12.76		4.71	1,065	FALSE			FALSE					TRUE	Increase
22868	Insertion of interlaminar/interspinous	Biomechancial Device	January 2016	06			AAOS, AANS, CNS,	5.50	CMS High Expenditure Procedural	October 2015	ZZZ	4.00	1.96		1.29	200	FALSE			FALSE					TRUE	Decrease
22900	Excision, tumor, soft tissue of	Subfascial Excision of	February 2009	5			ACS, AAOS	8.21	Site of Service Anomaly	September 2007	090	8.32	6.88		1.95	420	FALSE			TRUE	CPT developed new coding	June 2008	06	New code	TRUE	Increase
23076	Excision, tumor, soft tissue of shoulder	Subfascial Excision of	February 2009	5			ACS, AAOS	7.28	Site of Service Anomaly	September 2007	090	7.41	7.46		1.64	549	FALSE			TRUE	CPT developed new coding	June 2008	06	New code	TRUE	Decrease
23120	Claviculectomy; partial	Claviculectomy	April 2008	30			AAOS	7.23	Site of Service Anomaly	September 2007	090	7.39	9.10		1.51	3,929	FALSE			FALSE					TRUE	Maintain
23130	Acromioplasty or acromionectomy,	Removal of Bone	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	7.77	9.53		1.59	930	FALSE			FALSE					TRUE	PE Only
23350	Injection procedure for shoulder	Injection for Shoulder X-	September 2011	13			ACR, AAOS	1.00	Harvard Valued - Utilization over	April 2011	000	1.00	0.37	3.75	0.10	25,269	FALSE			FALSE					TRUE	Maintain

23405	Tenotomy, shoulder area; single tendon	Tenotomy	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	8.54	8.62		1.55	2,124	FALSE			FALSE					TRUE	PE Only
23410	Repair of ruptured musculotendinous	Rotator Cuff	February 2008	12			AAOS	11.23	Site of Service Anomaly	September 2007	090	11.39	11.19		2.28	2,133	FALSE			FALSE					TRUE	Decrease
23412	Repair of ruptured musculotendinous	Rotator Cuff	September 2014	21			AAOS	Maintain work RVU and adjust	Site of Service Anomaly / Pre-Time	September 2007	090	11.93	11.51		2.40	7,034	FALSE			FALSE					TRUE	Decrease
23415	Coracoacromial ligament release, with	Shoulder Ligament	October 2010	62			AAOS	9.23	Site of Service Anomaly	September 2007	090	9.23	10.16		1.87	245	FALSE			FALSE					TRUE	Decrease
23420	Reconstruction of complete shoulder	Rotator Cuff	February 2008	12			AAOS	13.35	Site of Service Anomaly	September 2007	090	13.54	13.23		2.76	1,011	FALSE			FALSE					TRUE	Decrease
23430	Tenodesis of long tendon of biceps	Tenodesis	October 2009	12			AAOS	10.17	CMS Fastest Growing, Site of Service	September 2007	090	10.17	10.45		2.01	19,960	FALSE			FALSE					TRUE	Maintain
23440	Resection or transplantation of long	Tendon Transfer	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	10.64	10.19		2.18	1,074	FALSE			FALSE					TRUE	PE Only
23472	Arthroplasty, glenohumeral joint; total	Arthroplasty	October 2015	21			AAOS	Remove from screen	CMS Fastest Growing / High Volume	October 2008	090	22.13	16.92		4.38	69,296	FALSE			FALSE					TRUE	Remove from Screen
23540	Closed treatment of acromioclavicular	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	2.36	4.60	4.66	0.47	307	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
23600	Closed treatment of proximal humeral	Treatment of Humerus	September 2011	14			AAOS	3.00	Harvard Valued - Utilization over	April 2011	090	3.00	6.32	6.86	0.59	27,520	FALSE			FALSE					TRUE	Decrease
23625	Closed treatment of greater humeral	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	4.10	6.06	7.11	0.85	114	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
23650	Closed treatment of shoulder	PE Subcommittee	April 2016	46			AAOS, ACEP and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	3.53	5.14	6.16	0.73	12,678	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
23655	Closed treatment of shoulder	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	4.76	6.87		0.97	2,466	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
23665	Closed treatment of shoulder	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	4.66	6.83	7.94	0.97	357	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
24505	Closed treatment of humeral shaft	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	5.39	7.51	9.18	1.13	658	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
24600	Treatment of closed elbow dislocation;	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	4.37	5.38	6.5	0.91	1,109	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
24605	Treatment of closed elbow dislocation;	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	5.64	7.94		1.16	341	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
25116	Radical excision of bursa, synovia of	Forearm Excision	October 2010	63			ASSH, AAOS, ASPS	7.56	Site of Service Anomaly	September 2007	090	7.56	9.52		1.43	876	FALSE			FALSE					TRUE	Maintain
25210	Carpectomy; 1 bone	Carpectomy	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	6.12	7.85		1.17	3,245	FALSE			FALSE					TRUE	PE Only
25260	Repair, tendon or muscle, flexor,	Tendon Repair	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	8.04	9.82		1.54	897	FALSE			FALSE					TRUE	PE Only
25280	Lengthening or shortening of flexor or	Tendon Repair	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	7.39	8.53		1.40	1,512	FALSE			FALSE					TRUE	PE Only
25310	Tendon transplantation or transfer,	Hand, Wrist & Forearm	September 2023	04			AAOS, ASPS, ASSH	9.50	Site of Service Anomaly / Codes	September 2007	090	8.08	9.39		1.52	6,178	FALSE			FALSE					TRUE	Decrease
25312	Tendon transplantation or transfer,	Hand, Wrist & Forearm	September 2023	04	September	RAW	AAOS, ASPS, ASSH	Review action plan	RUC Flag	September 2023	090	9.82	10.15		1.87	355	FALSE			FALSE					FALSE	
25447	Arthroplasty, interposition, intercarpal	Hand, Wrist & Forearm	September 2023	04			AAOS, ASPS, ASSH	11.14	Codes Reported Together 75% or More-	April 2022	090	11.14	12.07		2.11	19,593	FALSE			TRUE	In April 2022, the Workgroup	May 2023	16	Yes	TRUE	Decrease
25565	Closed treatment of radial and ulnar	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	5.85	7.35	9.08	1.21	510	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
25605	Closed treatment of distal radial	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	6.25	8.29	9.24	1.28	18,140	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
25606	Percutaneous skeletal fixation of distal	RAW	September 2014	21			AAOS, ASSH	Maintain work RVU and adjust	Pre-Time Analysis	September 2014	090	8.31	10.49		1.68	1,035	FALSE			FALSE					TRUE	Maintain
25607	Open treatment of distal radial extra-	RAW	September 2014	21			AAOS, ASSH	Maintain work RVU and adjust	Pre-Time Analysis	September 2014	090	9.56	11.17		1.87	7,719	FALSE			FALSE					TRUE	Maintain
25608	Open treatment of distal radial intra-	RAW	September 2014	21			AAOS, ASSH	Maintain work RVU and adjust	Pre-Time Analysis	September 2014	090	11.07	11.98		2.18	6,257	FALSE			FALSE					TRUE	Maintain
25609	Open treatment of distal radial intra-	RAW	September 2014	21			AAOS, ASSH	Maintain work RVU and adjust	Pre-Time Analysis	January 2014	090	14.38	14.79		2.78	18,154	FALSE			FALSE					TRUE	Maintain
25675	Closed treatment of distal radioulnar	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	4.89	6.93	8.33	1.03	506	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
26020	Drainage of tendon sheath, digit and/or	Tendon Sheath	April 2018	07			AAOS, ASPS, ASSH	7.79	Negative IWPUT	April 2017	090	6.84	8.86		1.31	1,946	FALSE			FALSE					TRUE	Increase
26055	Tendon sheath incision (eg, for trigger	Tendon Sheath	April 2018	07			AAOS, ASPS, ASSH	3.75	Negative IWPUT	April 2017	090	3.11	5.28	14.11	0.59	98,992	FALSE			FALSE					TRUE	Increase
26080	Arthrotomy, with exploration, drainage,	RAW	October 2015	21		RAW	ASSH, AAOS	Action plan for RAW Oct 2015.	Site of Service Anomaly / CPT Assistant	September 2007	090	4.47	6.97		0.85	1,699	TRUE	Sep 2012	Yes	FALSE					TRUE	Maintain
26160	Excision of lesion of tendon sheath or	Tendon Sheath	April 2018	07			AAOS, ASPS, ASSH	3.57	Negative IWPUT	April 2017	090	3.57	5.49	14.35	0.68	16,546	FALSE			FALSE					TRUE	Maintain
26356	Repair or advancement, flexor tendon,	Repair Flexor Tendon	April 2015	25		RUC	AAOS, ASPS, ASSH	10.03	Site of Service Anomaly (99238-Only) /	September 2007	090	9.56	12.90		1.79	976	FALSE			FALSE					TRUE	Decrease
26357	Repair or advancement, flexor tendon,	Repair Flexor Tendon	April 2015	25		RUC	AAOS, ASPS, ASSH	11.50	090-Day Global Post-Operative Visits	April 2014	090	11.00	13.89		2.26	80	FALSE			FALSE					TRUE	Increase
26358	Repair or advancement, flexor tendon,	Repair Flexor Tendon	April 2015	25		RUC	AAOS, ASPS, ASSH	13.10	090-Day Global Post-Operative Visits	April 2014	090	12.60	14.72		2.60	37	FALSE			FALSE					TRUE	Increase
26480	Transfer or transplant of tendon,	Hand, Wrist & Forearm	September 2023	04			AAOS, ASPS, ASSH	9.50	CMS Fastest Growing / Codes Reported	October 2008	090	6.90	15.68		1.29	10,408	FALSE			TRUE	In April 2022, the Workgroup	May 2023	16	Yes	TRUE	Decrease
26483	Transfer or transplant of tendon,	Hand, Wrist & Forearm	September 2023	04	September	RAW	AAOS, ASPS, ASSH	Review action plan	RUC Flag	September 2023	090	8.48	16.37		1.61	459	FALSE			FALSE					FALSE	
26700	Closed treatment of	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	3.83	5.21	6.05	0.76	465	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
26750	Closed treatment of distal phalangeal	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	1.80	3.85	3.78	0.35	5,335	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
26755	Closed treatment of distal phalangeal	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	3.23	4.70	6.14	0.64	429	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
26770	Closed treatment of interphalangeal	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	3.15	4.48	5.31	0.62	5,335	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27048	Excision, tumor, soft tissue of pelvis and	Excision of Subfascial	February 2009	05			ACS, AAOS	8.74	Site of Service Anomaly	September 2007	090	8.85	7.72		0.02	275	FALSE			TRUE	CPT developed new coding	June 2008	06	New code	TRUE	Increase
27062	Excision; trochanteric bursa or	Trochanteric Bursa	April 2008	32			AAOS	5.66	Site of Service Anomaly	September 2007	090	5.75	6.99		1.16	1,846	FALSE			FALSE					TRUE	Maintain
27096	Injection procedure for sacroiliac joint,	Injection for Sacroiliac	April 2011	06			AAPM, AAPMR, ASA,	1.48	Different Performing Specialty from	October 2009	000	1.48	0.85	3.31	0.14	445,760	FALSE			TRUE	Refer to CPT Editorial Panel to	February 2011	76	Code Revised.	TRUE	Decrease
27130	Arthroplasty, acetabular and proximal	Hip/Knee Arthroplasty	October 2019	11			AAOS, AAHKS	19.60	CMS High Expenditure Procedural	September 2011	090	19.60	15.00		4.03	170,673	FALSE			FALSE					TRUE	Decrease
27134	Revision of total hip arthroplasty; both	RAW	September 2014	21			AAOS, AAHKS	Maintain work RVU and adjust	Pre-Time Analysis	January 2014	090	30.28	20.52		6.24	9,668	FALSE			FALSE					TRUE	Maintain
27193	Closed treatment of pelvic ring fracture,	Closed Treatment of	January 2016	07			AAOS	Deleted from CPT	CMS Request - Final Rule for 2014	July 2013							FALSE			TRUE	Refer to CPT for deletion.	October 2015		Code Deleted	TRUE	Deleted from CPT
27194	Closed treatment of pelvic ring fracture,	Closed Treatment of	January 2016	07			AAOS	Deleted from CPT	CMS Request - Final Rule for 2014	October 2015							FALSE			FALSE				Code Deleted	TRUE	Deleted from CPT
27197	Closed treatment of posterior pelvic	Closed Treatment of	January 2016	07			AAOS	5.50	CMS Request - Final Rule for 2014	October 2015	000	1.53	2.20		0.31	7,980	FALSE			FALSE					TRUE	Decrease
27198	Closed treatment of posterior pelvic	Closed Treatment of	January 2016	07			AAOS	9.00	CMS Request - Final Rule for 2014	October 2015	000	4.75	3.87		0.88	164	FALSE			FALSE					TRUE	Decrease
27220	Closed treatment of acetabulum (hip	Closed Treatment	April 2018	08			AAOS	6.00	Negative IWPUT	April 2017	090	5.50	5.99	6.16	1.14	2,310	FALSE			FALSE					TRUE	Decrease
27230	Closed treatment of femoral fracture,	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	5.81	7.71	7.99	1.21	1,313	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27232	Closed treatment of femoral fracture,	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	11.72	7.85		2.39	133	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27236	Open treatment of femoral fracture,	Open Treatment of	October 2012	16			AAOS	17.61	CMS High Expenditure Procedural	September 2011	090	17.61	14.78		3.60	54,473	FALSE			FALSE					TRUE	Maintain
27240	Closed treatment of intertrochanteric,	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	13.81	12.20		2.81	206	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27244	Treatment of intertrochanteric,	Treat Thigh Fracture	October 2008	12			AAOS	18.00	High IWPUT	April 2008	090	18.18	15.10		3.72	3,677	FALSE			FALSE					TRUE	Increase
27245	Treatment of intertrochanteric,	Treat Thigh Fracture	October 2008	12			AAOS	18.00	High IWPUT / CMS Fastest Growing	February 2008	090	18.18	15.07		3.70	75,667	FALSE			FALSE					TRUE	Decrease
27250	Closed treatment of hip dislocation,	Closed Treatment of Hip	February 2008	18			ACEP	3.82	Site of Service Anomaly	September 2007	000	3.82	0.76		0.79	2,917	FALSE			FALSE					TRUE	Decrease
27252	Closed treatment of hip dislocation,	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	11.03	9.41		2.26	1,020	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27265	Closed treatment of post hip	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	5.24	6.55		1.11	6,338	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27266	Closed treatment of post hip	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	7.78	8.42		1.59	4,675	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27279	Arthrodesis, sacroiliac joint,	Arthodesis - Sacroiliac	April 2018	09			AANS, AAOS, CNS,	9.03	CMS Request - Final Rule for 2018	July 2017	090	12.13	9.60		2.43	7,567	FALSE			FALSE					TRUE	Maintain
27324	Biopsy, soft tissue of thigh or knee area;	Soft Tissue Biopsy	September 2007	16			ACS, AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	5.04	6.35		1.16	634	FALSE			FALSE					TRUE	PE Only
27369	Injection procedure for contrast knee	Knee Arthrography	April 2024	12	April 2028	RAW	AAOS, AAPA, ACR,	Refer to CPT Assistant. 0.96	Harvard Valued - Utilization Over	June 2017	000	0.77	0.33	4.63	0.09	20,020	TRUE	Oct 2024	Yes	TRUE	In June 2017, the CPT Editorial	February 2018	EC-O	Yes	FALSE	Maintain
27370	Injection of contrast for knee	Knee Arthrography	October 2017	05			ACR	Deleted from CPT	High Volume Growth1 / CMS Fastest	February 2008							TRUE	Clinical	Yes	TRUE	In October 2016, the RUC went	June 2017	09	yes	TRUE	Deleted from CPT
27446	Arthroplasty, knee, condyle and	Knee Arthroplasty	April 2021	18			AAOS, AAHKS	17.13	CMS High Expenditure Procedural	September 2011	090	17.13	13.95		3.51	12,428	FALSE			FALSE					TRUE	Decrease
27447	Arthroplasty, knee, condyle and	Hip/Knee Arthroplasty	April 2021	18			AAOS, AAHKS	19.60	CMS High Expenditure Procedural	September 2011	090	19.60	14.96		4.01	297,732	FALSE			FALSE					TRUE	Decrease
27502	Closed treatment of femoral shaft	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	11.36	9.15		2.34	381	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27510	Closed treatment of femoral fracture,	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	9.80	8.94		2.02	288	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27550	Closed treatment of knee dislocation;	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	5.98	7.30	8.61	1.23	241	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27552	Closed treatment of knee dislocation;	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	8.18	9.56		1.67	231	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27615	Radical resection of tumor (eg,	Radical Resecion of Soft	February 2009	6			ACS, AAOS	15.54	Site of Service Anomaly	September 2007	090	15.72	11.44		3.38	230	FALSE			TRUE	CPT developed new coding	June 2008	06	New code	TRUE	Increase
27619	Excision, tumor, soft tissue of leg or	Excision of Subfascial	February 2009	5			ACS, AAOS	6.80	Site of Service Anomaly	September 2007	090	6.91	6.19		1.19	439	FALSE			TRUE	CPT developed new coding	June 2008	06	New code	TRUE	Decrease
27640	Partial excision (craterization,	Leg Bone Resection	February 2008	19			AOFAS, AAOS	12.10	Site of Service Anomaly	September 2007	090	12.24	10.70		2.22	1,463	FALSE			TRUE	CPT Editorial Panel addressed	June 2008	07	Complete	TRUE	Maintain
27641	Partial excision (craterization,	Leg Bone Resection	February 2008	19			AOFAS, AAOS	9.72	Site of Service Anomaly	February 2008	090	9.84	8.33		1.59	775	FALSE			TRUE	CPT Editorial Panel addressed	June 2008	07	Complete	TRUE	Decrease
27650	Repair, primary, open or percutaneous,	Achilles Tendon Repair	February 2008	20			AAOS, AOFAS,	9.00	Site of Service Anomaly	September 2007	090	9.21	9.30		1.43	2,176	FALSE			FALSE					TRUE	Decrease
27654	Repair, secondary, Achilles tendon, with	Achilles Tendon Repair	April 2008	33			AOFAS, APMA,	10.32	Site of Service Anomaly	September 2007	090	10.53	9.59		1.57	2,928	FALSE			FALSE					TRUE	Maintain
27685	Lengthening or shortening of tendon,	Tendon Repair	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	6.69	6.55	12.21	0.93	3,704	FALSE			FALSE					TRUE	PE Only
27687	Gastrocnemius recession (eg, Strayer	Tendon Repair	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	6.41	6.45		0.95	6,168	FALSE			FALSE					TRUE	PE Only
27690	Transfer or transplant of single tendon	Tendon Transfer	April 2008	34			AOFAS, APMA,	8.96	Site of Service Anomaly	September 2007	090	9.17	8.85		1.32	1,096	FALSE			FALSE					TRUE	Maintain
27691	Transfer or transplant of single tendon	Tendon Transfer	April 2008	34			AOFAS, APMA,	10.28	Site of Service Anomaly	September 2007	090	10.49	10.28		1.75	3,958	FALSE			FALSE					TRUE	Maintain
27752	Closed treatment of tibial shaft fracture	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	6.27	7.54	8.99	1.29	954	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27762	Closed treatment of medial malleolus	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	5.47	7.06	8.57	1.13	313	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27792	Open treatment of distal fibular	Treatment of Ankle	February 2011	18			AAOS, AOFAS,	9.71	Site of Service Anomaly	June 2010	090	8.75	9.25		1.62	6,199	FALSE			FALSE					TRUE	Maintain
27810	Closed treatment of bimalleolar ankle	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	5.32	6.85	8.34	1.10	2,510	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27814	Open treatment of bimalleolar ankle	RAW	September 2014	21			AAOS	Maintain work RVU and adjust	Pre-Time Analysis	January 2014	090	10.62	10.53		2.04	8,512	FALSE			FALSE					TRUE	Maintain
27818	Closed treatment of trimalleolar ankle	Treatment of Fracture	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Site of Service Anomaly (99238-Only) /	September 2007	090	5.69	6.77	8.45	1.17	3,355	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27825	Closed treatment of fracture of weight	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	6.69	7.12	8.81	1.32	577	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27840	Closed treatment of ankle dislocation;	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	4.77	6.26		0.97	1,719	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
28001	Incision and drainage, bursa, foot	Treatment of Foot	October 2020	14			AAOS, AOFAS,	2.00	010-Day Global Post-Operative Visits2	April 2020	000	2.00	0.69	2.96	0.17	2,308	FALSE			FALSE					TRUE	Decrease
28002	Incision and drainage below fascia, with	Treatment of Foot	October 2020	14			AAOS, AOFAS,	3.50	010-Day Global Post-Operative Visits2	January 2014	000	2.79	1.15	4.32	0.25	5,285	FALSE			FALSE					TRUE	Decrease
28003	Incision and drainage below fascia, with	Treatment of Foot	October 2020	14			AAOS, AOFAS,	5.28	010-Day Global Post-Operative Visits2	April 2020	000	5.28	1.86	5.46	0.57	4,650	FALSE			FALSE					TRUE	Decrease
28111	Ostectomy, complete excision; first	Ostectomy	September 2007	16			APMA, AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	5.15	3.97	8.58	0.52	847	FALSE			FALSE					TRUE	PE Only
28120	Partial excision (craterization,	Removal of Foot Bone	February 2011	19			AOFAS, APMA,	8.27	Site of Service Anomaly	September 2007	090	7.31	6.74	11.88	0.96	4,510	FALSE			FALSE					TRUE	Increase
28122	Partial excision (craterization,	Removal of Foot Bone	February 2011	19			AOFAS, APMA,	7.72	Site of Service Anomaly	September 2007	090	6.76	5.81	10.31	0.73	12,802	FALSE			FALSE					TRUE	Maintain
28124	Partial excision (craterization,	Toe Removal	September 2007	16			APMA, AAOS	Remove 99238	Site of Service Anomaly (99238-Only)	September 2007	090	5.00	4.69	8.89	0.45	8,456	FALSE			FALSE					TRUE	PE Only
28285	Correction, hammertoe (eg,	Orthopaedic	October 2010	31			AAOS, AOFAS,	5.62	Harvard Valued - Utilization over	February 2010	090	5.62	5.52	10.02	0.59	56,245	FALSE			FALSE					TRUE	Increase
28289	Hallux rigidus correction with	Bunionectomy	January 2016	08			AAOS, AOFAS,	6.90	090-Day Global Post-Operative Visits	October 2015	090	6.90	6.28	12.98	0.80	4,177	FALSE			FALSE		October 2015	19	Complete	TRUE	Decrease
28290	Correction, hallux valgus (bunion), with	Bunionectomy	January 2016	08			AAOS, AOFAS,	Deleted from CPT	090-Day Global Post-Operative Visits	October 2015							FALSE			FALSE		October 2015	19	Complete	TRUE	Deleted from CPT
28291	Hallux rigidus correction with	Bunionectomy	January 2016	08			AAOS, AOFAS,	8.01	090-Day Global Post-Operative Visits	October 2015	090	8.01	5.77	11.92	0.74	2,134	FALSE			FALSE		October 2015	19	Complete	TRUE	Decrease
28292	Correction, hallux valgus with	Bunionectomy	January 2016	08			AAOS, AOFAS,	7.44	090-Day Global Post-Operative Visits	October 2015	090	7.44	6.54	12.84	0.74	4,670	FALSE			FALSE		October 2015	19	Complete	TRUE	Decrease
28293	Correction, hallux valgus (bunion), with	Bunionectomy	January 2016	08			AAOS, AOFAS,	Deleted from CPT	090-Day Global Post-Operative Visits	January 2014							FALSE			TRUE	In January 2014, the RUC	October 2015	19	Complete	TRUE	Deleted from CPT
28294	Correction, hallux valgus (bunion), with	Bunionectomy	January 2016	08			AAOS, AOFAS,	Deleted from CPT	090-Day Global Post-Operative Visits	October 2015							FALSE			FALSE		October 2015	19	Complete	TRUE	Deleted from CPT
28295	Correction, hallux valgus with	Bunionectomy	January 2016	08			AAOS, AOFAS,	8.57	090-Day Global Post-Operative Visits	October 2015	090	8.57	8.43	21.64	1.23	368	FALSE			FALSE		October 2015	19	Complete	TRUE	Decrease
28296	Correction, hallux valgus with	Bunionectomy	January 2016	08			AAOS, AOFAS,	8.25	Site of Service Anomaly	September 2007	090	8.25	6.51	17.5	0.77	6,059	FALSE			FALSE		October 2015	19	Complete	TRUE	Decrease
28297	Correction, hallux valgus with	Bunionectomy	January 2016	08			AAOS, AOFAS,	9.29	090-Day Global Post-Operative Visits	October 2015	090	9.29	7.77	20.25	1.13	3,336	FALSE			FALSE		October 2015	19	Complete	TRUE	Decrease
28298	Correction, hallux valgus with	Bunionectomy	January 2016	08			AAOS, AOFAS,	7.75	Site of Service Anomaly (99238-Only)	September 2007	090	7.75	6.69	16.39	0.94	2,809	FALSE			FALSE		October 2015	19	Complete	TRUE	Decrease
28299	Correction, hallux valgus with	Bunionectomy	January 2016	08			AAOS, AOFAS,	9.29	090-Day Global Post-Operative Visits	October 2015	090	9.29	7.64	20	1.08	4,278	FALSE			FALSE		October 2015	19	Complete	TRUE	Decrease
28300	Osteotomy; calcaneus (eg, Dwyer or	Osteotomy	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	9.73	8.41		1.56	2,236	FALSE			FALSE					TRUE	PE Only
28310	Osteotomy, shortening, angular or	Osteotomy	September 2007	16			APMA, AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	5.57	4.83	10.23	0.63	1,632	FALSE			FALSE					TRUE	PE Only
28470	Closed treatment of metatarsal	Treatment of Metatarsal	September 2011	15			AAOS, APMA,	2.03	Harvard Valued - Utilization over	April 2011	090	2.03	4.06	4.45	0.29	21,974	FALSE			FALSE					TRUE	Maintain
28660	Closed treatment of interphalangeal	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	010	1.28	1.36	2.34	0.24	525	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
28725	Arthrodesis; subtalar	Foot Arthrodesis	February 2011	20			AOFAS, APMA,	12.18	Site of Service Anomaly	September 2007	090	11.22	10.50		1.84	4,163	FALSE			FALSE					TRUE	Maintain

28730	Arthrodesis, midtarsal or	Foot Arthrodesis	February 2011	20			AOFAS, APMA,	12.42	Site of Service Anomaly	September 2007	090	10.70	9.63		1.60	3,939	FALSE			FALSE					TRUE	Maintain
28740	Arthrodesis, midtarsal or	Arthrodesis	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	9.29	8.09	14.28	1.27	3,837	FALSE			FALSE					TRUE	PE Only
28750	Arthrodesis, great toe;	Arthrodesis - Great Toe	September 2024	14	January 2025	RUC	AAOS, AOFAS,	Survey	Different Performing Specialty from	April 2024	090	8.57	7.70	13.71	1.16	12,575	FALSE			FALSE					FALSE	
28755	Arthrodesis, great toe; interphalangeal	Arthrodesis - Great Toe	September 2024	14	January 2025	RUC	AAOS, AOFAS,	Survey	Different Performing Specialty from	September 2024	090	4.88	4.70	9.71	0.57	1,920	FALSE			FALSE					FALSE	
28820	Amputation, toe; metatarsophalangeal	Toe Amputation	April 2019	11			AAOS, ACS, AOFAS,	4.10	Site of Service Anomaly - 2018	October 2018	000	3.51	1.38	4.97	0.41	25,047	FALSE			FALSE					TRUE	Decrease
28825	Amputation, toe; interphalangeal joint	Toe Amputation	April 2019	11			AAOS, ACS, AOFAS,	4.00	Site of Service Anomaly	September 2007	000	3.41	1.36	4.94	0.40	12,537	FALSE			FALSE					TRUE	Decrease
29075	Application, cast; elbow to finger (short	Application of Forearm	September 2011	16			AAOS, ASSH	0.77	Harvard Valued - Utilization over	April 2011	000	0.77	0.97	1.77	0.15	55,034	FALSE			FALSE					TRUE	Maintain
29105	Application of long arm splint (shoulder	Application of Long Arm	April 2017	11			AAOS, ACEP, ASSH	0.80	CMS 000-Day Global Typically Reported	July 2016	000	0.80	0.29	1.58	0.16	21,813	FALSE			FALSE					TRUE	Decrease
29200	Strapping; thorax	Strapping Procedures	January 2014	35			APTA	0.39	High Volume Growth2	April 2013	000	0.39	0.13	0.55	0.02	11,021	FALSE			FALSE					TRUE	Decrease
29220	Deleted from CPT	Strapping; low back	April 2008	57			AAFP	Deleted from CPT	High Volume Growth1	February 2008							TRUE	Deleted from	Yes	TRUE	The specialty society was	October 2008	10	Code Deleted	TRUE	Deleted from CPT
29240	Strapping; shoulder (eg, Velpeau)	Strapping Procedures	January 2014	35			APTA	0.39	High Volume Growth2	April 2013	000	0.39	0.12	0.48	0.02	17,397	FALSE			FALSE					TRUE	Decrease
29260	Strapping; elbow or wrist	Strapping Procedures	January 2014	35			APTA	0.39	High Volume Growth2	October 2013	000	0.39	0.14	0.45	0.03	4,449	FALSE			FALSE					TRUE	Decrease
29280	Strapping; hand or finger	Strapping Procedures	January 2014	35			APTA	0.39	High Volume Growth2	October 2013	000	0.39	0.16	0.46	0.05	4,221	FALSE			FALSE					TRUE	Decrease
29445	Application of rigid total contact leg cast	Application of Rigid Leg	April 2016	17			AAOS, AHKNS,	1.78	High Volume Growth3	October 2015	000	1.78	0.97	1.9	0.20	22,583	FALSE			FALSE					TRUE	Maintain
29520	Strapping; hip	Strapping Procedures	January 2014	35			APTA	0.39	High Volume Growth2	April 2013	000	0.39	0.13	0.63	0.02	15,436	FALSE			FALSE					TRUE	Decrease
29530	Strapping; knee	Strapping Procedures	January 2014	35			APTA	0.39	High Volume Growth2	April 2013	000	0.39	0.12	0.47	0.02	23,217	FALSE			FALSE					TRUE	Decrease
29540	Strapping; ankle and/or foot	Strapping Lower	April 2017	41ii			APMA	0.39	Harvard Valued - Utilization over	October 2009	000	0.39	0.09	0.42	0.03	157,789	FALSE			FALSE					TRUE	Decrease
29550	Strapping; toes	Strapping Lower	April 2017	41ii			APMA	0.25	Harvard Valued - Utilization over	February 2010	000	0.25	0.06	0.31	0.02	41,976	FALSE			FALSE					TRUE	Decrease
29580	Strapping; Unna boot	Strapping Multi Layer	October 2016	13		RUC	ACS, APMA, SVS	0.55	CMS High Expenditure Procedural	July 2015	000	0.55	0.16	1.3	0.07	202,398	FALSE			FALSE					TRUE	Maintain
29581	Application of multi-layer compression	Strapping Multi Layer	October 2016	13			ACS, APMA, SVS	0.60	CMS High Expenditure Procedural	July 2015	000	0.60	0.18	2.03	0.01	205,717	FALSE			FALSE					TRUE	Maintain
29582	Application of multi-layer compression	New Technology Review	October 2015	21			APTA	Deleted from CPT	New Technology/New Services	October 2015							TRUE	Aug 2016	Yes	FALSE		September	22	yes	TRUE	Deleted from CPT
29583	Application of multi-layer compression	New Technology Review	October 2015	21			APTA	Deleted from CPT	New Technology/New Services	October 2015							TRUE	Aug 2016	Yes	FALSE		September	22	yes	TRUE	Deleted from CPT
29584	Application of multi-layer compression	New Technology Review	January 2022	20			APTA	Maintain	New Technology/New Services / CPT	October 2015	000	0.35	0.10	2.04	0.01	3,946	TRUE	Aug 2016	Yes	FALSE					TRUE	Maintain
29590	Denis-Browne splint strapping	Dennis-Browne splint	April 2012	07			APMA	Deleted from CPT	Harvard Valued - Utilization over	February 2010							FALSE			TRUE	This service was identified as	February 2012	08	Code Deleted	TRUE	Deleted from CPT
29805	Arthroscopy, shoulder, diagnostic, with	Arthroscopy	April 2008	51			AAOS	No NF PE inputs	CMS Request - Practice Expense	NA	090	6.03	7.05		1.18	332	FALSE			FALSE					TRUE	PE Only
29822	Arthroscopy, shoulder, surgical;	Shoulder Debridement	January 2020	11				7.03	CMS Fastest Growing	October 2008	090	7.03	8.07		1.40	6,743	FALSE			TRUE	In October 2018, AMA staff	September	14	yes	TRUE	Decrease
29823	Arthroscopy, shoulder, surgical;	Shoulder Debridement	January 2020	11				7.98	Harvard-Valued Annual Allowed	October 2012	090	7.98	8.49		1.57	35,593	FALSE			TRUE	In October 2018, AMA staff	September	14	yes	TRUE	Decrease
29824	Arthroscopy, shoulder, surgical; distal	RAW	October 2015	21			AAOS	8.82	Codes Reported Together 75% or More-	February 2010	090	8.98	9.84		1.77	28,094	FALSE			FALSE					TRUE	Maintain
29826	Arthroscopy, shoulder, surgical;	RAW	October 2015	21			AAOS	3.00	Codes Reported Together 75% or More-	February 2010	ZZZ	3.00	1.52		0.58	60,904	FALSE			FALSE					TRUE	Decrease
29827	Arthroscopy, shoulder, surgical; with	RAW	September 2022	13			AAOS	15.59. Maintain work RVU and	CMS Fastest Growing/ Codes Reported	October 2008	090	15.59	13.60		3.07	60,858	FALSE			FALSE					TRUE	Maintain
29828	Arthroscopy, shoulder, surgical; biceps	RAW	September 2022	13			AAOS	13.16	Codes Reported Together 75% or More-	February 2010	090	13.16	11.96		2.59	19,448	FALSE			FALSE					TRUE	Maintain
29830	Arthroscopy, elbow, diagnostic, with or	Arthroscopy	April 2008	51			AAOS	No NF PE inputs	CMS Request - Practice Expense	NA	090	5.88	6.97		1.08	86	FALSE			FALSE					TRUE	PE Only
29840	Arthroscopy, wrist, diagnostic, with or	Arthroscopy	April 2008	51			AAOS	No NF PE inputs	CMS Request - Practice Expense	NA	090	5.68	7.04		1.05	68	FALSE			FALSE					TRUE	PE Only
29870	Arthroscopy, knee, diagnostic, with or	Arthroscopy	October 2009	13			AAOS	New PE non-facility inputs	CMS Request - Practice Expense	NA	090	5.19	6.32	10.58	1.03	339	FALSE			FALSE					TRUE	PE Only
29888	Arthroscopically aided anterior cruciate	ACL Repair	April 2008	38			AAOS	14.14	Site of Service Anomaly	September 2007	090	14.30	12.35		2.77	961	FALSE			FALSE					TRUE	Maintain
29900	Arthroscopy, metacarpophalangeal	Arthroscopy	April 2008	51			AAOS	No NF PE inputs	CMS Request - Practice Expense	NA	090	5.88	8.37		1.22		FALSE			FALSE					TRUE	PE Only
2X005	Arthroplasty, intercarpal or	Hand, Wrist & Forearm	September 2023	04			AAOS, ASPS, ASSH	13.90	Codes Reported Together 75% or More-	April 2022							FALSE			FALSE					TRUE	Decrease
30117	Excision or destruction (eg, laser),	Posterior Nasal Nerve	January 2023	07			AAO-HNS	CPT Assistant previously	RUC recommendation process, not	N/A	090	3.91	8.03	25.26	0.56	19,880	TRUE	Nov 2019	Yes	FALSE					TRUE	Not Part of RAW
30140	Submucous resection inferior turbinate,	Resection of Inferior	October 2016	14		RUC	AAOHNS	3.00	Harvard Valued - Utilization over	October 2015	000	3.00	1.90	5.48	0.43	43,131	FALSE			FALSE					TRUE	Decrease
30465	Repair of nasal vestibular stenosis (eg,	Repair Nasal Stenosis	September 2007	16			AAO-HNS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	12.36	16.82		1.82	3,083	FALSE			FALSE					TRUE	PE Only
30901	Control nasal hemorrhage, anterior,	Control Nasal	April 2016	20			AAOHNS	1.10	Harvard Valued - Utilization over	October 2009	000	1.10	0.40	3.41	0.19	65,527	FALSE			FALSE					TRUE	Maintain
30903	Control nasal hemorrhage, anterior,	Control Nasal	April 2016	20			AAOHNS	1.54	CMS Request - Final Rule for 2016	July 2015	000	1.54	0.50	5.52	0.26	35,148	FALSE			FALSE					TRUE	Maintain
30905	Control nasal hemorrhage, posterior,	Control Nasal	April 2016	20			AAOHNS	1.97	CMS Request - Final Rule for 2016	July 2015	000	1.97	0.84	8.19	0.35	3,814	FALSE			FALSE					TRUE	Maintain
30906	Control nasal hemorrhage, posterior,	Control Nasal	April 2016	20			AAOHNS	2.45	CMS Request - Final Rule for 2016	July 2015	000	2.45	1.11	8.43	0.40	738	FALSE			FALSE					TRUE	Maintain
31231	Nasal endoscopy, diagnostic, unilateral	Nasal/Sinus Endoscopy	September 2024	14	September	RAW	AAO-HNS	Review in 3 years. 1.10	MPC List / Codes Reported Together	October 2010	000	1.10	0.67	4.37	0.16	623,935	FALSE			FALSE					FALSE	Maintain
31237	Nasal/sinus endoscopy, surgical; with	Nasal/Sinus Endoscopy	April 2013	19			AAO-HNS	2.60	CMS High Expenditure Procedural	September 2011	000	2.60	1.81	4.76	0.38	122,300	FALSE			FALSE					TRUE	Decrease
31238	Nasal/sinus endoscopy, surgical; with	Nasal/Sinus Endoscopy	April 2013	19			AAO-HNS	2.74	CMS High Expenditure Procedural	January 2012	000	2.74	1.87	4.4	0.40	24,805	FALSE			FALSE					TRUE	Decrease
31239	Nasal/sinus endoscopy, surgical; with	Nasal/Sinus Endoscopy	April 2013	19			AAO-HNS	9.04	CMS High Expenditure Procedural	January 2012	010	9.04	8.13		1.01	1,208	FALSE			FALSE					TRUE	Decrease
31240	Nasal/sinus endoscopy, surgical; with	Nasal/Sinus Endoscopy	April 2013	19			AAO-HNS	2.61	CMS High Expenditure Procedural	January 2012	000	2.61	1.77		0.38	4,009	FALSE			FALSE					TRUE	Maintain
31241	Nasal/sinus endoscopy, surgical; with	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	8.51	Codes Reported Together 75% or More-	April 2015	000	8.00	4.07		1.20	450	FALSE			FALSE		September	24	yes	TRUE	Decrease
31253	Nasal/sinus endoscopy, surgical with	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	9.00	Codes Reported Together 75% or More-	April 2015	000	9.00	4.57		1.31	6,322	FALSE			FALSE		September	24	yes	TRUE	Decrease
31254	Nasal/sinus endoscopy, surgical with	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	4.27	CMS Request - Final Rule for 2016	July 2015	000	4.27	2.37	8.25	0.61	10,594	FALSE			FALSE		September	24	yes	TRUE	Decrease
31255	Nasal/sinus endoscopy, surgical with	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	5.75	Codes Reported Together 75% or More-	April 2015	000	5.75	3.05		0.83	7,525	FALSE			TRUE	In April 2015, the Joint	September	24	yes	TRUE	Decrease
31256	Nasal/sinus endoscopy, surgical, with	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	3.11	CMS Request - Final Rule for 2016	July 2015	000	3.11	1.82		0.44	10,541	FALSE			FALSE		September	24	yes	TRUE	Decrease
31257	Nasal/sinus endoscopy, surgical with	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	8.00	Codes Reported Together 75% or More-	April 2015	000	8.00	4.10		1.18	4,524	FALSE			FALSE		September	24	yes	TRUE	Decrease
31259	Nasal/sinus endoscopy, surgical with	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	8.48	Codes Reported Together 75% or More-	April 2015	000	8.48	4.32		1.23	6,853	FALSE			FALSE		September	24	yes	TRUE	Decrease
31267	Nasal/sinus endoscopy, surgical, with	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	4.68	CMS Request - Final Rule for 2016	July 2015	000	4.68	2.55		0.69	22,683	FALSE			FALSE		September	24	yes	TRUE	Decrease
31276	Nasal/sinus endoscopy, surgical, with	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	6.75	Codes Reported Together 75% or More-	April 2015	000	6.75	3.53		0.99	11,570	FALSE			TRUE	In April 2015, the Joint	September	24	yes	TRUE	Decrease
31287	Nasal/sinus endoscopy, surgical, with	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	3.50	Codes Reported Together 75% or More-	April 2015	000	3.50	2.00		0.50	2,236	FALSE			TRUE	In April 2015, the Joint	September	24	yes	TRUE	Decrease
31288	Nasal/sinus endoscopy, surgical, with	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	4.10	Codes Reported Together 75% or More-	April 2015	000	4.10	2.28		0.60	3,387	FALSE			TRUE	In April 2015, the Joint	September	24	yes	TRUE	Decrease
31295	Nasal/sinus endoscopy, surgical, with	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	2.70	Codes Reported Together 75% or More-	April 2015	000	2.70	1.62	46.2	0.39	21,727	FALSE			FALSE					TRUE	Maintain
31296	Nasal/sinus endoscopy, surgical, with	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	3.10	Codes Reported Together 75% or More-	April 2015	000	3.10	1.81	46.51	0.44	5,979	FALSE			TRUE	In April 2015, the Joint	September	24	yes	TRUE	Decrease
31297	Nasal/sinus endoscopy, surgical, with	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	2.44	Codes Reported Together 75% or More-	April 2015	000	2.44	1.50	46.06	0.36	1,339	FALSE			TRUE	In April 2015, the Joint	September	24	yes	TRUE	Decrease
31298	Nasal/sinus endoscopy, surgical, with	Nasal/Sinus Endoscopy	October 2020	24			AAOHNS	4.50	Codes Reported Together 75% or More-	April 2015	000	4.50	2.47	87.52	0.66	15,200	FALSE			FALSE		September	24	yes	TRUE	Decrease
31500	Intubation, endotracheal, emergency	Endotracheal Intubation	October 2018	27			ACEP, ASA	3.00	CMS High Expenditure Procedural	July 2015	000	3.00	0.74		0.43	218,803	TRUE	Oct 2016	Yes	FALSE					TRUE	Increase
31525	Laryngoscopy direct, with or without	RAW	September 2024	14	September	RAW	AAO-HNS	Review in 3 years	Codes Reported Together 75% or More-	April 2024	000	2.63	1.77	4.52	0.39	29,696	FALSE			FALSE					FALSE	
31551	Laryngoplasty; for laryngeal stenosis,	Laryngoplasty	January 2016	09			AAOHNS	21.50	090-Day Global Post-Operative Visits	October 2015	090	21.50	21.78		3.14	1	FALSE			FALSE		October 2015	13	Complete	TRUE	Decrease
31552	Laryngoplasty; for laryngeal stenosis,	Laryngoplasty	January 2016	09			AAOHNS	20.50	090-Day Global Post-Operative Visits	October 2015	090	20.50	21.34		2.97	24	FALSE			FALSE		October 2015	13	Complete	TRUE	Decrease
31553	Laryngoplasty; for laryngeal stenosis,	Laryngoplasty	January 2016	09			AAOHNS	22.00	090-Day Global Post-Operative Visits	October 2015	090	22.00	25.34		3.21		FALSE			FALSE		October 2015	13	Complete	TRUE	Decrease
31554	Laryngoplasty; for laryngeal stenosis,	Laryngoplasty	January 2016	09			AAOHNS	22.00	090-Day Global Post-Operative Visits	October 2015	090	22.00	25.36		3.21	14	FALSE			FALSE		October 2015	13	Complete	TRUE	Decrease
31571	Laryngoscopy, direct, with injection into	Laryngoscopy	September 2007	16			AAO-HNS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	000	4.26	2.53		0.62	5,189	FALSE			FALSE					TRUE	PE Only
31575	Laryngoscopy, flexible; diagnostic		October 2015	08			AAO-HNS	1.00	MPC List / CMS High Expenditure	October 2010	000	0.94	0.98	2.8	0.14	536,063	FALSE			FALSE					TRUE	Decrease
31579	Laryngoscopy, flexible or rigid	Laryngoscopy	October 2015	08			AAO-HNS	1.94	CMS Fastest Growing / CMS High	October 2008	000	1.88	1.45	3.82	0.25	81,659	FALSE			FALSE					TRUE	Decrease
31580	Laryngoplasty; for laryngeal web, with	Laryngoplasty	January 2016	09			AAO-HNS	14.60	090-Day Global Post-Operative Visits	April 2014	090	14.60	21.90		2.13	18	FALSE			TRUE	CPT code 31588 was identified	October 2015	13	Complete	TRUE	Decrease
31582	Laryngoplasty; for laryngeal stenosis,	Laryngoplasty	January 2015	09			AAO-HNS	Deleted from CPT	090-Day Global Post-Operative Visits	April 2014							FALSE			TRUE	CPT code 31588 was identified	October 2015	13	Deleted from CPT	TRUE	Deleted from CPT
31584	Laryngoplasty; with open reduction and	Laryngoplasty	January 2016	09			AAO-HNS	20.00	090-Day Global Post-Operative Visits	April 2014	090	17.58	22.30		2.57	12	FALSE			TRUE	CPT code 31588 was identified	October 2015	13	Complete	TRUE	Decrease
31587	Laryngoplasty, cricoid split, without	Laryngoplasty	January 2016	09			AAO-HNS	15.27	090-Day Global Post-Operative Visits	April 2014	090	15.27	18.89		2.22	6	FALSE			TRUE	CPT code 31588 was identified	October 2015	13	Complete	TRUE	Decrease
31588	Laryngoplasty, not otherwise specified	Laryngoplasty	January 2016	09			AAO-HNS	Deleted from CPT	090-Day Global Post-Operative Visits	January 2014							FALSE			TRUE	CPT code 31588 was identified	October 2015	13	Deleted from CPT	TRUE	Deleted from CPT
31591	Laryngoplasty, medialization, unilateral	Laryngoplasty	January 2016	09			AAOHNS	15.60	090-Day Global Post-Operative Visits	October 2015	090	13.56	17.63		0.02	1,038	FALSE			FALSE		October 2015	13	Complete	TRUE	Decrease
31592	Cricotracheal resection	Laryngoplasty	January 2016	09			AAOHNS	25.00	090-Day Global Post-Operative Visits	October 2015	090	25.00	23.44		3.64	32	FALSE			FALSE		October 2015	13	Complete	TRUE	Decrease
31600	Tracheostomy, planned (separate	Tracheostomy	April 2016	21			AAOHNS	5.56	CMS High Expenditure Procedural	July 2015	000	5.56	2.43		1.08	19,723	FALSE			FALSE					TRUE	Increase
31601	Tracheostomy, planned (separate	Tracheostomy	April 2016	21			AAOHNS	8.00	CMS High Expenditure Procedural	July 2015	000	8.00	4.23		1.18	5	FALSE			FALSE					TRUE	Increase
31603	Tracheostomy, emergency procedure;	Tracheostomy	April 2016	21			AAOHNS	6.00	CMS High Expenditure Procedural	July 2015	000	6.00	2.39		1.12	587	FALSE			FALSE					TRUE	Increase
31605	Tracheostomy, emergency procedure;	Tracheostomy	April 2016	21			AAOHNS	6.45	CMS High Expenditure Procedural	July 2015	000	6.45	2.08		1.26	224	FALSE			FALSE					TRUE	Increase
31610	Tracheostomy, fenestration procedure	Tracheostomy	October 2016	15		RUC	AAOHNS, ACS	12.00	CMS High Expenditure Procedural	July 2015	090	12.00	14.97		1.84	1,072	FALSE			FALSE					TRUE	Increase
31611	Construction of tracheoesophageal	Speech Prosthesis	February 2008	S			AAO-HNS	Reduce 99238 to 0.5	Site of Service Anomaly	September 2007	090	6.00	9.31		0.90	618	FALSE			FALSE					TRUE	PE Only
31620	Endobronchial ultrasound (EBUS)	Endobronchial	January 2015	05			ACCP, ATS	Deleted from CPT	High Volume Growth2	April 2013							FALSE			TRUE	In January 2014, the RUC	October 2014	10	Complete	TRUE	Deleted from CPT
31622	Bronchoscopy, rigid or flexible,	Bronchial Aspiration of	January 2015	05			ACCP, ATS	2.78	High Volume Growth2	April 2013	000	2.53	1.06	4.64	0.31	34,089	FALSE			FALSE		October 2014	10	Complete	TRUE	Maintain
31623	Bronchoscopy, rigid or flexible,	Diagnostic Bronchoscopy	October 2017	09			ATS, CHEST	2.63	High Volume Growth4	October 2016	000	2.63	1.01	5.35	0.23	17,295	FALSE			FALSE					TRUE	Maintain
31624	Bronchoscopy, rigid or flexible,	Diagnostic Bronchoscopy	October 2017	09			ATS, CHEST	2.63	High Volume Growth4	October 2017	000	2.63	1.05	4.77	0.24	95,863	FALSE			FALSE					TRUE	Maintain
31625	Bronchoscopy, rigid or flexible,	Endobronchial	January 2015	05			ATS, CHEST	3.36	High Volume Growth2	April 2013	000	3.11	1.17	7.02	0.30	13,281	FALSE			FALSE		October 2014	10	Complete	TRUE	Maintain
31626	Bronchoscopy, rigid or flexible,	Endobronchial	January 2015	05			ACCP, ATS	4.16	High Volume Growth2	April 2013	000	3.91	1.41	19.07	0.46	2,253	FALSE			FALSE		October 2014	10	Complete	TRUE	Maintain
31628	Bronchoscopy, rigid or flexible,	Endobronchial	January 2015	05			ACCP, ATS	3.80	High Volume Growth2	April 2013	000	3.55	1.29	7.25	0.31	29,879	FALSE			FALSE		October 2014	10	Complete	TRUE	Maintain
31629	Bronchoscopy, rigid or flexible,	Endobronchial	January 2015	05			ACCP, ATS	4.00	High Volume Growth2	April 2013	000	3.75	1.36	9.41	0.36	17,310	FALSE			FALSE		October 2014	10	Complete	TRUE	Decrease
31632	Bronchoscopy, rigid or flexible,	Endobronchial	January 2015	05			ACCP, ATS	1.03	High Volume Growth2	April 2013	ZZZ	1.03	0.31	0.81	0.09	4,114	FALSE			FALSE					TRUE	Maintain
31633	Bronchoscopy, rigid or flexible,	Endobronchial	January 2015	05			ACCP, ATS	1.32	High Volume Growth2	April 2013	ZZZ	1.32	0.39	0.95	0.13	1,283	FALSE			FALSE					TRUE	Maintain
31645	Bronchoscopy, rigid or flexible,	Bronchial Aspiration of	October 2016	08		RUC	ATS, CHEST	2.88	Harvard Valued - Utilization over	October 2015	000	2.88	1.15	5.04	0.29	33,070	FALSE			FALSE		May 2016	14	Complete	TRUE	Decrease
31646	Bronchoscopy, rigid or flexible,	Bronchial Aspiration of	October 2016	08		RUC	ATS, CHEST	2.78	Harvard Valued - Utilization over	October 2015	000	2.78	1.12		0.27	3,888	FALSE			FALSE		May 2016	14	Complete	TRUE	Increase
31652	Bronchoscopy, rigid or flexible,	Endobronchial	January 2015	05			ATS, ACCP	5.00	High Volume Growth2	October 2014	000	4.46	1.57	32.22	0.42	23,278	FALSE			FALSE		October 2014	10	Complete	TRUE	Decrease
31653	Bronchoscopy, rigid or flexible,	Endobronchial	January 2015	05			ATS, ACCP	5.50	High Volume Growth2	October 2014	000	4.96	1.71	33.07	0.48	15,529	FALSE			FALSE		October 2014	10	Complete	TRUE	Decrease
31654	Bronchoscopy, rigid or flexible,	Bronchial Aspiration of	January 2015	05			ATS, ACCP	1.70	High Volume Growth2	October 2014	ZZZ	1.40	0.43	2.07	0.13	13,207	FALSE			FALSE		October 2014	10	Complete	TRUE	Decrease
32201	Pneumonostomy; with percutaneous	Drainage of Abscess	January 2013	04				Deleted from CPT	Codes Reported Together 75% or More-	January 2012							FALSE			FALSE		October 2012	06	Complete	TRUE	Deleted from CPT
32405	Biopsy, lung or mediastinum,	Lung Biopsy-CT Guidance	April 2019	05			ACR, SIR	Deleted from CPT	Codes Reported Together 75%or More-	October 2017							FALSE			TRUE	In October 2017, maintaining	February 2019	11	complete	TRUE	Deleted from CPT
32408	Core needle biopsy, lung or	Lung Biopsy-CT Guidance	April 2019	05			ACR, SIR	4.00	Codes Reported Together 75%or More-	April 2019	000	3.18	0.96	21.68	0.32	54,771	FALSE			FALSE					TRUE	Increase
32420	Pneumocentesis, puncture of lung for	Thoracentesis with Tube	September 2011	17			ACCP, ACR, ATS, SIR,	Deleted from CPT	Harvard Valued - Utilization over	September 2011							FALSE			TRUE	In September 2011, the	February 2012	10	Complete	TRUE	Deleted from CPT
32421	Thoracentesis, puncture of pleural	Thoracentesis with Tube	September 2011	17			ACCP, ACR, ATS, SIR,	Deleted from CPT	Harvard Valued - Utilization over	September 2011							FALSE			TRUE	In September 2011, the	February 2012	10	Complete	TRUE	Deleted from CPT
32422	Thoracentesis with insertion of tube,	Thoracentesis with Tube	September 2011	17			ACCP, ACR, ATS, SIR,	Deleted from CPT	Harvard Valued - Utilization over	April 2011							FALSE			TRUE	In September 2011, the	February 2012	10	Complete	TRUE	Deleted from CPT
32440	Removal of lung, pneumonectomy;	RAW Review	January 2013	34			ACCP, ATS, ACR,	No reliable way to determine	CMS Request to Re-Review Families of	November 2011	090	27.28	12.42		6.70	132	FALSE			FALSE					TRUE	Remove from Screen
32480	Removal of lung, other than	RAW Review	January 2013	34			ACCP, ATS, ACR,	No reliable way to determine	CMS Request to Re-Review Families of	November 2011	090	25.82	11.65		6.27	2,488	FALSE			FALSE					TRUE	Remove from Screen
32482	Removal of lung, other than	RAW Review	January 2013	34			ACCP, ATS, ACR,	No reliable way to determine	CMS Request to Re-Review Families of	November 2011	090	27.44	12.62		6.69	153	FALSE			FALSE					TRUE	Remove from Screen
32491	Removal of lung, other than	RAW Review	January 2012	30			ACCP, ATS, ACR,	Request further information	CMS Request to Re-Review Families of	November 2011	090	25.24	12.16		6.23	9	FALSE			FALSE					TRUE	Remove from Screen
32551	Tube thoracostomy, includes	Chest Tube	April 2012	10			ACCP, ATS, ACR,	3.50	Harvard Valued - Utilization over	April 2011	000	3.04	1.02		0.53	29,955	FALSE			TRUE	In September 2011, the	February 2012	09	Complete	TRUE	Increase
32554	Thoracentesis, needle or catheter,	Chest Tube Interventions	October 2012	04			ACCP, ACR, ATS, SIR	1.82	Harvard Valued - Utilization over	October 2012	000	1.82	0.58	4.98	0.21	9,826	FALSE			FALSE		February 2012	10	Complete	TRUE	Decrease
32555	Thoracentesis, needle or catheter,	Chest Tube Interventions	October 2012	04			ACCP, ACR, ATS, SIR	2.27	Harvard Valued - Utilization over	October 2012	000	2.27	0.71	6.86	0.22	207,717	FALSE			FALSE		February 2012	10	Complete	TRUE	Decrease
32556	Pleural drainage, percutaneous, with	Chest Tube Interventions	October 2012	04			ACCP, ACR, ATS, SIR	2.50	Harvard Valued - Utilization over	October 2012	000	2.50	0.79	19.23	0.37	4,383	FALSE			FALSE		February 2012	10	Complete	TRUE	Decrease
32557	Pleural drainage, percutaneous, with	Chest Tube Interventions	October 2012	04			ACCP, ACR, ATS, SIR	3.62	Harvard Valued - Utilization over	October 2012	000	3.12	0.94	16.17	0.31	33,651	FALSE			FALSE		February 2012	10	Complete	TRUE	Decrease

32663	Thoracoscopy, surgical; with lobectomy	RAW review	January 2013	34			STS	No reliable way to determine	CMS Fastest Growing	October 2008	090	24.64	10.60		6.05	8,316	FALSE			FALSE					TRUE	Remove from Screen
33010	Pericardiocentesis; initial	Pericardiocentesis and	January 2019	04				Deleted from CPT	Negative IWPUT	September 2018							FALSE			FALSE		September	14	Complete	TRUE	Deleted from CPT
33011	Pericardiocentesis; subsequent	Pericardiocentesis and	January 2019	04				Deleted from CPT	Negative IWPUT	September 2018							FALSE			FALSE		September	14	Complete	TRUE	Deleted from CPT
33015	Tube pericardiostomy	Pericardiocentesis and	January 2019	04			ACC	Deleted from CPT	Negative IWPUT	April 2017							FALSE			TRUE	A RUC member requested that	September	14	Complete	TRUE	Deleted from CPT
33016	Pericardiocentesis, including imaging	Pericardiocentesis and	January 2019	04				5.00	Negative IWPUT	September 2018	000	4.40	1.50		0.97	4,118	FALSE			FALSE		September	14	Complete	TRUE	Increase
33017	Pericardial drainage with insertion of	Pericardiocentesis and	January 2019	04				5.50	Negative IWPUT	September 2018	000	4.62	1.59		1.04	3,497	FALSE			FALSE		September	14	Complete	TRUE	Increase
33018	Pericardial drainage with insertion of	Pericardiocentesis and	January 2019	04				6.00	Negative IWPUT	September 2018	000	5.40	1.83		1.24	5	FALSE			FALSE		September	14	Complete	TRUE	Increase
33019	Pericardial drainage with insertion of	Pericardiocentesis and	January 2019	04				5.00	Negative IWPUT	September 2018	000	4.29	1.34		0.52	242	FALSE			FALSE		September	14	Complete	TRUE	Increase
33020	Pericardiotomy for removal of clot or	Pericardiotomy	April 2018	10			AATS, STS	14.31	Negative IWPUT	April 2018	090	14.31	6.70		3.36	151	FALSE			TRUE	In April 2018, the specialty	May 2018	EC	Yes	TRUE	Decrease
33025	Creation of pericardial window or	Pericardiotomy	April 2018	10			AATS, STS	13.20	Negative IWPUT	April 2017	090	13.20	6.44		3.17	3,426	FALSE			TRUE	In April 2018, the specialty	May 2018	EC	Yes	TRUE	Decrease
33207	Insertion of new or replacement of	Pacemaker or Pacing	April 2011	10			ACC	8.05	Codes Reported Together 75% or More-	February 2010	090	7.80	4.52		1.77	9,237	FALSE			TRUE	33213 - This code, when	February 2011	13	Complete	TRUE	Maintain
33208	Insertion of new or replacement of	Pacemaker or Pacing	April 2011	10			ACC	8.77	Codes Reported Together 75% or More-	February 2010	090	8.52	4.80		1.93	89,069	FALSE			TRUE	33213 - This code, when	February 2011	13	Complete	TRUE	Maintain
33212	Insertion of pacemaker pulse generator	Pacemaker or Pacing	September 2011	04			ACC	5.26	Codes Reported Together 75% or More-	February 2010	090	5.01	3.39		1.15	210	FALSE			TRUE	33213 - This code, when	February 2011	13	Complete	TRUE	Decrease
33213	Insertion of pacemaker pulse generator	Pacemaker or Pacing	September 2011	04			ACC	5.53	CMS Fastest Growing / Codes Reported	October 2008	090	5.28	3.51		1.21	879	FALSE			TRUE	33213 - This code, when	February 2011	13	Complete	TRUE	Decrease
33221	Insertion of pacemaker pulse generator	Pacemaker or Pacing	September 2011	04			ACC	5.80	Codes Reported Together 75% or More-	April 2011	090	5.55	3.76		1.25	218	FALSE			FALSE		February 2011	13		TRUE	Decrease
33227	Removal of permanent pacemaker	Pacemaker or Pacing	September 2011	04			ACC	5.50	Codes Reported Together 75% or More-	April 2011	090	5.25	3.57		1.21	2,450	FALSE			FALSE		February 2011	13		TRUE	Decrease
33228	Removal of permanent pacemaker	Pacemaker or Pacing	September 2011	04			ACC	5.77	Codes Reported Together 75% or More-	April 2011	090	5.52	3.69		1.26	31,716	FALSE			FALSE		February 2011	13		TRUE	Decrease
33229	Removal of permanent pacemaker	Pacemaker or Pacing	September 2011	04			ACC	6.04	Codes Reported Together 75% or More-	April 2011	090	5.79	3.90		1.32	6,071	FALSE			FALSE		February 2011	13		TRUE	Decrease
33230	Insertion of implantable defibrillator	Pacemaker or Pacing	September 2011	04			ACC	6.32	Codes Reported Together 75% or More-	April 2011	090	6.07	3.58		1.40	66	FALSE			FALSE		February 2011	13		TRUE	Decrease
33231	Insertion of implantable defibrillator	Pacemaker or Pacing	September 2011	04			ACC	6.59	Codes Reported Together 75% or More-	April 2011	090	6.34	4.07		1.43	105	FALSE			FALSE		February 2011	13		TRUE	Decrease
33233	Removal of permanent pacemaker	Pacemaker or Pacing	April 2011	10			ACC	3.39	Codes Reported Together 75% or More-	February 2010	090	3.14	3.06		0.72	7,278	FALSE			TRUE	33213 - This code, when	February 2011	13	Complete	TRUE	Maintain
33240	Insertion of implantable defibrillator	Pacemaker or Pacing	September 2011	04			ACC	6.06	Codes Reported Together 75% or More-	February 2010	090	5.80	3.75		1.33	87	FALSE			TRUE	33213 - This code, when	February 2011	13	Complete	TRUE	Decrease
33241	Removal of implantable defibrillator	Pacemaker or Pacing	April 2011	10			ACC	3.29	Codes Reported Together 75% or More-	February 2010	090	3.04	2.63		0.70	4,615	FALSE			TRUE	33213 - This code, when	February 2011	13	Complete	TRUE	Maintain
33249	Insertion or replacement of permanent	Pacemaker or Pacing	April 2011	10			ACC	15.17	Codes Reported Together 75% or More-	February 2010	090	14.92	8.53		3.40	30,061	FALSE			TRUE	33213 - This code, when	February 2011	13	Complete	TRUE	Maintain
33262	Removal of implantable defibrillator	Pacemaker or Pacing	September 2011	04			ACC	6.06	Codes Reported Together 75% or More-	April 2011	090	5.81	3.86		1.32	2,428	FALSE			FALSE		February 2011	13		TRUE	Decrease
33263	Removal of implantable defibrillator	Pacemaker or Pacing	September 2011	04			ACC	6.33	Codes Reported Together 75% or More-	April 2011	090	6.08	3.95		1.39	5,122	FALSE			FALSE		February 2011	13		TRUE	Decrease
33264	Removal of implantable defibrillator	Pacemaker or Pacing	September 2011	04			ACC	6.60	Codes Reported Together 75% or More-	April 2011	090	6.35	4.10		1.46	12,489	FALSE			FALSE		February 2011	13		TRUE	Decrease
33274	Transcatheter insertion or replacement	Transcatheter Insertion	September 2023	12	September	RAW	ACC, HRS	Maintain and Review in 3 years	Site of Service Anomaly - 2023	April 2023	090	7.80	4.51		1.77	12,586	FALSE			FALSE					FALSE	
33275	Transcatheter removal of permanent	Transcatheter Insertion	September 2023	12	September	RAW	ACC, HRS	Maintain and Review in 3 years	Site of Service Anomaly - 2023	September 2023	090	8.59	4.30		1.99	42	FALSE			FALSE					FALSE	
33276	Insertion of phrenic nerve stimulator	Phrenic Nerve	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	090	9.50	5.39		2.16		FALSE			FALSE					FALSE	
33277	Insertion of phrenic nerve stimulator	Phrenic Nerve	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	ZZZ	5.43	2.24		1.25		FALSE			FALSE					FALSE	
33278	Removal of phrenic nerve stimulator,	Phrenic Nerve	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	090	9.55	5.21		2.21		FALSE			FALSE					FALSE	
33279	Removal of phrenic nerve stimulator,	Phrenic Nerve	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	090	5.42	3.59		1.25		FALSE			FALSE					FALSE	
33280	Removal of phrenic nerve stimulator,	Phrenic Nerve	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	090	3.04	2.82		0.31		FALSE			FALSE					FALSE	
33281	Repositioning of phrenic nerve	Phrenic Nerve	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	090	6.00	3.71		1.38		FALSE			FALSE					FALSE	
33282	Implantation of patient-activated	Implantation and	April 2013	20				3.50	CMS Request - Final Rule for 2013	October 2012							FALSE			FALSE		February 2017	12	yes	TRUE	Deleted from CPT
33284	Removal of an implantable, patient-	Implantation and	April 2013	20				3.00	CMS Request - Final Rule for 2013	October 2012							FALSE			FALSE		February 2017	12	yes	TRUE	Deleted from CPT
33287	Removal and replacement of phrenic	Phrenic Nerve	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	090	6.05	4.00		1.39		FALSE			FALSE					FALSE	
33288	Removal and replacement of phrenic	Phrenic Nerve	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	090	8.51	4.61		1.96		FALSE			FALSE					FALSE	
33364	Transcatheter aortic valve replacement	Transcatheter Aortic	April 2024	12	April 2025	RAW		Review action plan	RAW Flag Service with Less than 30	April 2018	000	25.97	7.90	NA	6.01	11	FALSE			FALSE					FALSE	
33405	Replacement, aortic valve, open, with	Valve Replacement and	April 2012	40			STS	41.32	CMS High Expenditure Procedural	September 2011	090	41.32	15.52		9.92	11,794	FALSE			FALSE					TRUE	Maintain
33430	Replacement, mitral valve, with	Valve Replacement and	April 2012	40			STS	50.93	High IWPUT / CMS High Expenditure	February 2008	090	50.93	19.24		12.20	6,190	FALSE			FALSE					TRUE	Maintain
33533	Coronary artery bypass, using arterial	Valve Replacement and	April 2012	40			STS	34.98	CMS High Expenditure Procedural	September 2011	090	33.75	13.24		8.10	44,477	FALSE			FALSE					TRUE	Increase
33620	Application of right and left pulmonary	New Technology Review	January 2019	37			STS	CPT Article published July 2016.	New Technology/New Services / CPT	January 2015	090	30.00	11.11		7.43	64	TRUE	July 2016	Yes	FALSE					TRUE	Maintain
33621	Transthoracic insertion of catheter for	New Technology Review	January 2019	37			STS	CPT Article published July 2016.	New Technology/New Services / CPT	January 2015	090	16.18	7.31		3.99		TRUE	July 2016	Yes	FALSE					TRUE	Maintain
33622	Reconstruction of complex cardiac	New Technology Review	January 2019	37			STS	CPT Article published July 2016.	New Technology/New Services / CPT	January 2015	090	64.00	20.85		15.85	2	TRUE	July 2016	Yes	FALSE					TRUE	Maintain
33741	Transcatheter atrial septostomy (TAS)	Atrial Septostomy	January 2020	13				14.00	CMS Request - Final Rule for 2019	September 2019	000	14.00	4.76		3.23	72	FALSE			FALSE		September	16	yes	TRUE	Maintain
33745	Transcatheter intracardiac shunt (TIS)	Atrial Septostomy	January 2020	13				20.00	CMS Request - Final Rule for 2019	September 2019	000	20.00	6.81		4.61	8	FALSE			FALSE		September	16	yes	TRUE	Maintain
33746	Transcatheter intracardiac shunt (TIS)	Atrial Septostomy	January 2020	13				10.50	CMS Request - Final Rule for 2019	September 2019	ZZZ	8.00	2.72		1.84		FALSE			FALSE		September	16	yes	TRUE	Maintain
33863	Ascending aorta graft, with	Aortic Graft	February 2008	S			STS, AATS	Remove from screen	High IWPUT	February 2008	090	58.79	19.32		14.07	1,873	FALSE			FALSE					TRUE	Remove from Screen
33945	Heart transplant, with or without	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI	16.00	CMS Request - Final Rule for 2014	November 2014	090	89.50	31.71		21.52	702	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33946	Extracorporeal membrane oxygenation	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI,	6.00	CMS Request - Final Rule for 2014	November 2014	XXX	6.00	1.78		1.29	418	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33947	Extracorporeal membrane oxygenation	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI,	6.63	CMS Request - Final Rule for 2014	November 2013	XXX	6.63	1.97		1.44	1,309	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33948	Extracorporeal membrane oxygenation	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI,	4.73	CMS Request - Final Rule for 2014	November 2013	XXX	4.73	1.44		0.80	4,715	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33949	Extracorporeal membrane oxygenation	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI,	4.60	CMS Request - Final Rule for 2014	November 2013	XXX	4.60	1.40		0.81	5,755	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33951	Extracorporeal membrane oxygenation	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI	8.15	CMS Request - Final Rule for 2014	November 2013	000	8.15	2.29		1.87		FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33952	Extracorporeal membrane oxygenation	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI	8.43	CMS Request - Final Rule for 2014	November 2013	000	8.15	2.51		1.84	1,293	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33953	Extracorporeal membrane oxygenation	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI	9.83	CMS Request - Final Rule for 2014	November 2013	000	9.11	2.54		2.10		FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33954	Extracorporeal membrane oxygenation	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI	9.43	CMS Request - Final Rule for 2014	November 2014	000	9.11	2.64		2.17	240	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33956	Extracorporeal membrane oxygenation	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI	16.00	CMS Request - Final Rule for 2014	November 2014	000	16.00	4.59		3.87	381	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33957	Extracorporeal membrane oxygenation	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI	4.00	CMS Request - Final Rule for 2014	November 2014	000	3.51	1.05		0.80		FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33958	Extracorporeal membrane oxygenation	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI	4.05	CMS Request - Final Rule for 2014	November 2014	000	3.51	1.05		0.80	63	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33959	Extracorporeal membrane oxygenation	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI	4.69	CMS Request - Final Rule for 2014	November 2014	000	4.47	1.31		1.05		FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33960	Prolonged extracorporeal circulation	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI,	Deleted from CPT	CMS Request - Final Rule for 2014	July 2013							FALSE			TRUE	October 2013 the RUC	February 2014	23	Complete	TRUE	Deleted from CPT
33961	Prolonged extracorporeal circulation	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI,	Deleted from CPT	CMS Request - Final Rule for 2014	July 2013							FALSE			TRUE	October 2013 the RUC	February 2014	23	Complete	TRUE	Deleted from CPT
33962	Extracorporeal membrane oxygenation	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI	4.73	CMS Request - Final Rule for 2014	November 2014	000	4.47	1.31		1.05	18	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33963	Extracorporeal membrane oxygenation	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI	9.00	CMS Request - Final Rule for 2014	November 2014	000	9.00	2.51		2.08		FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33964	Extracorporeal membrane oxygenation	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI	9.50	CMS Request - Final Rule for 2014	November 2014	000	9.50	2.65		2.20	17	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33965	Extracorporeal membrane oxygenation	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI	3.51	CMS Request - Final Rule for 2014	November 2014	000	3.51	1.05		0.80		FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33966	Extracorporeal membrane oxygenation	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI	4.50	CMS Request - Final Rule for 2014	November 2014	000	4.50	1.40		1.04	422	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33969	Extracorporeal membrane oxygenation	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI	6.00	CMS Request - Final Rule for 2014	November 2014	000	5.22	1.50		1.21	1	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33984	Extracorporeal membrane oxygenation	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI	6.38	CMS Request - Final Rule for 2014	November 2014	000	5.46	1.53		1.31	423	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33985	Extracorporeal membrane oxygenation	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI	9.89	CMS Request - Final Rule for 2014	November 2014	000	9.89	2.75		2.28		FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33986	Extracorporeal membrane oxygenation	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI	10.00	CMS Request - Final Rule for 2014	November 2014	000	10.00	2.92		2.40	200	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33987	Arterial exposure with creation of graft	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI	4.08	CMS Request - Final Rule for 2014	November 2014	ZZZ	4.04	1.08		0.94	38	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33988	Insertion of left heart vent by thoracic	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI	15.00	CMS Request - Final Rule for 2014	November 2014	000	15.00	4.11		3.47	23	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
33989	Removal of left heart vent by thoracic	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI	9.50	CMS Request - Final Rule for 2014	November 2013	000	9.50	2.65		2.20	6	FALSE			FALSE		February 2014	23	Complete	TRUE	Maintain
34701	Endovascular repair of infrarenal aorta	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS,	23.71	Codes Reported Together 75%or More-	January 2017	090	23.71	6.68		5.72	597	FALSE			FALSE					TRUE	Decrease
34702	Endovascular repair of infrarenal aorta	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS,	36.00	Codes Reported Together 75%or More-	January 2017	090	36.00	9.08		8.85	79	FALSE			FALSE					TRUE	Decrease
34703	Endovascular repair of infrarenal aorta	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS,	26.52	Codes Reported Together 75%or More-	January 2017	090	26.52	7.16		6.43	585	FALSE			FALSE					TRUE	Decrease
34704	Endovascular repair of infrarenal aorta	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS,	45.00	Codes Reported Together 75%or More-	January 2017	090	45.00	10.97		10.89	89	FALSE			FALSE					TRUE	Decrease
34705	Endovascular repair of infrarenal aorta	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS,	29.58	Codes Reported Together 75%or More-	January 2017	090	29.58	7.85		7.17	9,807	FALSE			FALSE					TRUE	Decrease
34706	Endovascular repair of infrarenal aorta	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS,	45.00	Codes Reported Together 75%or More-	January 2017	090	45.00	10.51		10.96	571	FALSE			FALSE					TRUE	Decrease
34707	Endovascular repair of iliac artery by	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS,	22.28	Codes Reported Together 75%or More-	January 2017	090	22.28	6.23		5.41	363	FALSE			FALSE					TRUE	Decrease
34708	Endovascular repair of iliac artery by	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS,	36.50	Codes Reported Together 75%or More-	January 2017	090	36.50	7.56		9.11	77	FALSE			FALSE					TRUE	Decrease
34709	Placement of extension prosthesis(es)	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS,	6.50	Codes Reported Together 75%or More-	January 2017	ZZZ	6.50	1.32		1.57	2,121	FALSE			FALSE					TRUE	Decrease
34710	Delayed placement of distal or proximal	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS,	15.00	Codes Reported Together 75%or More-	January 2017	090	15.00	4.67		3.63	941	FALSE			FALSE					TRUE	Decrease
34711	Delayed placement of distal or proximal	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS,	6.00	Codes Reported Together 75%or More-	January 2017	ZZZ	6.00	1.11		1.47	254	FALSE			FALSE					TRUE	Decrease
34712	Transcatheter delivery of enhanced	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS,	12.00	Codes Reported Together 75%or More-	January 2017	090	12.00	4.34		2.86	635	FALSE			FALSE					TRUE	Decrease
34713	Percutaneous access and closure of	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS,	2.50	Codes Reported Together 75%or More-	January 2017	ZZZ	2.50	0.49		0.60	15,069	FALSE			FALSE					TRUE	Decrease
34714	Open femoral artery exposure with	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS,	5.25	Codes Reported Together 75%or More-	January 2017	ZZZ	5.25	1.35		1.27	412	FALSE			FALSE					TRUE	Decrease
34715	Open axillary/subclavian artery	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS,	6.00	Codes Reported Together 75%or More-	January 2017	ZZZ	6.00	1.22		1.49	178	FALSE			FALSE					TRUE	Decrease
34716	Open axillary/subclavian artery	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS,	7.19	Codes Reported Together 75%or More-	January 2017	ZZZ	7.19	1.96		1.72	1,381	FALSE			FALSE					TRUE	Decrease
34800	Endovascular repair of infrarenal	Endovascular Repair	January 2017	10			AAOHNS	Deleted from CPT	Codes Reported Together 75%or More-	October 2015							FALSE			FALSE					TRUE	Deleted from CPT
34802	Endovascular repair of infrarenal	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS	Deleted from CPT	Pre-Time Analysis / Codes Reported	January 2014							FALSE			TRUE	Referred to CPT for revision. In	September		yes	TRUE	Deleted from CPT
34803	Endovascular repair of infrarenal	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS	Deleted from CPT	Codes Reported Together 75%or More-	October 2015							FALSE			FALSE					TRUE	Deleted from CPT
34804	Endovascular repair of infrarenal	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS	Deleted from CPT	Codes Reported Together 75%or More-	October 2015							FALSE			FALSE					TRUE	Deleted from CPT
34805	Endovascular repair of infrarenal	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS	Deleted from CPT	Codes Reported Together 75%or More-	January 2017							FALSE			FALSE					TRUE	Deleted from CPT
34806	Transcatheter placement of wireless	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS	Deleted from CPT	Codes Reported Together 75%or More-	January 2017							FALSE			FALSE					TRUE	Deleted from CPT
34812	Open femoral artery exposure for	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS	4.13	Pre-Time Analysis	January 2014	ZZZ	4.13	0.85		1.03	4,768	FALSE			TRUE	Referred to CPT for revision. In	September	27	yes	TRUE	Decrease
34820	Open iliac artery exposure for delivery	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS	7.00	Codes Reported Together 75%or More-	January 2017	ZZZ	7.00	1.09		1.73	40	FALSE			FALSE					TRUE	Decrease
34825	Placement of proximal or distal	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS	Deleted from CPT	Pre-Time Analysis / Codes Reported	January 2014							FALSE			TRUE	Referred to CPT for revision. In	September	27	yes	TRUE	Deleted from CPT
34826	Placement of proximal or distal	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS	Deleted from CPT	Codes Reported Together 75%or More-	January 2017							FALSE			FALSE					TRUE	Deleted from CPT
34833	Open iliac artery exposure with creation	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS	8.16	Codes Reported Together 75%or More-	January 2017	ZZZ	8.16	1.27		2.03	16	FALSE			FALSE					TRUE	Decrease
34834	Open brachial artery exposure for	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS	2.65	Codes Reported Together 75%or More-	January 2017	ZZZ	2.65	0.46		0.66	341	FALSE			FALSE					TRUE	Decrease
34900	Endovascular repair of iliac artery (eg,	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS	Deleted from CPT	Codes Reported Together 75%or More-	January 2017							FALSE			FALSE					TRUE	Deleted from CPT
35301	Thromboendarterectomy, including	Thromboendarterectom	January 2013	21			SVS	21.16	CMS High Expenditure Procedural	September 2011	090	21.16	6.59		5.35	23,542	FALSE			FALSE					TRUE	Increase
35450	Transluminal balloon angioplasty, open;	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or More-	October 2015							FALSE			FALSE					TRUE	Deleted from CPT
35452	Transluminal balloon angioplasty, open;	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or More-	October 2015							FALSE			FALSE					TRUE	Deleted from CPT
35454	Deleted from CPT	Endovascular	April 2010	07			ACC, ACR, ACS, SCAI,	Deleted from CPT	CMS Fastest Growing	February 2010							FALSE			FALSE		February 2010	07		TRUE	Deleted from CPT
35456	Deleted from CPT	Endovascular	April 2010	07			ACC, ACR, ACS, SCAI,	Deleted from CPT	CMS Fastest Growing	February 2010							FALSE			FALSE		February 2010	07		TRUE	Deleted from CPT
35458	Transluminal balloon angioplasty, open;	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or More-	October 2015							FALSE			FALSE					TRUE	Deleted from CPT
35459	Deleted from CPT	Endovascular	April 2010	07			ACC, ACR, ACS, SCAI,	Deleted from CPT	CMS Fastest Growing	February 2010							FALSE			FALSE		February 2010	07		TRUE	Deleted from CPT
35460	Transluminal balloon angioplasty, open;	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or More-	October 2015							FALSE			FALSE					TRUE	Deleted from CPT
35470	Deleted from CPT	Endovascular	April 2010	07			ACC, ACR, ACS, SCAI,	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			TRUE	The code is part of a	February 2010	07	Deleted- New	TRUE	Deleted from CPT
35471	Transluminal balloon angioplasty,	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, SVS	Deleted from CPT	CMS Fastest Growing / Codes Reported	October 2009							FALSE			TRUE	In January 2015, the Joint	October 2015		Deleted from CPT	TRUE	Deleted from CPT

35472	Transluminal balloon angioplasty,	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, SVS	Deleted from CPT	CMS Fastest Growing / Codes Reported	October 2009							FALSE			TRUE	The code is part of a	Removed from		Complete	TRUE	Deleted from CPT
35473	Deleted from CPT	Endovascular	April 2010	07			ACC, ACR, ACS, SCAI,	Deleted from CPT	CMS Fastest Growing	February 2010							FALSE			TRUE	The code is part of a	February 2010	07	Deleted- New	TRUE	Deleted from CPT
35474	Deleted from CPT	Endovascular	April 2010	07			ACC, ACR, ACS, SCAI,	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			TRUE	The code is part of a	February 2010	07	Deleted- New	TRUE	Deleted from CPT
35475	Transluminal balloon angioplasty,	Open and Percutaneous	January 2016	15			ACR, SIR, SVS	Deleted from CPT	CMS Fastest Growing / CMS High	September 2011							FALSE			TRUE	In January 2015, the Joint	October 2015		Deleted from CPT	TRUE	Deleted from CPT
35476	Transluminal balloon angioplasty,	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, SVS	Deleted from CPT	CMS Fastest Growing / CMS High	September 2011							FALSE			TRUE	In January 2015, the Joint	October 2015		Deleted from CPT	TRUE	Deleted from CPT
35490	Deleted from CPT	Endovascular	April 2010	07			ACC, ACR, ACS, SCAI,	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recommended that a	February 2010	07	Deleted- New	TRUE	Deleted from CPT
35491	Deleted from CPT	Endovascular	April 2010	07			ACC, ACR, ACS, SCAI,	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recommended that a	February 2010	07	Deleted- New	TRUE	Deleted from CPT
35492	Deleted from CPT	Endovascular	April 2010	07			ACC, ACR, ACS, SCAI,	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recommended that a	February 2010	07	Deleted- New	TRUE	Deleted from CPT
35493	Deleted from CPT	Endovascular	April 2010	07			SIR, ACR, SVS	Deleted from CPT	High Volume Growth1	February 2008							FALSE			TRUE	The RUC recommended that a	February 2010	07	Deleted- New	TRUE	Deleted from CPT
35494	Deleted from CPT	Endovascular	April 2010	07			SIR, ACR, SVS	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recommended that a	February 2010	07	Deleted- New	TRUE	Deleted from CPT
35495	Deleted from CPT	Endovascular	April 2010	07			SIR, ACR, SVS	Deleted from CPT	High Volume Growth1	February 2008							FALSE			TRUE	The RUC recommended that a	February 2010	07	Deleted- New	TRUE	Deleted from CPT
35701	Exploration not followed by surgical	Exploration of Artery	January 2019	06			ACS, SVS	7.50	Negative IWPUT	January 2018	090	7.50	4.22		1.29	664	FALSE			TRUE	The RUC identified CPT code	September	17	Complete	TRUE	Decrease
35702	Exploration not followed by surgical	Exploration of Artery	January 2019	06				7.12	Negative IWPUT	September 2018	090	7.12	3.31		1.67	354	FALSE			FALSE		September	17	Complete	TRUE	Decrease
35703	Exploration not followed by surgical	Exploration of Artery	January 2019	06				7.50	Negative IWPUT	September 2018	090	7.50	2.95		1.79	531	FALSE			FALSE		September	17	Complete	TRUE	Decrease
35721	Exploration (not followed by surgical	Exploration of Artery	January 2019	06			ACS, SVS	Deleted from CPT	Negative IWPUT	January 2018							FALSE			TRUE	The RUC identified CPT code	September	17	Complete	TRUE	Deleted from CPT
35741	Exploration (not followed by surgical	Exploration of Artery	January 2019	06			ACS, SVS	Deleted from CPT	Negative IWPUT	January 2018							FALSE			TRUE	The RUC identified CPT code	September	17	Complete	TRUE	Deleted from CPT
35761	Exploration (not followed by surgical	Exploration of Artery	January 2019	06			ACS, SVS	Deleted from CPT	Negative IWPUT	April 2017							FALSE			TRUE	The RUC identified CPT code	September	17	Complete	TRUE	Deleted from CPT
36000	Introduction of needle or intracatheter,	Introduction of Needle	April 2010	45			ACC, AUR, AAP,	CMS consider a bundled status	Harvard Valued - Utilization over	October 2009	XXX	0.18	0.07	0.73	0.02		FALSE			TRUE	The specialty societies			Complete	TRUE	Maintain
36010	Introduction of catheter, superior or	Introduction of Catheter	October 2013	18			ACR, SIR, SVS	Remove from re-review.	Codes Reported Together 75% or More-	February 2010	XXX	2.18	0.59	13.32	0.40	11,484	FALSE			FALSE		February 2011	15		TRUE	Remove from Screen
36140	Introduction of needle or intracatheter,	Introduction of Needle	October 2013	18			SVS, SIR, ACR, ACRO	Remove from re-review	Harvard Valued - Utilization over	April 2011	XXX	1.76	0.48	12.97	0.36	15,613	FALSE			FALSE					TRUE	Remove from Screen
36145	Deleted from CPT	Arteriovenous Shunt	April 2009	9				Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	Referred to the CPT Editorial	February 2009	31	Code Deleted	TRUE	Deleted from CPT
36147	Introduction of needle and/or catheter,	Dialysis Circuit -1	January 2016	14			ACR, RPA, SIR, SVS	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			FALSE		October 2008	27	Complete	TRUE	Deleted from CPT
36148	Introduction of needle and/or catheter,	Dialysis Circuit -1	January 2016	14			ACR, RPA, SIR, SVS	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			FALSE		October 2008	27	Complete	TRUE	Deleted from CPT
36215	Selective catheter placement, arterial	Selective Catheter	April 2016	23			ACR, RPA, SIR, SVS	4.17	Codes Reported Together 75% or More-	February 2010	000	4.17	1.44	25.76	0.60	29,794	FALSE			TRUE	The Workgroup recommends			Complete	TRUE	Decrease
36216	Selective catheter placement, arterial	Selective Catheter	April 2016	23			ACR, SIR, SVS	5.27	Codes Reported Together 75% or More-	February 2010	000	5.27	1.61	25.1	1.09	3,179	FALSE			TRUE	The Workgroup recommends			Complete	TRUE	Maintain
36217	Selective catheter placement, arterial	Selective Catheter	April 2016	23			ACR, SIR, SVS	6.29	Harvard Valued - Utilization over	April 2011	000	6.29	2.03	45.72	1.46	3,484	FALSE			TRUE	In September 2011, the			Complete	TRUE	Maintain
36218	Selective catheter placement, arterial	Selective Catheter	April 2016	23			ACR, SIR, SVS	1.01	CMS High Expenditure Procedural	July 2015	ZZZ	1.01	0.32	5	0.21	1,782	FALSE			FALSE					TRUE	Maintain
36221	Non-selective catheter placement,	Cervicocerebral	April 2012	14			AAN, AANS, ACC,	4.51	Codes Reported Together 75% or More-	February 2010	000	3.92	1.05	24.32	0.88	1,228	FALSE			TRUE	The Workgroup recommends	February 2012	12	Complete	TRUE	Decrease
36222	Selective catheter placement, common	Cervicocerebral	April 2012	14			AAN, AANS, ACC,	6.00	Codes Reported Together 75% or More-	February 2010	000	5.28	1.84	29.94	1.30	5,149	FALSE			TRUE	The Workgroup recommends	February 2012	12	Complete	TRUE	Decrease
36223	Selective catheter placement, common	Cervicocerebral	October 2020	24			AAN, AANS, ACC,	6.50	Codes Reported Together 75% or More-	February 2010	000	5.75	2.34	42.25	1.64	25,259	FALSE			TRUE	The Workgroup recommends	February 2012	12	Complete	TRUE	Decrease
36224	Selective catheter placement, internal	Cervicocerebral	October 2020	24			AAN, AANS, ACC,	7.55	Codes Reported Together 75% or More-	February 2010	000	6.25	2.77	53.13	1.91	33,266	FALSE			TRUE	The Workgroup recommends	February 2012	12	Complete	TRUE	Decrease
36225	Selective catheter placement,	Cervicocerebral	April 2012	14			AAN, AANS, ACC,	6.50	Codes Reported Together 75% or More-	February 2010	000	5.75	2.27	39.76	1.63	9,323	FALSE			TRUE	The Workgroup recommends	February 2012	12	Complete	TRUE	Decrease
36226	Selective catheter placement, vertebral	Cervicocerebral	April 2012	14			AAN, AANS, ACC,	7.55	Codes Reported Together 75% or More-	February 2010	000	6.25	2.73	51.59	1.88	28,071	FALSE			TRUE	The Workgroup recommends	February 2012	12	Complete	TRUE	Decrease
36227	Selective catheter placement, external	Cervicocerebral	April 2012	14			AAN, AANS, ACC,	2.32	Codes Reported Together 75% or More-	February 2010	ZZZ	2.09	0.86	4.56	0.63	15,940	FALSE			TRUE	The Workgroup recommends	February 2012	12	Complete	TRUE	Decrease
36228	Selective catheter placement, each	Cervicocerebral	April 2012	14			AAN, AANS, ACC,	4.25	Codes Reported Together 75% or More-	February 2010	ZZZ	4.25	1.77	32.91	1.36	1,884	FALSE			TRUE	The Workgroup recommends	February 2012	12	Complete	TRUE	Decrease
36245	Selective catheter placement, arterial	Selective Catheter	January 2013	22			ACC, ACR, SIR, SCAI,	4.90	Harvard Valued - Utilization over	October 2009	XXX	4.65	1.40	31.02	0.83	30,297	FALSE			TRUE	An extensive lower extremity	February 2010	07 &	New code	TRUE	Decrease
36246	Selective catheter placement, arterial	Vascular Injection	October 2012	27			SVS, SIR, ACR, ACC	5.27	Harvard Valued - Utilization over	February 2010	000	5.02	1.32	18.52	1.04	26,912	FALSE			FALSE					TRUE	Maintain
36247	Selective catheter placement, arterial	Vascular Injection	October 2012	27			SVS, SIR, ACR, ACC	7.00	Harvard Valued - Utilization over	February 2010	000	6.04	1.62	34.69	1.03	60,850	FALSE			FALSE					TRUE	Increase
36248	Selective catheter placement, arterial	Catheter Placement	October 2009	40			ACR, SIR	Remove from screen	CMS Fastest Growing	October 2008	ZZZ	1.01	0.27	2.3	0.12	29,154	FALSE			TRUE	The code is part of a	February 2010	07	New code	TRUE	Remove from Screen
36251	Selective catheter placement (first-	Renal Angiography	April 2011	11			ACR, SIR	5.45	Codes Reported Together 75% or More-	February 2011	000	5.10	1.44	31.81	0.92	2,594	FALSE			FALSE					TRUE	Decrease
36252	Selective catheter placement (first-	Renal Angiography	April 2011	11			ACR, SIR	7.38	Codes Reported Together 75% or More-	February 2011	000	6.74	2.20	32.81	1.49	4,570	FALSE			FALSE					TRUE	Decrease
36253	Superselective catheter placement (one	Renal Angiography	April 2011	11			ACR, SIR	7.55	Codes Reported Together 75% or More-	February 2011	000	7.30	2.11	50.84	0.88	1,700	FALSE			FALSE					TRUE	Decrease
36254	Superselective catheter placement (one	Renal Angiography	April 2011	11			ACR, SIR	8.15	Codes Reported Together 75% or More-	February 2011	000	7.90	2.54	48.56	1.72	204	FALSE			FALSE					TRUE	Decrease
36410	Venipuncture, age 3 years or older,	Venipunture	April 2010	36			ACP	0.18	Harvard Valued - Utilization over	October 2009	XXX	0.18	0.07	0.33	0.02	134,762	FALSE			FALSE					TRUE	Maintain
36475	Endovenous ablation therapy of	Endovenous Ablation	April 2014	38			ACC, ACR, ACS, SCAI,	5.30	High Volume Growth2	April 2013	000	5.30	1.70	25.26	1.15	83,381	FALSE			FALSE					TRUE	Decrease
36476	Endovenous ablation therapy of	Endovenous Ablation	April 2014	38			ACC, ACR, ACS, SCAI,	2.65	High Volume Growth2	October 2013	ZZZ	2.65	0.69	5.14	0.56	5,091	FALSE			FALSE					TRUE	Decrease
36478	Endovenous ablation therapy of	Endovenous Ablation	April 2014	38			ACC, ACR, ACS, SCAI,	5.30	High Volume Growth2	April 2013	000	5.30	1.76	22.57	1.09	32,008	FALSE			FALSE					TRUE	Decrease
36479	Endovenous ablation therapy of	Endovenous Ablation	April 2014	38			ACC, ACR, ACS, SCAI,	2.65	High Volume Growth2	April 2013	ZZZ	2.65	0.78	5.78	0.55	3,645	FALSE			FALSE					TRUE	Decrease
36481	Percutaneous portal vein	Interventional Radiology	February 2009	21			ACR, SIR	New PE Inputs	CMS Request - Practice Expense	NA	000	6.73	2.00	43.29	0.74	637	FALSE			FALSE					TRUE	PE Only
36511	Therapeutic apheresis; for white blood	Therapeutic Apheresis	January 2017	12			CAP, RPA	2.00. Refer to CPT Assistant.	CMS Request - Final Rule for 2016	January 2017	000	2.00	1.15		0.13	333	TRUE	May 2018	Yes	FALSE		September	30	yes	TRUE	Increase
36512	Therapeutic apheresis; for red blood	Therapeutic Apheresis	January 2017	12			CAP, RPA	2.00. Refer to CPT Assistant.	CMS Request - Final Rule for 2016	January 2017	000	2.00	1.00		0.12	2,732	TRUE	May 2018	Yes	FALSE		September	30	yes	TRUE	Increase
36513	Therapeutic apheresis; for platelets	Therapeutic Apheresis	January 2017	12			CAP, RPA	2.00. Refer to CPT Assistant.	CMS Request - Final Rule for 2016	January 2017	000	2.00	0.94		0.19	208	TRUE	May 2018	Yes	FALSE		September	30	yes	TRUE	Increase
36514	Therapeutic apheresis; for plasma	Therapeutic Apheresis	January 2024	11			AAFP, ASCO, ASH,	PE Only. 1.81. CPT Assistant	CMS Request - Final Rule for 2016 /	January 2017	000	1.81	0.79	17.98	0.15	21,488	TRUE	May 2018	Yes	FALSE		September	30	yes	TRUE	Increase
36515	Therapeutic apheresis; with	Therapeutic Apheresis	January 2017	12			CAP, RPA	Deleted from CPT	CMS Request - Final Rule for 2016	January 2017							TRUE	May 2018	Yes	FALSE		September	30	yes	TRUE	Deleted from CPT
36516	Therapeutic apheresis; with	Therapeutic Apheresis	January 2024	11			AAFP, ASCO, ASH,	PE Only. 1.56. CPT Assistant	CMS Fastest Growing / CMS Request -	October 2008	000	1.56	0.67	51.39	0.31	1,105	TRUE	Sep 2009	Yes	TRUE	CPT code 36516 was identified	September	30	yes	TRUE	Increase
36522	Photopheresis, extracorporeal	Therapeutic Apheresis	January 2024	11			AAFP, ASCO, ASH,	PE Only. 1.75. CPT Assistant	CMS Request - Final Rule for 2016 /	January 2017	000	1.75	0.95	38.04	0.12	6,661	TRUE	May 2018	Yes	FALSE		September	30	yes	TRUE	Increase
36555	Insertion of non-tunneled centrally	Insertion of Catheter	October 2016	16		RUC	ACR, ASA	1.93	CMS High Expenditure Procedural	July 2015	000	1.93	0.39	3.51	0.16	24	FALSE			FALSE					TRUE	Decrease
36556	Insertion of non-tunneled centrally	Insertion of Catheter	October 2016	16		RUC	ACR, ASA	1.75	CMS High Expenditure Procedural	July 2015	000	1.75	0.51	4.37	0.23	340,702	FALSE			FALSE					TRUE	Decrease
36557	Insertion of tunneled centrally inserted	Insertion of Tunneled	January 2024	12	April 2025	RUC	ACR, ACS, APSA,	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	4.89	3.46	28	1.25	38	FALSE			TRUE	In April 2023, the Relativity	February 2025			FALSE	
36558	Insertion of tunneled centrally inserted	Insertion of Tunneled	January 2024	12	April 2025	RUC	ACR, ACS, APSA,	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	4.59	2.40	19.07	0.64	99,678	FALSE			FALSE	In April 2023, the Relativity	Feb 2025			FALSE	
36560	Insertion of tunneled centrally inserted	Insertion of Tunneled	January 2024	12	April 2025	RUC	ACR, ACS, APSA,	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	6.04	3.88	28.84	1.55	13	FALSE			TRUE	In April 2023, the Relativity	February 2025			FALSE	
36561	Insertion of tunneled centrally inserted	Insertion of Tunneled	January 2024	12	April 2025	RUC	ACR, ACS, APSA,	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	5.79	3.06	21.99	0.96	113,563	FALSE			TRUE	In April 2023, the Relativity	February 2025			FALSE	
36563	Insertion of tunneled centrally inserted	Insertion of Tunneled	January 2024	12	April 2025	RUC	ACR, ACS, OEIS, SIR,	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	5.99	3.50	25.09	1.23	202	FALSE			TRUE	In April 2023, the Relativity	February 2025			FALSE	
36565	Insertion of tunneled centrally inserted	Insertion of Tunneled	January 2024	12	April 2025	RUC	ACR, ACS, OEIS, SIR,	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	5.79	2.94	17.45	1.25	660	FALSE			TRUE	In April 2023, the Relativity	February 2025			FALSE	
36566	Insertion of tunneled centrally inserted	Insertion of Tunneled	January 2024	12	April 2025	RUC	OEIS, SIR, SVS	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	6.29	3.14	116.57	1.12	297	FALSE			TRUE	In April 2023, the Relativity	February 2025			FALSE	
36568	Insertion of peripherally inserted	PICC Line Procedures	September 2022	13			ACR, SIR	2.11	Identified in RUC review of other	October 2016	000	2.11	0.34		0.25		FALSE			TRUE	In October 2016, The RUC	September	16	Complete	TRUE	Decrease
36569	Insertion of peripherally inserted	PICC Line Procedures	September 2022	13			ACR, SIR	1.90.	CMS High Expenditure Procedural	July 2015	000	1.90	0.60		0.29	9,219	FALSE			TRUE	In October 2016, The RUC	September	16	Complete	TRUE	Decrease
36572	Insertion of peripherally inserted	PICC Line Procedures	September 2022	13			ACR, SIR, SVS	2.00	CMS High Expenditure Procedural	September 2017	000	1.82	0.33	8.97	0.23	17	FALSE			FALSE					TRUE	Decrease
36573	Insertion of peripherally inserted	PICC Line Procedures	September 2022	13			ACR, SIR, SVS	1.90	CMS High Expenditure Procedural	September 2017	000	1.70	0.57	9.39	0.17	58,842	FALSE			FALSE					TRUE	Decrease
36584	Replacement, complete, of a	PICC Line Procedures	September 2022	13			ACR, SIR	1.47	Identified in RUC review of other	October 2016	000	1.20	0.39	8.25	0.12	2,717	FALSE			TRUE	In October 2016, The RUC	September	16	Complete	TRUE	Decrease
36620	Arterial catheterization or cannulation	Insertion of Catheter	April 2018	33			ACR, ASA	1.00	CMS High Expenditure Procedural	July 2015	000	1.00	0.21		0.09	515,373	FALSE			FALSE					TRUE	Decrease
36818	Arteriovenous anastomosis, open; by	Arteriovenous	October 2013	10			ACS, SVS	13.00	CMS Request - Final Rule for 2013	November 2012	090	12.39	4.82		3.05	2,970	FALSE			FALSE					TRUE	Increase
36819	Arteriovenous anastomosis, open; by	Arteriovenous	October 2013	10			ACS, SVS	15.00	CMS Request - Final Rule for 2013	November 2012	090	13.29	4.85		3.31	4,319	FALSE			FALSE					TRUE	Increase
36820	Arteriovenous anastomosis, open; by	Arteriovenous	October 2013	10			ACS, SVS	13.99	Site of Service Anomaly / CMS Request -	September 2007	090	13.07	5.04		3.23	888	FALSE			FALSE					TRUE	Decrease
36821	Arteriovenous anastomosis, open;	Arteriovenous	October 2013	10			ACS, SVS	11.90	Site of Service Anomaly / CMS Request -	September 2007	090	11.90	4.56		2.93	21,155	FALSE			FALSE					TRUE	Decrease
36822	Insertion of cannula(s) for prolonged	ECMO-ECLS	April 2014	11			STS, AAP, ACC, SCAI	Deleted from CPT	CMS Request - Final Rule for 2014	February 2011							FALSE			TRUE	Added as part of 33960 and	February 2014	23	Complete	TRUE	Deleted from CPT
36825	Creation of arteriovenous fistula by	Arteriovenous	October 2013	10			ACS, SVS	15.93	Site of Service Anomaly / CMS Request -	September 2007	090	14.17	5.62		3.53	1,140	FALSE			FALSE					TRUE	Increase
36830	Creation of arteriovenous fistula by	Arteriovenous	October 2013	10			ACS, SVS	11.90	CMS Request - Final Rule for 2013	November 2012	090	12.03	4.58		2.97	12,221	FALSE			FALSE					TRUE	Decrease
36834	Deleted from CPT	Aneurysm Repair	September 2007	16			AVA, ACS	Deleted from CPT	Site of Service Anomaly	September 2007							FALSE			TRUE	The RUC referred the service	February 2009	18	Code Deleted	TRUE	Deleted from CPT
36870	Thrombectomy, percutaneous,	Dialysis Circuit -1	January 2016	14		RUC	ACR, SIR, SVS	Deleted from CPT	Site of Service Anomaly (99238-Only) /	September 2007							FALSE			TRUE	The RUC reviewed the 2010	October 2015	27	Complete	TRUE	Deleted from CPT
36901	Introduction of needle(s) and/or	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, SIR, SVS	3.36	Codes Reported Together 75% or More-	October 2015	000	3.36	1.03	16.92	0.51	40,164	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36902	Introduction of needle(s) and/or	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, SIR, SVS	4.83	Codes Reported Together 75% or More-	October 2015	000	4.83	1.44	29.98	0.72	122,237	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36903	Introduction of needle(s) and/or	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, SIR, SVS	6.39	Codes Reported Together 75% or More-	October 2015	000	6.39	1.77	117.09	1.03	12,740	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36904	Percutaneous transluminal mechanical	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, SIR, SVS	7.50	Codes Reported Together 75% or More-	October 2015	000	7.50	2.10	44.54	1.12	2,202	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36905	Percutaneous transluminal mechanical	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, SIR, SVS	9.00	Codes Reported Together 75% or More-	October 2015	000	9.00	2.63	56.61	1.24	22,013	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36906	Percutaneous transluminal mechanical	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, SIR, SVS	10.42	Codes Reported Together 75% or More-	October 2015	000	10.42	2.93	146.55	1.51	8,498	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36907	Transluminal balloon angioplasty,	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, SIR, SVS	3.00	Codes Reported Together 75% or More-	October 2015	ZZZ	3.00	0.80	13.88	0.45	42,805	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36908	Transcatheter placement of	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, SIR, SVS	4.25	Codes Reported Together 75% or More-	October 2015	ZZZ	4.25	1.07	36.57	0.71	3,119	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36909	Dialysis circuit permanent vascular	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, SIR, SVS	4.12	Codes Reported Together 75% or More-	October 2015	ZZZ	4.12	1.06	50.75	0.67	3,804	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
37183	Revision of transvenous intrahepatic	Interventional Radiology	February 2009	21			ACR, SIR	New PE inputs	CMS Request - Practice Expense	NA	000	7.74	2.31	161.66	0.80	756	FALSE			FALSE					TRUE	PE Only
37191	Insertion of intravascular vena cava	IVC Transcatheter	April 2011	12			ACR, SIR, SVS	4.71	Codes Reported Together 75% or More-	February 2011	000	4.46	1.33	54.11	0.63	20,415	FALSE			FALSE		February 2011	15		TRUE	Decrease
37192	Repositioning of intravascular vena cava	IVC Transcatheter	April 2011	12			ACR, SIR, SVS	8.00	Codes Reported Together 75% or More-	February 2011	000	7.10	1.20	28.86	1.75	20	FALSE			FALSE		February 2011	15		TRUE	Decrease
37193	Retrieval (removal) of intravascular	IVC Transcatheter	April 2011	12			ACR, SIR, SVS	8.00	Codes Reported Together 75% or More-	February 2011	000	7.10	1.93	35.84	1.06	5,734	FALSE			FALSE		February 2011	15		TRUE	Decrease
37201	Transcatheter therapy, infusion for	Bundle Thrombolysis	April 2012	15			ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or More-	February 2010							FALSE			TRUE	The Workgroup accepts the	October 2011	18	Complete	TRUE	Deleted from CPT
37203	Transcatheter retrieval, percutaneous,	Transcatheter	September 2011	07			ACC, ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or More-	February 2010							FALSE			TRUE	The Workgroup acceptedthe	June 2011		Complete	TRUE	Deleted from CPT
37204	Transcatheter occlusion or	Embolization and	April 2013	08			ACC, ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or More-	February 2010							FALSE			TRUE	In February 2010, the CPT	February 2013	09	Complete	TRUE	Deleted from CPT
37205	Transcatheter placement of an	Endovascular	April 2010	07			SVS, ACS, SIR, ACR,	Deleted from CPT	High Volume Growth1 / Codes	February 2010							FALSE			TRUE	In February 2010, the CPT	February 2013	10	Complete	TRUE	Deleted from CPT
37206	Transcatheter placement of an	Endovascular	April 2010	07			SVS, ACS, SIR, ACR,	Deleted from CPT	High Volume Growth1	February 2010							FALSE			TRUE	In February 2010, the CPT	February 2013	10	Complete	TRUE	Deleted from CPT
37207	Transcatheter placement of an	Endovascular	April 2010	07			SVS, ACS, SIR, ACR,	Deleted from CPT	High Volume Growth1	February 2010							FALSE			TRUE	In February 2010, the CPT	February 2013	10	Complete	TRUE	Deleted from CPT
37208	Transcatheter placement of an	Endovascular	April 2010	07			SVS, ACS, SIR, ACR,	Deleted from CPT	High Volume Growth1	February 2010							FALSE			TRUE	In February 2010, the CPT	February 2013	10	Complete	TRUE	Deleted from CPT
37209	Exchange of a previously placed	Bundle Thrombolysis	April 2012	15			ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or More-	February 2010							FALSE			TRUE	The Workgroup accepts the	October 2011	18	Complete	TRUE	Deleted from CPT
37210	Uterine fibroid embolization (UFE,	Embolization and	April 2013	08			ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or More-	February 2010							FALSE			TRUE		February 2013	09	Complete	TRUE	Deleted from CPT
37211	Transcatheter therapy, arterial infusion	Bundle Thrombolysis	April 2012	15			ACR, SIR, SVS	8.00	Codes Reported Together 75% or More-	February 2010	000	7.75	2.06		1.47	7,474	FALSE			FALSE					TRUE	Decrease
37212	Transcatheter therapy, venous infusion	Bundle Thrombolysis	April 2012	15			ACR, SIR, SVS	7.06	Codes Reported Together 75% or More-	February 2010	000	6.81	1.84		1.18	1,269	FALSE			FALSE					TRUE	Decrease
37213	Transcatheter therapy, arterial or	Bundle Thrombolysis	April 2012	15			ACR, SIR, SVS	5.00	Codes Reported Together 75% or More-	February 2010	000	4.75	1.16		0.81	1,278	FALSE			FALSE					TRUE	Decrease
37214	Transcatheter therapy, arterial or	Bundle Thrombolysis	April 2012	15			ACR, SIR, SVS	3.04	Codes Reported Together 75% or More-	February 2010	000	2.49	0.61		0.45	3,458	FALSE			FALSE					TRUE	Decrease
37220	Revascularization, endovascular, open	Endovascular	September 2024	14	January 2025	RUC	ACC, ACR, ACS, OEIS,	Refer to CPT. 8.15	High Volume Growth1	February 2010	000	7.90	2.00	64.01	1.74	10,830	FALSE			TRUE	In October 2018, 37225, 37227	September	30	Deleted	FALSE	Deleted from CPT
37221	Revascularization, endovascular, open	Endovascular	September 2024	14	January 2025	RUC	ACC, ACR, ACS, OEIS,	Refer to CPT. 10.00	High Volume Growth1	February 2010	000	9.75	2.38	78.45	2.21	25,781	FALSE			TRUE	In October 2018, 37225, 37227	September	30	Deleted	FALSE	Deleted from CPT
37222	Revascularization, endovascular, open	Endovascular	September 2024	14	January 2025	RUC	ACC, ACR, ACS, OEIS,	Refer to CPT. 3.73	High Volume Growth1	February 2010	ZZZ	3.73	0.84	13.64	0.81	2,977	FALSE			TRUE	In October 2018, 37225, 37227	September	30	Deleted	FALSE	Deleted from CPT
37223	Revascularization, endovascular, open	Endovascular	September 2024	14	January 2025	RUC	ACC, ACR, ACS, OEIS,	Refer to CPT. 4.25	High Volume Growth1	February 2010	ZZZ	4.25	0.93	32.06	0.98	3,639	FALSE			TRUE	In October 2018, 37225, 37227	September	30	Deleted	FALSE	Deleted from CPT
37224	Revascularization, endovascular, open	Endovascular	September 2024	14	January 2025	RUC	ACC, ACR, ACS, OEIS,	Refer to CPT. 9.00	High Volume Growth1	February 2010	000	8.75	2.20	74.89	1.99	27,252	FALSE			TRUE	In October 2018, 37225, 37227	September	30	Deleted	FALSE	Deleted from CPT
37225	Revascularization, endovascular, open	Endovascular	September 2024	14	January 2025	RUC	ACC, ACR, ACS, OEIS,	Refer to CPT.	High Volume Growth1 / PE Screen -	February 2010	000	11.75	3.12	242.42	2.54	38,629	FALSE			TRUE	In October 2018, 37225, 37227	September	30	Deleted	FALSE	Deleted from CPT
37226	Revascularization, endovascular, open	Endovascular	September 2024	14	January 2025	RUC	ACC, ACR, ACS, OEIS,	Refer to CPT. 10.49	High Volume Growth1	February 2010	000	10.24	2.52	225.22	2.33	17,660	FALSE			TRUE	In October 2018, 37225, 37227	September	30	Deleted	FALSE	Deleted from CPT
37227	Revascularization, endovascular, open	Endovascular	September 2024	14	January 2025	RUC	ACC, ACR, ACS, OEIS,	Refer to CPT. 14.50	High Volume Growth1 / PE Screen -	February 2010	000	14.25	3.51	310.49	3.07	19,666	FALSE			TRUE	In October 2018, 37225, 37227	September	30	Deleted	FALSE	Deleted from CPT
37228	Revascularization, endovascular, open	Endovascular	September 2024	14	January 2025	RUC	ACC, ACR, ACS, OEIS,	Refer to CPT. 11.00	High Volume Growth1	February 2010	000	10.75	2.60	108.21	2.38	27,661	FALSE			TRUE	In October 2018, 37225, 37227	September	30	Deleted	FALSE	Deleted from CPT
37229	Revascularization, endovascular, open	Endovascular	September 2024	14	January 2025	RUC	ACC, ACR, ACS, OEIS,	Refer to CPT. 14.05	High Volume Growth1 / PE Screen -	February 2010	000	13.80	3.56	244.61	2.79	37,918	FALSE			TRUE	In October 2018, 37225, 37227	September	30	Deleted	FALSE	Deleted from CPT

37230	Revascularization, endovascular, open	Endovascular	September 2024	14	January 2025	RUC	ACC, ACR, ACS, OEIS,	Refer to CPT. 13.80	High Volume Growth1	February 2010	000	13.55	3.65	245.11	2.96	2,077	FALSE			TRUE	In October 2018, 37225, 37227	September	30	Deleted	FALSE	Deleted from CPT
37231	Revascularization, endovascular, open	Endovascular	September 2024	14	January 2025	RUC	ACC, ACR, ACS, OEIS,	Refer to CPT. 15.00	High Volume Growth1	February 2010	000	14.75	3.92	327.98	2.68	3,076	FALSE			TRUE	In October 2018, 37225, 37227	September	30	Deleted	FALSE	Deleted from CPT
37232	Revascularization, endovascular, open	Endovascular	September 2024	14	January 2025	RUC	ACC, ACR, ACS, OEIS,	Refer to CPT. 4.00	High Volume Growth1	February 2010	ZZZ	4.00	0.97	19.32	0.82	12,223	FALSE			TRUE	In October 2018, 37225, 37227	September	30	Deleted	FALSE	Deleted from CPT
37233	Revascularization, endovascular, open	Endovascular	September 2024	14	January 2025	RUC	ACC, ACR, ACS, OEIS,	Refer to CPT. 6.50	High Volume Growth1	February 2010	ZZZ	6.50	1.61	23.26	1.25	9,179	FALSE			TRUE	In October 2018, 37225, 37227	September	30	Deleted	FALSE	Deleted from CPT
37234	Revascularization, endovascular, open	Endovascular	September 2024	14	January 2025	RUC	ACC, ACR, ACS, OEIS,	Refer to CPT. 5.50	High Volume Growth1	February 2010	ZZZ	5.50	1.50	100	1.18	288	FALSE			TRUE	In October 2018, 37225, 37227	September	30	Deleted	FALSE	Deleted from CPT
37235	Revascularization, endovascular, open	Endovascular	September 2024	14	January 2025	RUC	ACC, ACR, ACS, OEIS,	Refer to CPT. 7.80	High Volume Growth1	February 2010	ZZZ	7.80	1.79	106.98	1.10	304	FALSE			TRUE	In October 2018, 37225, 37227	September	30	Deleted	FALSE	Deleted from CPT
37236	Transcatheter placement of an	Transcatheter Placement	April 2013	09			SVS, ACS, SIR, ACR,	9.00	Codes Reported Together 75% or More-	February 2013	000	8.75	2.18	70.03	1.91	9,863	FALSE			FALSE		February 2013	10	Complete	TRUE	Decrease
37237	Transcatheter placement of an	Transcatheter Placement	April 2013	09			SVS, ACS, SIR, ACR,	4.25	Codes Reported Together 75% or More-	February 2013	ZZZ	4.25	0.94	32.73	0.96	1,094	FALSE			FALSE		February 2013	10	Complete	TRUE	Decrease
37238	Transcatheter placement of an	Transcatheter Placement	April 2013	09			SVS, ACS, SIR, ACR,	6.29	Codes Reported Together 75% or More-	February 2013	000	6.04	1.70	94.05	1.20	10,117	FALSE			FALSE		February 2013	10	Complete	TRUE	Decrease
37239	Transcatheter placement of an	Transcatheter Placement	April 2013	09			SVS, ACS, SIR, ACR,	3.34	Codes Reported Together 75% or More-	February 2013	ZZZ	2.97	0.82	47.06	0.59	3,903	FALSE			FALSE		February 2013	10	Complete	TRUE	Decrease
37241	Vascular embolization or occlusion,	Embolization and	April 2013	08			SVS, ACS, SIR, ACR,	9.00	Codes Reported Together 75% or More-	February 2010	000	8.75	2.39	125.62	1.29	1,429	FALSE			FALSE		February 2013	09		TRUE	Decrease
37242	Vascular embolization or occlusion,	Embolization and	April 2013	08			SVS, ACS, SIR, ACR,	11.98	Codes Reported Together 75% or More-	February 2010	000	9.80	2.50	196.02	1.54	8,173	FALSE			FALSE		February 2013	09		TRUE	Decrease
37243	Vascular embolization or occlusion,	Embolization and	April 2013	08			SVS, ACS, SIR, ACR,	14.00	Codes Reported Together 75% or More-	February 2010	000	11.74	3.29	238.31	1.23	14,498	FALSE			FALSE		February 2013	09		TRUE	Decrease
37244	Vascular embolization or occlusion,	Embolization and	April 2013	08			SVS, ACS, SIR, ACR,	14.00	Codes Reported Together 75% or More-	February 2010	000	13.75	3.92	176.71	1.50	13,397	FALSE			FALSE		February 2013	09		TRUE	Decrease
37246	Transluminal balloon angioplasty	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, SVS	7.00	Codes Reported Together 75% or More-	October 2015	000	7.00	1.83	45.02	1.31	6,249	FALSE			FALSE		October 2015	24	Complete	TRUE	Decrease
37247	Transluminal balloon angioplasty	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, SVS	3.50	Codes Reported Together 75% or More-	October 2015	ZZZ	3.50	0.87	13.16	0.68	686	FALSE			FALSE		October 2015	24	Complete	TRUE	Decrease
37248	Transluminal balloon angioplasty	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, SVS	6.00	Codes Reported Together 75% or More-	October 2015	000	6.00	1.74	32.86	0.91	12,112	FALSE			FALSE		October 2015	24	Complete	TRUE	Decrease
37249	Transluminal balloon angioplasty	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, SVS	2.97	Codes Reported Together 75% or More-	October 2015	ZZZ	2.97	0.74	9.51	0.53	3,705	FALSE			FALSE		October 2015	24	Complete	TRUE	Decrease
37250	Intravascular ultrasound (non-coronary	Intravascular Ultrasound	January 2015	07			ACC, SCAI, SIR, SVS	Deleted from CPT	Final Rule for 2015	July 2014							FALSE			TRUE	A CCP was submitted for the	October 2014	13	Complete	TRUE	Deleted from CPT
37251	Intravascular ultrasound (non-coronary	Intravascular Ultrasound	January 2015	07			ACC,SCAI, SIR, SVS	Deleted from CPT	Final Rule for 2015	July 2014							FALSE			TRUE	A CCP was submitted for the	October 2014	13	Complete	TRUE	Deleted from CPT
37252	Intravascular ultrasound (noncoronary	Intravascular Ultrasound	October 2018	14			ACC,SCAI, SIR, SVS	1.80	Final Rule for 2015 / Work Neutrality	July 2014	ZZZ	1.80	0.44	25.7	0.35	69,562	FALSE			FALSE		October 2014	13	Complete	TRUE	Decrease
37253	Intravascular ultrasound (noncoronary	Intravascular Ultrasound	October 2018	14			ACC,SCAI, SIR, SVS	1.44	Final Rule for 2015 / Work Neutrality	July 2014	ZZZ	1.44	0.35	3.41	0.27	106,729	FALSE			FALSE		October 2014	13	Complete	TRUE	Decrease
37609	Ligation or biopsy, temporal artery	Ligation	September 2007	16			SVS, ACS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	010	3.05	2.42	5.65	0.64	9,940	FALSE			FALSE					TRUE	PE Only
37619	Ligation of inferior vena cava	Ligation of Inferior Vena	April 2011	13			ACS, SVS	37.60	Codes Reported Together 75% or More-	February 2011	090	30.00	13.78		7.73	14	FALSE			FALSE		February 2011	15		TRUE	Increase
37620	Interruption, partial or complete, of	Major Vein Revision	April 2010	45			ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or More-	February 2010							FALSE			TRUE	The Workgroup accepts the	February 2011	15	Code Deleted	TRUE	Deleted from CPT
37760	Ligation of perforator veins, subfascial,	Perorator Vein Ligation	April 2009	10			SVS, ACS	10.69	Site of Service Anomaly	September 2007	090	10.78	3.54		2.68	38	FALSE			TRUE	The RUC referred the service	February 2009	19	Complete	TRUE	Maintain
37761	Ligation of perforator vein(s),	Perforator Vein Ligation	April 2009	10			SVS, ACS	9.00	Site of Service Anomaly	April 2009	090	9.13	4.55		2.22	223	FALSE			FALSE					TRUE	Increase
37765	Stab phlebectomy of varicose veins, 1	Stab Phlebectomy of	April 2018	12			ACS, SIR, SVS	4.80	High Volume Growth1 / CMS Fastest	February 2008	010	4.80	2.09	6.66	1.09	10,636	FALSE			FALSE					TRUE	Decrease
37766	Stab phlebectomy of varicose veins, 1	Stab Phlebectomy of	April 2018	12			ACS, SIR, SVS	6.00	High Volume Growth1 / CMS Fastest	February 2008	010	6.00	2.43	7.41	1.35	7,773	FALSE			FALSE					TRUE	Decrease
37785	Ligation, division, and/or excision of	Ligation	September 2007	16			APMA, SVS, ACS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	3.93	2.68	5.55	0.97	810	FALSE			FALSE					TRUE	PE Only
37X10		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	000						FALSE			FALSE					FALSE	
37X11		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	ZZZ						FALSE			FALSE					FALSE	
37X12		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	000						FALSE			FALSE					FALSE	
37X13		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	ZZZ						FALSE			FALSE					FALSE	
37X14		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	000						FALSE			FALSE					FALSE	
37X15		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	ZZZ						FALSE			FALSE					FALSE	
37X16		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	000						FALSE			FALSE					FALSE	
37X17		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	ZZZ						FALSE			FALSE					FALSE	
37X18		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	000						FALSE			FALSE					FALSE	
37X19		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	ZZZ						FALSE			FALSE					FALSE	
37X20		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	000						FALSE			FALSE					FALSE	
37X21		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	ZZZ						FALSE			FALSE					FALSE	
37X22		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	000						FALSE			FALSE					FALSE	
37X23		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	ZZZ						FALSE			FALSE					FALSE	
37X24		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	000						FALSE			FALSE					FALSE	
37X25		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	ZZZ						FALSE			FALSE					FALSE	
37X26		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	ZZZ						FALSE			FALSE					FALSE	
37X27		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	000						FALSE			FALSE					FALSE	
37X28		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	ZZZ						FALSE			FALSE					FALSE	
37X29		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	000						FALSE			FALSE					FALSE	
37X30		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	ZZZ						FALSE			FALSE					FALSE	
37X31		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	000						FALSE			FALSE					FALSE	
37X32		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	ZZZ						FALSE			FALSE					FALSE	
37X33		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	000						FALSE			FALSE					FALSE	
37X34		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	ZZZ						FALSE			FALSE					FALSE	
37X35		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	000						FALSE			FALSE					FALSE	
37X36		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	ZZZ						FALSE			FALSE					FALSE	
37X37		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	000						FALSE			FALSE					FALSE	
37X38		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	ZZZ						FALSE			FALSE					FALSE	
37X39		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	000						FALSE			FALSE					FALSE	
37X40		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	ZZZ						FALSE			FALSE					FALSE	
37X41		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	000						FALSE			FALSE					FALSE	
37X42		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	ZZZ						FALSE			FALSE					FALSE	
37X43		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	000						FALSE			FALSE					FALSE	
37X44		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	ZZZ						FALSE			FALSE					FALSE	
37X45		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	000						FALSE			FALSE					FALSE	
37X46		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	ZZZ						FALSE			FALSE					FALSE	
37XX1		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	000						FALSE			FALSE					FALSE	
37XX2		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	ZZZ						FALSE			FALSE					FALSE	
37XX3		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	000						FALSE			FALSE					FALSE	
37XX4		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	ZZZ						FALSE			FALSE					FALSE	
37XX5		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	000						FALSE			FALSE					FALSE	
37XX6		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	ZZZ						FALSE			FALSE					FALSE	
37XX7		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	000						FALSE			FALSE					FALSE	
37XX8		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	ZZZ						FALSE			FALSE					FALSE	
37XX9		Lower Extremity	January 2025		January 2025	RUC	ACC, ACR, ACS, OEIS,		High Volume Growth5 / PE Screen -	September 2024	ZZZ						FALSE			FALSE					FALSE	
38220	Diagnostic bone marrow; aspiration(s)	Diagnostic Bone Marrow	April 2016	06			ASCO, ASH, CAP	1.20	CMS High Expenditure Procedural	February 2016	XXX	1.20	0.69	3.42	0.10	4,284	FALSE			FALSE		February 2016	16	Complete	TRUE	Decrease
38221	Diagnostic bone marrow; biopsy(ies)	Diagnostic Bone Marrow	April 2016	06			ASCO, ASH, CAP	1.28	CMS High Expenditure Procedural	July 2015	XXX	1.28	0.70	3.5	0.10	6,771	FALSE			TRUE	Prior to the January 2016 RUC	February 2016	16	Complete	TRUE	Decrease
38222	Diagnostic bone marrow; biopsy(ies)	Diagnostic Bone Marrow	September 2023	22			ASCO, ASH, CAP	1.44	CMS High Expenditure Procedural	February 2016	XXX	1.44	0.66	3.7	0.12	116,990	FALSE			FALSE		February 2016	16	Complete	TRUE	Decrease
38505	Biopsy or excision of lymph node(s); by	Needle Biopsy of Lymph	October 2020	15			ACR, SIR	1.59	Harvard Valued - Utilization over	October 2019	000	1.59	0.78	3.46	0.16	35,416	FALSE			FALSE					TRUE	Increase
38542	Dissection, deep jugular node(s)	Jugular Node Dissection	April 2008	40			ACS, AAO-HNS	7.85	Site of Service Anomaly	September 2007	090	7.95	6.47		1.39	459	FALSE			FALSE					TRUE	Increase
38570	Laparoscopy, surgical; with	Laparoscopic	September 2024	06	April 2028	RAW	ACOG, AUA	Review at RAW in 3 years. 9.34	010-Day Global Post-Operative Visits /	January 2014	010	8.49	5.55		1.49	7,249	FALSE			FALSE		May 2024	12	complete	FALSE	Maintain
38571	Laparoscopy, surgical; with bilateral	Laparoscopic	September 2024	06	April 2028	RAW	ACOG, AUA	Review at RAW in 3 years.12.00	CMS Fastest Growing / 010-Day Global	October 2008	010	12.00	6.21		1.56	17,170	FALSE			TRUE	In April 2023, the RAW	May 2024	12	Yes	FALSE	Decrease
38572	Laparoscopy, surgical; with bilateral	Laparoscopic	September 2024	06	April 2028	RAW	ACOG, AUA	Review at RAW in 3 years.15.60	010-Day Global Post-Operative Visits /	January 2014	010	15.60	8.86		2.46	1,419	FALSE			FALSE		May 2024	12	complete	FALSE	Decrease
38573	Laparoscopy, surgical; with bilateral	Laparoscopic	September 2024	06	April 2028	RAW	ACOG, AUA	Review at RAW in 3 years.	Codes Reported Together 75% or More-	May 2024	010	20.00	11.91	NA	3.41	247	FALSE			FALSE		May 2024	12	complete	FALSE	
38792	Injection procedure; radioactive tracer	Radioactive Tracer	January 2018	23				0.65	Negative IWPUT	April 2017	000	0.65	0.22	1.74	0.08	28,784	FALSE			FALSE					TRUE	Increase
39400	Mediastinoscopy, includes biopsy(ies),	Mediastinoscopy with	January 2015	08			STS	Deleted from CPT	Pre-Time Analysis	January 2014							FALSE			TRUE	Referred to CPT for revision	October 2014	14	Complete	TRUE	Deleted from CPT
39401	Mediastinoscopy; includes biopsy(ies)	Mediastinoscopy with	January 2015	08			STS	5.44	Pre-Time Analysis	October 2014	000	5.44	2.38		1.29	238	FALSE			FALSE		October 2014	14	Complete	TRUE	Decrease
39402	Mediastinoscopy; with lymph node	Mediastinoscopy with	January 2015	08			STS	7.50	Pre-Time Analysis	October 2014	000	7.25	2.88		1.76	2,102	FALSE			FALSE		October 2014	14	Complete	TRUE	Increase
40490	Biopsy of lip	Biopsy of Lip	September 2011	21			AAO-HNS, AAD	1.22	Harvard Valued - Utilization over	April 2011	000	1.22	0.71	2.33	0.13	27,498	FALSE			FALSE					TRUE	Maintain
40650	Repair lip, full thickness; vermilion only	PE Subcommittee	April 2016	46			AAOS, ACEP, and	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	3.78	5.10	10.06	0.74	309	TRUE	Nov 2016	Yes	FALSE					TRUE	PE Only
40800	Drainage of abscess, cyst, hematoma,	RAW	April 2014	52				Maintain	010-Day Global Post-Operative Visits	January 2014	010	1.23	2.22	4.72	0.13	2,729	FALSE			FALSE					TRUE	Maintain
40801	Drainage of abscess, cyst, hematoma,	Ostectomy	January 2020	37			APMA, AAOS	Maintain. Reduced 99238 to 0.5	Site of Service Anomaly (99238-Only) /	September 2007	010	2.63	3.08	5.87	0.27	1,050	FALSE			FALSE					TRUE	PE Only
40808	Biopsy, vestibule of mouth	Biopsy of Mouth Lesion	April 2018	13			AAOHNS, AAOMS	1.05	Negative IWPUT	April 2017	010	1.05	1.51	3.92	0.13	9,065	FALSE			FALSE					TRUE	Increase
40812	Excision of lesion of mucosa and	RAW	April 2014	52				Maintain	010-Day Global Post-Operative Visits	January 2014	010	2.37	2.85	5.7	0.26	6,982	FALSE			FALSE					TRUE	Maintain
40820	Destruction of lesion or scar of	RAW	April 2014	52				Maintain	010-Day Global Post-Operative Visits	January 2014	010	1.34	3.53	6.31	0.14	1,304	FALSE			FALSE					TRUE	Maintain
41530	Submucosal ablation of the tongue	Submucosal ablation of	April 2015	26		RUC	AAO-HNS	3.50	Final Rule for 2015	July 2014	000	3.50	7.36	23.34	0.48	100	FALSE			FALSE					TRUE	Decrease
42145	Palatopharyngoplasty (eg,	Palatopharyngoplasty	April 2008	41			AAO-HNS	9.63	Site of Service Anomaly	September 2007	090	9.78	9.57		1.44	398	FALSE			FALSE					TRUE	Maintain
42415	Excision of parotid tumor or parotid	Excise Parotid	February 2011	27			ACS, AAO-HNS	18.12	Site of Service Anomaly	September 2007	090	17.16	12.17		2.57	4,610	FALSE			FALSE					TRUE	Maintain
42420	Excision of parotid tumor or parotid	Excise Parotid	February 2011	27			ACS, AAO-HNS	21.00	Site of Service Anomaly	September 2007	090	19.53	13.25		2.89	1,320	FALSE			FALSE					TRUE	Maintain
42440	Excision of submandibular	Submandibular Gland	October 2010	64			AAO-HNS, ACS	7.13	Site of Service Anomaly	September 2007	090	6.14	5.55		0.92	1,504	FALSE			FALSE					TRUE	Maintain
43191	Esophagoscopy, rigid, transoral;	Esophagoscopy	October 2012	10			AAO-HNS, ASGE,	2.78	MPC List	September 2011	000	2.49	1.79		0.38	2,124	FALSE			FALSE					TRUE	Increase
43192	Esophagoscopy, rigid, transoral; with	Esophagoscopy	October 2012	10			AAO-HNS, ASGE,	3.21	MPC List	September 2011	000	2.79	1.89		0.41	201	FALSE			FALSE					TRUE	Increase
43193	Esophagoscopy, rigid, transoral; with	Esophagoscopy	October 2012	10			AAO-HNS, ASGE,	3.36	MPC List	September 2011	000	2.79	1.87		0.41	201	FALSE			FALSE					TRUE	Increase
43194	Esophagoscopy, rigid, transoral; with	Esophagoscopy	October 2012	10			AAO-HNS, ASGE,	3.99	MPC List	September 2011	000	3.51	1.61		0.56	106	FALSE			FALSE					TRUE	Increase
43195	Esophagoscopy, rigid, transoral; with	Esophagoscopy	October 2012	10			AAO-HNS, ASGE,	3.21	MPC List	September 2011	000	3.07	2.02		0.45	561	FALSE			FALSE					TRUE	Increase
43196	Esophagoscopy, rigid, transoral; with	Esophagoscopy	October 2012	10			AAO-HNS, ASGE,	3.36	MPC List	September 2011	000	3.31	2.10		0.45	324	FALSE			FALSE					TRUE	Increase
43197	Esophagoscopy, flexible, transnasal;	Esophagoscopy	October 2012	10			AAO-HNS, ASGE,	1.59	MPC List	September 2011	000	1.52	0.68	3.96	0.24	1,115	FALSE			FALSE					TRUE	Maintain
43198	Esophagoscopy, flexible, transnasal;	Esophagoscopy	October 2012	10			AAO-HNS, ASGE,	1.89	MPC List	September 2011	000	1.82	0.84	4.27	0.25	282	FALSE			FALSE					TRUE	Maintain
43200	Esophagoscopy, flexible, transoral;	Esophagoscopy	October 2012	10			AAO-HNS, AGA,	1.59	MPC List	September 2011	000	1.42	0.98	6.26	0.22	3,562	FALSE			FALSE		May 2012			TRUE	Maintain
43201	Esophagoscopy, flexible, transoral; with	Esophagoscopy	October 2012	10			AGA, ASGE, SAGES	1.90	MPC List	September 2011	000	1.72	1.12	5.83	0.24	170	FALSE			FALSE		May 2012			TRUE	Decrease
43202	Esophagoscopy, flexible, transoral; with	Esophagoscopy	October 2012	10			AAO-HNS, AGA,	1.89	MPC List	September 2011	000	1.72	1.11	8.71	0.23	1,704	FALSE			FALSE		May 2012			TRUE	Maintain
43204	Esophagoscopy, flexible, transoral; with	Esophagoscopy	October 2012	10			AGA, ASGE, SAGES	2.89	MPC List	September 2011	000	2.33	1.39		0.27	5	FALSE			FALSE		May 2012			TRUE	Decrease
43205	Esophagoscopy, flexible, transoral; with	Esophagoscopy	October 2012	10			AGA, ASGE, SAGES	3.00	MPC List	September 2011	000	2.44	1.44		0.29	76	FALSE			FALSE		May 2012			TRUE	Decrease
43206	Esophagoscopy, flexible, transoral; with	Esophagoscopy	October 2012	10			AGA, ASGE, SAGES	2.39	MPC List	September 2011	000	2.29	1.37	6.54	0.26	15	FALSE			FALSE					TRUE	Decrease
43211	Esophagoscopy, flexible, transoral; with	Esophagoscopy	October 2012	10			AGA, ASGE, SAGES	4.58	MPC List	September 2011	000	4.20	2.23		0.49	81	FALSE			FALSE					TRUE	Decrease

43212	Esophagoscopy, flexible, transoral; with	Esophagoscopy	October 2012	10			AGA, ASGE, SAGES	3.73	MPC List	September 2011	000	3.40	1.63		0.55	488	FALSE			FALSE					TRUE	Decrease
43213	Esophagoscopy, flexible, transoral; with	Esophagoscopy	October 2012	10			AGA, ASGE, SAGES	5.00	MPC List	September 2011	000	4.63	2.31	31	0.74	143	FALSE			FALSE					TRUE	Decrease
43214	Esophagoscopy, flexible, transoral; with	Esophagoscopy	October 2012	10			AGA, ASGE, SAGES	3.78	MPC List	September 2011	000	3.40	1.83		0.52	193	FALSE			FALSE					TRUE	Decrease
43215	Esophagoscopy, flexible, transoral; with	Esophagoscopy	October 2012	10			AAO-HNS, AGA,	2.60	MPC List	September 2011	000	2.44	1.37	8.93	0.38	660	FALSE			FALSE		May 2012			TRUE	Maintain
43216	Esophagoscopy, flexible, transoral; with	Esophagoscopy	October 2012	10			AGA, ASGE, SAGES	2.40	MPC List	September 2011	000	2.30	1.38	9.65	0.27	216	FALSE			FALSE		May 2012			TRUE	Maintain
43217	Esophagoscopy, flexible, transoral; with	Esophagoscopy	October 2012	10			AGA, ASGE, SAGES	2.90	MPC List	September 2011	000	2.80	1.60	9.46	0.33	29	FALSE			FALSE		May 2012			TRUE	Maintain
43219	Esophagoscopy, rigid or flexible; with	Esophagoscopy	October 2012	10			AGA, ASGE, SAGES	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		May 2012			TRUE	Deleted from CPT
43220	Esophagoscopy, flexible, transoral; with	Esophagoscopy	October 2012	10			AGA, ASGE, SAGES	2.10	MPC List	September 2011	000	2.00	1.23	24.43	0.27	1,664	FALSE			FALSE		May 2012			TRUE	Maintain
43226	Esophagoscopy, flexible, transoral; with	Esophagoscopy	October 2012	10			AAO-HNS, AGA,	2.34	MPC List	September 2011	000	2.24	1.27	8.95	0.36	1,280	FALSE			FALSE		May 2012			TRUE	Maintain
43227	Esophagoscopy, flexible, transoral; with	Esophagoscopy	October 2012	10			AGA, ASGE, SAGES	3.26	MPC List	September 2011	000	2.89	1.62	14.48	0.37	115	FALSE			FALSE		May 2012			TRUE	Decrease
43228	Esophagoscopy, rigid or flexible; with	Esophagoscopy	October 2012	10			AGA, ASGE, SAGES	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		May 2012			TRUE	Deleted from CPT
43229	Esophagoscopy, flexible, transoral; with	Esophagoscopy	October 2012	10			AGA, ASGE, SAGES	3.72	MPC List	September 2011	000	3.49	1.88	17.23	0.44	1,235	FALSE			FALSE					TRUE	Decrease
43231	Esophagoscopy, flexible, transoral; with	Esophagoscopy	April 2013	10			AGA, ASGE, SAGES	3.19	MPC List	September 2011	000	2.80	1.53		0.31	568	FALSE			FALSE		May 2012			TRUE	Maintain
43232	Esophagoscopy, flexible, transoral; with	Esophagoscopy	April 2013	10			AGA, ASGE, SAGES	3.83	MPC List	September 2011	000	3.59	1.87		0.41	286	FALSE			FALSE		May 2012			TRUE	Decrease
43233	Esophagogastroduodenoscopy, flexible,	EGD	January 2013	08			AGA, ASGE, SAGES	4.45	MPC List	October 2012	000	4.07	2.07		0.63	1,079	FALSE			FALSE		October 2012	14	Complete	TRUE	Decrease
43234	Upper gastrointestinal endoscopy,	Esophagoscopy	April 2013	10			AGA, ASGE, SAGES	Deleted from CPT	MPC List	September 2011							FALSE			TRUE	Several specific codes	February 2012	11	Complete	TRUE	Deleted from CPT
43235	Esophagogastroduodenoscopy, flexible,	EGD	January 2013	08			AGA, ASGE, SAGES	2.26	MPC List / CMS High Expenditure	October 2010	000	2.09	1.28	6.28	0.26	241,095	FALSE			FALSE		October 2012	14	Complete	TRUE	Decrease
43236	Esophagogastroduodenoscopy, flexible,	EGD	January 2013	08			AGA, ASGE, SAGES	2.57	CMS Fastest Growing / MPC List	October 2008	000	2.39	1.41	9.33	0.30	13,129	TRUE	Apr 2009 and	Yes	FALSE		October 2012	14	Complete	TRUE	Decrease
43237	Esophagogastroduodenoscopy, flexible,	EGD	April 2013	11			AGA, ASGE, SAGES	3.85	MPC List	September 2011	000	3.47	1.90		0.40	18,516	FALSE			TRUE	In the Panel Action memo from	February 2013	12	Complete	TRUE	Decrease
43238	Esophagogastroduodenoscopy, flexible,	EGD	April 2013	11			AGA, ASGE, SAGES	4.50	MPC List	September 2011	000	4.16	2.20		0.48	15,935	FALSE			TRUE	In the Panel Action memo from	February 2013	12	Complete	TRUE	Decrease
43239	Esophagogastroduodenoscopy, flexible,	EGD with Biopsy	April 2019	12			ACG, ACS, AGA,	2.39	MPC List / CMS Request - Final Rule for	October 2010	000	2.39	1.41	8.59	0.30	1,190,694	FALSE			FALSE					TRUE	Maintain
43240	Esophagogastroduodenoscopy, flexible,	EGD	April 2013	11			AGA, ASGE, SAGES	7.25	MPC List	September 2011	000	7.15	3.54		0.85	1,137	FALSE			TRUE	In the Panel Action memo from	February 2013	12	Complete	TRUE	Increase
43241	Esophagogastroduodenoscopy, flexible,	EGD	January 2013	08			AGA, ASGE, SAGES	2.59	MPC List	September 2011	000	2.49	1.39		0.33	4,116	FALSE			FALSE		October 2012			TRUE	Maintain
43242	Esophagogastroduodenoscopy, flexible,	EGD	April 2013	11			AGA, ASGE, ACG	5.39	CMS Fastest Growing / MPC List	October 2008	000	4.73	2.46		0.55	23,327	TRUE	Mar 2009	Yes	TRUE	In the Panel Action memo from	February 2013	12	Complete	TRUE	Decrease
43243	Esophagogastroduodenoscopy, flexible,	EGD	January 2013	08			AGA, ASGE, SAGES	4.37	MPC List	September 2011	000	4.27	2.17		0.57	360	FALSE			FALSE		October 2012			TRUE	Decrease
43244	Esophagogastroduodenoscopy, flexible,	EGD	January 2013	08			AGA, ASGE, SAGES	4.50	MPC List	September 2011	000	4.40	2.31		0.51	17,560	FALSE			FALSE		October 2012			TRUE	Decrease
43245	Esophagogastroduodenoscopy, flexible,	EGD	January 2013	08			AGA, ASGE, SAGES	3.18	MPC List	September 2011	000	3.08	1.67	14.2	0.44	12,033	FALSE			FALSE		October 2012			TRUE	Maintain
43246	Esophagogastroduodenoscopy, flexible,	EGD	April 2013	11			AGA, ASGE, SAGES	4.32	MPC List	September 2011	000	3.56	1.81		0.55	54,284	FALSE			FALSE		October 2012			TRUE	Maintain
43247	Esophagogastroduodenoscopy, flexible,	EGD	January 2013	08			AGA, ASGE, SAGES	3.27	MPC List	September 2011	000	3.11	1.71	7.98	0.40	22,490	FALSE			FALSE		October 2012			TRUE	Decrease
43248	Esophagogastroduodenoscopy, flexible,	EGD	January 2013	08			AGA, ASGE, SAGES	3.01	MPC List	September 2011	000	2.91	1.64	9.11	0.36	86,763	FALSE			FALSE		October 2012			TRUE	Decrease
43249	Esophagogastroduodenoscopy, flexible,	EGD	January 2013	08			AGA, ASGE, SAGES	2.77	MPC List	September 2011	000	2.67	1.53	29.03	0.34	114,199	FALSE			FALSE		October 2012			TRUE	Decrease
43250	Esophagogastroduodenoscopy, flexible,	EGD	January 2013	08			AGA, ASGE, SAGES	3.07	MPC List	September 2011	000	2.97	1.63	10.05	0.43	2,839	FALSE			FALSE		October 2012			TRUE	Decrease
43251	Esophagogastroduodenoscopy, flexible,	EGD	April 2013	11			AGA, ASGE, SAGES	3.57	MPC List	September 2011	000	3.47	1.89	10.9	0.42	39,239	FALSE			FALSE		October 2012			TRUE	Decrease
43253	Esophagogastroduodenoscopy, flexible,	EGD	April 2013	11			AGA, ASGE, SAGES	5.39	MPC List	February 2012	000	4.73	2.45		0.55	1,982	FALSE			TRUE	In the Panel Action memo from	February 2013	12	Complete	TRUE	Decrease
43254	Esophagogastroduodenoscopy, flexible,	EGD	January 2013	08			AGA, ASGE, SAGES	5.25	MPC List	October 2012	000	4.87	2.51		0.57	5,670	FALSE			FALSE		October 2012	14	Complete	TRUE	Decrease
43255	Esophagogastroduodenoscopy, flexible,	EGD	January 2013	08			AGA, ASGE, SAGES	4.20	MPC List	September 2011	000	3.56	1.93	14.71	0.41	52,448	FALSE			FALSE		October 2012			TRUE	Decrease
43256	Upper gastrointestinal endoscopy	EGD	January 2013	08			AGA, ASGE, SAGES	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		October 2012			TRUE	Deleted from CPT
43257	Esophagogastroduodenoscopy, flexible,	EGD	January 2013	08			AGA, ASGE, SAGES	4.25	MPC List	September 2011	000	4.15	2.15		0.61	103	FALSE			FALSE		October 2012			TRUE	Decrease
43258	Upper gastrointestinal endoscopy	EGD	January 2013	08			AGA, ASGE, SAGES	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		October 2012	14	Complete	TRUE	Deleted from CPT
43259	Esophagogastroduodenoscopy, flexible,	EGD	April 2013	11			AGA, ASGE, ACG	4.74	CMS Fastest Growing	October 2008	000	4.04	2.15		0.46	28,838	TRUE	Mar 2009	Yes	TRUE	In the Panel Action memo from	February 2013	12	Complete	TRUE	Decrease
43260	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE, SAGES	5.95	MPC List	September 2011	000	5.85	2.95		0.70	3,498	FALSE			TRUE	Several specific codes	February 2013	13	Complete	TRUE	Maintain
43261	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE, SAGES	6.25	MPC List	September 2011	000	6.15	3.08		0.74	6,123	FALSE			FALSE		January 2013	13		TRUE	Decrease
43262	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE, SAGES	6.60	MPC List	September 2011	000	6.50	3.24		0.76	24,597	FALSE			FALSE		January 2013	13		TRUE	Decrease
43263	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE, SAGES	7.28	MPC List	September 2011	000	6.50	3.25		0.77	15	FALSE			FALSE		February 2013	13		TRUE	Maintain
43264	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE, SAGES	6.73	Harvard Valued - Utilization over	April 2011	000	6.63	3.30		0.78	51,524	FALSE			FALSE		February 2013	13		TRUE	Decrease
43265	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE, SAGES	8.03	MPC List	September 2011	000	7.93	3.87		0.94	2,139	FALSE			FALSE		February 2013	13		TRUE	Decrease
43266	Esophagogastroduodenoscopy, flexible,	EGD	January 2013	08			AGA, ASGE, SAGES	4.40	MPC List	October 2012	000	3.92	1.98		0.52	5,751	FALSE			FALSE		October 2012	14	Complete	TRUE	Decrease
43267	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE, SAGES	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		February 2013	13		TRUE	Deleted from CPT
43268	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE, SAGES	Deleted from CPT	Harvard Valued - Utilization over	April 2011							FALSE			FALSE		February 2013	13		TRUE	Deleted from CPT
43269	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE, SAGES	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		February 2013	13		TRUE	Deleted from CPT
43270	Esophagogastroduodenoscopy, flexible,	EGD	January 2013	08			AGA, ASGE, SAGES	4.39	MPC List	October 2012	000	4.01	2.13	17.29	0.47	17,190	FALSE			FALSE		October 2012	14	Complete	TRUE	Decrease
43271	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE, SAGES	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		February 2013	13		TRUE	Deleted from CPT
43272	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE, SAGES	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		February 2013	13		TRUE	Deleted from CPT
43273	Endoscopic cannulation of papilla with	ERCP	April 2013	12			AGA, ASGE, SAGES	2.24	MPC List	September 2011	ZZZ	2.24	1.00		0.26	7,021	FALSE			FALSE		February 2013	13		TRUE	Maintain
43274	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE, SAGES	8.74	MPC List	September 2011	000	8.48	4.11		1.02	39,080	FALSE			FALSE		February 2013	13		TRUE	Decrease
43275	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE, SAGES	6.96	MPC List	September 2011	000	6.86	3.40		0.81	12,813	FALSE			FALSE		February 2013	13		TRUE	Decrease
43276	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE, SAGES	9.10	MPC List	September 2011	000	8.84	4.27		1.06	15,738	FALSE			FALSE		February 2013	13		TRUE	Decrease
43277	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE, SAGES	7.11	MPC List	September 2011	000	6.90	3.42		0.81	5,248	FALSE			FALSE		February 2013	13		TRUE	Decrease
43278	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE, SAGES	8.08	MPC List	September 2011	000	7.92	3.87		0.95	443	FALSE			FALSE		February 2013	13		TRUE	Decrease
43450	Dilation of esophagus, by unguided	Dilation of Esophagus	October 2012	17			AGA, ASGE, SAGES,	1.30	MPC List	September 2011	000	1.28	0.93	4.18	0.16	54,759	FALSE			FALSE					TRUE	Decrease
43453	Dilation of esophagus, over guide wire	Dilation of Esophagus	October 2012	17			AGA, ASGE, SAGES,	1.51	MPC List	September 2011	000	1.41	0.98	22.13	0.19	1,055	FALSE			FALSE		May 2012			TRUE	Maintain
43456	Dilation of esophagus, by balloon or	Dilation of Esophagus	October 2012	17			AGA, ASGE, SAGES,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		October 2012	14	Complete	TRUE	Deleted from CPT
43458	Dilation of esophagus with balloon (30	Dilation of Esophagus	October 2012	17			AGA, ASGE, SAGES,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		October 2012	14	Complete	TRUE	Deleted from CPT
43760	Change of gastrostomy tube,	Gastrostomy Tube	January 2018	11			ACEP, ACG, ACS,	Deleted from CPT	CMS 000-Day Global Typically Reported	July 2016							FALSE			TRUE	In April 2017, the RUC noted	September	18	Complete	TRUE	Deleted from CPT
43762	Replacement of gastrostomy tube,	Gastrostomy Tube	January 2022	20	January 2026	RAW	ACEP, ACG, ACS,	0.75. CPT Assistant article	CMS 000-Day Global Typically Reported	September 2017	000	0.75	0.22	5.87	0.14	44,809	TRUE	June 2022	Yes	FALSE					TRUE	Decrease
43763	Replacement of gastrostomy tube,	Gastrostomy Tube	January 2022	20	January 2026	RAW	ACEP, ACG, ACS,	1.41. CPT Assistant article.	CMS 000-Day Global Typically Reported	September 2017	000	1.41	0.93	8.32	0.27	2,091	TRUE	June 2022	Yes	FALSE					TRUE	Decrease
44143	Colectomy, partial; with end colostomy	RAW	January 2016	54				99214 visit appropriate. Remove	High Level E/M in Global Period	October 2015	090	27.79	15.00		6.55	8,038	FALSE			FALSE					TRUE	Remove from Screen
44205	Laparoscopy, surgical; colectomy,	Laproscopic Procedures	October 2008	26			ACS, ASCRS	Remove from screen	CMS Fastest Growing	October 2008	090	22.95	12.02		4.79	10,367	FALSE			FALSE					TRUE	Remove from Screen
44207	Laparoscopy, surgical; colectomy,	Laproscopic Procedures	October 2008	26			ACS, ASCRS	Remove from screen	CMS Fastest Growing	February 2008	090	31.92	15.55		6.37	8,494	FALSE			FALSE					TRUE	Remove from Screen
44380	Ileoscopy, through stoma; diagnostic,	Ileoscopy	October 2013	04			AGA, ASGE,	0.97	MPC List	September 2011	000	0.87	0.73	4.93	0.11	1,458	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
44381	Ileoscopy, through stoma; with	Ileoscopy	October 2013	04			AGA, ASGE,	1.48	MPC List	May 2013	000	1.38	0.96	27.57	0.18	134	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
44382	Ileoscopy, through stoma; with biopsy,	Ileoscopy	October 2013	04			AGA, ASGE,	1.27	MPC List	September 2011	000	1.17	0.88	7.61	0.15	1,204	FALSE			FALSE		May 2013		Complete	TRUE	Maintain
44383	Ileoscopy, through stoma; with	Ileoscopy	October 2013	04			AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		May 2013		Complete	TRUE	Deleted from CPT
44384	Ileoscopy, through stoma; with	Ileoscopy	October 2013	04			AGA, ASGE,	3.11	MPC List	May 2013	000	2.85	1.30		0.35	61	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
44385	Endoscopic evaluation of small	Pouchoscopy	October 2013	05			ACG, ACS, AGA,	1.30	MPC List	September 2011	000	1.20	0.80	5.12	0.17	914	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
44386	Endoscopic evaluation of small	Pouchoscopy	October 2013	05			ACG, ACS, AGA,	1.60	MPC List	September 2011	000	1.50	0.96	7.61	0.19	1,755	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
44388	Colonoscopy through stoma;	Colonoscopy through	January 2014	08			ASCRS, ACS, SAGES,	2.82	MPC List	September 2011	000	2.72	1.49	6.35	0.41	3,230	FALSE			TRUE	Several specific codes	October 2013	17	Complete	TRUE	Maintain
44389	Colonoscopy through stoma; with	Colonoscopy through	January 2014	08			ASCRS, ACS, SAGES,	3.12	MPC List	September 2011	000	3.02	1.65	8.91	0.40	2,137	FALSE			TRUE	Several specific codes	October 2013	17	Complete	TRUE	Decrease
44390	Colonoscopy through stoma; with	Colonoscopy through	January 2014	08			ASCRS, ACS, SAGES,	3.82	MPC List	September 2011	000	3.74	2.02	7.94	0.44	22	FALSE			TRUE	Several specific codes	October 2013	17	Complete	TRUE	Maintain
44391	Colonoscopy through stoma; with	Colonoscopy through	January 2014	08			ASCRS, ACS, SAGES,	4.22	MPC List	September 2011	000	4.12	2.17	14.45	0.51	152	FALSE			TRUE	Several specific codes	October 2013	17	Complete	TRUE	Decrease
44392	Colonoscopy through stoma; with	Colonoscopy through	January 2014	08			ASCRS, ACS, SAGES,	3.63	MPC List	September 2011	000	3.53	1.78	7.55	0.60	209	FALSE			TRUE	Several specific codes	October 2013	17	Complete	TRUE	Decrease
44393	Colonoscopy through stoma; with	Colonoscopy through	January 2014	08			ASCRS, ACS, SAGES,	Deleted from CPT	MPC List	September 2011							FALSE			TRUE	Several specific codes	October 2013	17	Complete	TRUE	Deleted from CPT
44394	Colonoscopy through stoma; with	Colonoscopy through	January 2014	08			ASCRS, ACS, SAGES,	4.13	MPC List	September 2011	000	4.03	2.08	8.56	0.54	1,836	FALSE			TRUE	Several specific codes	October 2013	17	Complete	TRUE	Decrease
44397	Colonoscopy through stoma; with	Colonoscopy through	January 2014	08			ASCRS, ACS, SAGES,	Deleted from CPT	MPC List	September 2011							FALSE			TRUE	Several specific codes	October 2013	17	Complete	TRUE	Deleted from CPT
44401	Colonoscopy through stoma; with	Colonoscopy through	January 2014	08			ASCRS, ACS, SAGES,	4.44	MPC List	September 2011	000	4.34	2.29	65.33	0.51	59	FALSE			TRUE		October 2013	17	Complete	TRUE	Decrease
44402	Colonoscopy through stoma; with	Colonoscopy through	January 2014	08			ASCRS, ACS, SAGES,	4.96	MPC List	January 2014	000	4.70	2.45		0.55	8	FALSE			FALSE		October 2013	17	Complete	TRUE	Decrease
44403	Colonoscopy through stoma; with	Colonoscopy through	January 2014	08			ASCRS, ACS, SAGES,	5.81	MPC List	January 2014	000	5.50	2.80		0.66	60	FALSE			TRUE		October 2013	17	Complete	TRUE	Decrease
44404	Colonoscopy through stoma; with	Colonoscopy through	January 2014	08			ASCRS, ACS, SAGES,	3.13	MPC List	January 2014	000	3.02	1.65	9.18	0.40	171	FALSE			TRUE		October 2013	17	Complete	TRUE	Decrease
44405	Colonoscopy through stoma; with	Colonoscopy through	January 2014	08			ASCRS, ACS, SAGES,	3.33	MPC List	January 2014	000	3.23	1.79	12.97	0.39	50	FALSE			TRUE		October 2013	17	Complete	TRUE	Decrease
44406	Colonoscopy through stoma; with	Colonoscopy through	January 2014	08			ASCRS, ACS, SAGES,	4.41	MPC List	January 2014	000	4.10	2.18		0.48		FALSE			TRUE		October 2013	17	Complete	TRUE	Decrease
44407	Colonoscopy through stoma; with	Colonoscopy through	January 2014	08			ASCRS, ACS, SAGES,	5.06	MPC List	January 2014	000	4.96	2.56		0.58		FALSE			TRUE		October 2013	17	Complete	TRUE	Decrease
44408	Colonoscopy through stoma; with	Colonoscopy through	January 2014	08			ASCRS, ACS, SAGES,	4.24	MPC List	January 2014	000	4.14	2.20		0.48	44	FALSE			TRUE		October 2013	17	Complete	TRUE	Decrease
44901	Incision and drainage of appendiceal	Drainage of Abscess	January 2013	04				Deleted from CPT	Codes Reported Together 75% or More-	January 2012							FALSE			FALSE		October 2012	06	Complete	TRUE	Deleted from CPT
44970	Laparoscopy, surgical, appendectomy	Laproscopic Procedures	October 2008	26			ACS	Remove from screen	CMS Fastest Growing	October 2008	090	9.45	6.39		2.34	19,437	FALSE			FALSE					TRUE	Remove from Screen
45170	Deleted from CPT	Rectal Tumor Excision	February 2009	11			ACS, ASCRS, ASGS	Deleted from CPT	Site of Service Anomaly	September 2007							FALSE			TRUE	CPT code 45170 Excision of	October 2008	18	Code Deleted	TRUE	Deleted from CPT
45171	Excision of rectal tumor, transanal	Rectal Tumor Excision	February 2009	11			ACS, ASCRS, ASGS	8.00	Site of Service Anomaly	September 2007	090	8.13	8.92		1.55	2,047	FALSE			FALSE					TRUE	Decrease
45172	Excision of rectal tumor, transanal	Rectal Tumor Excision	February 2009	11			ACS, ASCRS, ASGS	12.00	Site of Service Anomaly	September 2007	090	12.13	10.47		2.15	1,666	FALSE			FALSE					TRUE	Decrease
45300	Proctosigmoidoscopy, rigid; diagnostic,	Diagnostic	April 2017	13			ACS, ASCRS, SAGES	0.80	CMS 000-Day Global Typically Reported	July 2016	000	0.80	0.51	2.92	0.13	15,380	FALSE			FALSE					TRUE	Maintain
45330	Sigmoidoscopy, flexible; diagnostic,	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS, AGA,	0.84	Harvard Valued - Utilization over	April 2011	000	0.84	0.73	4.63	0.12	39,725	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45331	Sigmoidoscopy, flexible; with biopsy,	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS, AGA,	1.14	MPC List	September 2011	000	1.14	0.86	7.29	0.15	28,532	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45332	Sigmoidoscopy, flexible; with removal	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS, AGA,	1.85	MPC List	September 2011	000	1.76	1.13	6.32	0.24	281	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45333	Sigmoidoscopy, flexible; with removal	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS, AGA,	1.65	MPC List	September 2011	000	1.55	1.01	8.04	0.24	467	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45334	Sigmoidoscopy, flexible; with control of	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS, AGA,	2.10	MPC List	September 2011	000	2.00	1.24	12.44	0.24	2,918	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45335	Sigmoidoscopy, flexible; with directed	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS, AGA,	1.15	MPC List	September 2011	000	1.04	0.81	7.53	0.14	2,482	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45337	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS, AGA,	2.20	MPC List	September 2011	000	2.10	1.01		0.27	1,620	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45338	Sigmoidoscopy, flexible; with removal	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS, AGA,	2.15	MPC List	September 2011	000	2.05	1.25	6.66	0.26	4,729	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45339	Sigmoidoscopy, flexible; with ablation	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS, AGA,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		May 2013		Complete	TRUE	Deleted from CPT
45340	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS, AGA,	1.35	MPC List	September 2011	000	1.25	0.90	12.18	0.18	929	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45341	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	January 2014	09			AGA, ASGE, ACG,	2.43	MPC List	September 2011	000	2.12	1.30		0.25	1,784	FALSE			TRUE	Several specific codes	October 2013	16	Complete	TRUE	Increase
45342	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	January 2014	09			AGA, ASGE, ACG,	3.08	MPC List	September 2011	000	2.98	1.66		0.40	370	FALSE			TRUE	Several specific codes	October 2013	16	Complete	TRUE	Decrease
45345	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS, AGA,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		May 2013		Complete	TRUE	Deleted from CPT
45346	Sigmoidoscopy, flexible; with ablation	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS, AGA,	2.97	MPC List	May 2013	000	2.81	1.58	64.69	0.35	886	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45347	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS, AGA,	2.98	MPC List	May 2013	000	2.72	1.50		0.33	532	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45349	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	April 2014	13			AGA, ASGE, ACG,	3.83	MPC List	January 2014	000	3.52	1.91		0.41	636	FALSE			TRUE		October 2013	16	Complete	TRUE	Decrease
45350	Sigmoidoscopy, flexible; with band	Flexible Sigmoidoscopy	April 2014	13			AGA, ASGE, ACG,	1.78	MPC List	January 2014	000	1.68	1.09	18.07	0.23	1,100	FALSE			TRUE		October 2013	16	Complete	TRUE	Decrease
45355	Colonoscopy, rigid or flexible,	Colonoscopy via stoma	January 2014	08			AGA, ASGE, ACG,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		February 2014	32	Complete	TRUE	Deleted from CPT

45378	Colonoscopy, flexible; diagnostic,	Colonoscopy	January 2014	10			AGA, ASGE, ACG,	3.36	CMS High Expenditure Procedural	September 2011	000	3.26	1.77	6.51	0.42	252,515	FALSE			TRUE	Several specific codes	October 2013	18	Complete	TRUE	Decrease
45379	Colonoscopy, flexible; with removal of	Colonoscopy	January 2014	10			AGA, ASGE, ACG,	4.37	MPC List	September 2011	000	4.28	2.23	8.21	0.52	850	FALSE			TRUE	Several specific codes	October 2013	18	Complete	TRUE	Decrease
45380	Colonoscopy, flexible; with biopsy,	Colonoscopy	January 2014	10			AGA, ASGE, ACG,	3.66	MPC List	October 2010	000	3.56	1.92	8.99	0.44	922,055	FALSE			TRUE	Several specific codes	October 2013	18	Complete	TRUE	Decrease
45381	Colonoscopy, flexible; with directed	Colonoscopy	January 2018	31			AGA, ASGE, ACG,	3.67	CMS Fastest Growing / MPC List /	October 2008	000	3.56	1.91	9.26	0.44	64,291	TRUE	Jun 2010	Yes	TRUE	Several specific codes	October 2013	18	Complete	TRUE	Decrease
45382	Colonoscopy, flexible; with control of	Colonoscopy	January 2014	10			AGA, ASGE, ACG,	4.76	MPC List	September 2011	000	4.66	2.41	14.66	0.55	20,188	FALSE			TRUE	Several specific codes	October 2013	18	Complete	TRUE	Decrease
45383	Colonoscopy, flexible, proximal to	Colonoscopy	January 2014	10			AGA, ASGE, ACG,	Deleted from CPT	MPC List	September 2011							FALSE			TRUE	Several specific codes	October 2013	18	Complete	TRUE	Deleted from CPT
45384	Colonoscopy, flexible; with removal of	Colonoscopy	January 2014	10			AGA, ASGE, ACG,	4.17	MPC List	September 2011	000	4.07	2.05	9.93	0.62	44,803	FALSE			TRUE	Several specific codes	October 2013	18	Complete	TRUE	Decrease
45385	Colonoscopy, flexible; with removal of	Colonoscopy	April 2019	13			AGA, ASGE, ACG,	4.57	MPC List / Codes Reported Together	October 2010	000	4.57	2.36	8.47	0.56	974,423	FALSE			TRUE	Several specific codes	October 2013	18	Complete	TRUE	Maintain
45386	Colonoscopy, flexible; with	Colonoscopy	January 2014	10			AGA, ASGE, ACG,	3.87	MPC List	September 2011	000	3.77	2.00	13.95	0.48	1,836	FALSE			TRUE	Several specific codes	October 2013	18	Complete	TRUE	Decrease
45387	Colonoscopy, flexible, proximal to	Colonoscopy	January 2014	10			AGA, ASGE, ACG,	Deleted from CPT	MPC List	September 2011							FALSE			TRUE	Several specific codes	October 2013	18	Complete	TRUE	Deleted from CPT
45388	Colonoscopy, flexible; with ablation of	Colonoscopy	January 2014	10			AGA, ASGE, ACG,	4.98	MPC List	January 2014	000	4.88	2.46	66.99	0.63	18,936	FALSE			FALSE		October 2013	18	Complete	TRUE	Decrease
45389	Colonoscopy, flexible; with endoscopic	Colonoscopy	January 2014	10			AGA, ASGE, ACG,	5.50	MPC List	January 2014	000	5.24	2.66		0.63	400	FALSE			FALSE		October 2013	18	Complete	TRUE	Decrease
45390	Colonoscopy, flexible; with endoscopic	Colonoscopy	January 2014	10			AGA, ASGE, ACG,	6.35	MPC List	January 2014	000	6.04	3.03		0.72	26,316	FALSE			FALSE		October 2013	18	Complete	TRUE	Decrease
45391	Colonoscopy, flexible; with endoscopic	Colonoscopy	January 2014	10			AGA, ASGE, ACG,	4.95	MPC List	September 2011	000	4.64	2.41		0.54	687	FALSE			TRUE	Several specific codes	October 2013	18	Complete	TRUE	Decrease
45392	Colonoscopy, flexible; with	Colonoscopy	January 2014	10			AGA, ASGE, ACG,	5.60	MPC List	September 2011	000	5.50	2.80		0.66	97	FALSE			TRUE	Several specific codes	October 2013	18	Complete	TRUE	Decrease
45393	Colonoscopy, flexible; with	Colonoscopy	January 2014	10			AGA, ASGE, ACG,	4.78	MPC List	January 2014	000	4.68	2.12		0.61	1,870	FALSE			FALSE		October 2013	18	Complete	TRUE	Decrease
45398	Colonoscopy, flexible; with band	Colonoscopy	January 2014	10			AGA, ASGE, ACG,	4.30	MPC List	January 2014	000	4.20	2.12	19.69	0.63	3,282	FALSE			FALSE		October 2013	18	Complete	TRUE	Decrease
46020	Placement of seton	Placement/Removal of	October 2020	16			ACS, ASCRS (col)	3.50	010-Day Global Post-Operative Visits2	October 2019	000	1.86	1.29		0.35	1,274	FALSE			FALSE					TRUE	Increase
46030	Removal of anal seton, other marker	Placement/ Removal of	October 2020	16			ACS, ASCRS (col)	2.00	010-Day Global Post-Operative Visits2	April 2020	000	1.48	0.87	5.89	0.24	286	FALSE			FALSE					TRUE	Increase
46200	Fissurectomy, including	Fissurectomy	September 2007	16			ACS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	3.59	6.06	10.13	0.61	758	FALSE			FALSE					TRUE	PE Only
46500	Injection of sclerosing solution,	Hemorrhoid Injection	January 2018	24			ACS, ASCRS (colon)	2.00	010-Day Global Post-Operative Visits /	January 2014	010	1.74	3.54	7.38	0.26	12,398	FALSE			FALSE					TRUE	Increase
47011	Hepatotomy; for percutaneous	Drainage of Abscess	January 2013	04				Deleted from CPT	Codes Reported Together 75% or More-	January 2012							FALSE			FALSE		October 2012	06	Complete	TRUE	Deleted from CPT
47135	Liver allotransplantation, orthotopic,	Liver Allotransplantation	September 2014	14			ACS, ASTS	91.78	090-Day Global Post-Operative Visits	January 2014	090	90.00	48.63		22.89	1,407	FALSE			FALSE					TRUE	Increase
47136	Liver allotransplantation; heterotopic,	RAW	April 2014	52			ACS, ASTS	Deleted from CPT	090-Day Global Post-Operative Visits	April 2014							FALSE			TRUE	Identified as part of 47135	October 2014	16	Complete	TRUE	Deleted from CPT
47382	Ablation, 1 or more liver tumor(s),	Interventional Radiology	October 2008	13			ACR, SIR	New PE Inputs	CMS Request - Practice Expense	NA	010	14.97	4.96	90.71	1.58	2,601	FALSE			FALSE					TRUE	PE Only
47490	Cholecystostomy, percutaneous,	Cholecystostomy	October 2009	04			ACR	4.76	CMS Fastest Growing	October 2008	010	4.76	4.56		0.47	12,012	FALSE			TRUE	This service was referred to	June 2009	17	CPT Editorial	TRUE	Decrease
47500	Injection procedure for percutaneous	Percutaneous Biliary	October 2015	06		RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% or More-	October 2012							FALSE			TRUE	The Joint Workgroup	February 2015	16	Complete	TRUE	Deleted from CPT
47505	Injection procedure for	Percutaneous Biliary	October 2015	06		RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% or More-	October 2012							FALSE			TRUE	The Joint Workgroup	February 2015	16	Complete	TRUE	Deleted from CPT
47510	Introduction of percutaneous	Percutaneous Biliary	October 2015	06		RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% or More-	October 2012							FALSE			TRUE	The Joint Workgroup	February 2015	16	Complete	TRUE	Deleted from CPT
47511	Introduction of percutaneous	Percutaneous Biliary	October 2015	06		RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% or More-	October 2012							FALSE			TRUE	The Joint Workgroup	February 2015	16	Complete	TRUE	Deleted from CPT
47525	Change of percutaneous biliary	Percutaneous Biliary	October 2015	06		RUC	ACR, SIR	Deleted from CPT	High IWPUT	February 2008							FALSE			FALSE		February 2015	16		TRUE	Deleted from CPT
47530	Revision and/or reinsertion of	Percutaneous Biliary	October 2015	06		RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% or More-	February 2015							FALSE			FALSE		February 2015	16		TRUE	Deleted from CPT
47531	Injection procedure for	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	1.30	Codes Reported Together 75% or More-	February 2015	000	1.30	0.63	11.05	0.13	6,459	FALSE			FALSE		February 2015	16		TRUE	Increase
47532	Injection procedure for	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	4.50	Codes Reported Together 75% or More-	February 2015	000	4.25	1.42	20.04	0.47	393	FALSE			FALSE		February 2015	16		TRUE	Increase
47533	Placement of biliary drainage catheter,	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	5.63	Codes Reported Together 75% or More-	February 2015	000	5.38	1.71	28.32	0.55	1,183	FALSE			FALSE		February 2015	16		TRUE	Increase
47534	Placement of biliary drainage catheter,	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	7.85	Codes Reported Together 75% or More-	February 2015	000	7.60	2.32	29.25	0.77	3,944	FALSE			FALSE		February 2015	16		TRUE	Increase
47535	Conversion of external biliary drainage	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	4.20	Codes Reported Together 75% or More-	February 2015	000	3.95	1.33	21.73	0.40	383	FALSE			FALSE		February 2015	16		TRUE	Increase
47536	Exchange of biliary drainage catheter	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	2.86	Codes Reported Together 75% or More-	February 2015	000	2.61	0.95	15.8	0.27	13,161	FALSE			FALSE		February 2015	16		TRUE	Increase
47537	Removal of biliary drainage catheter,	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	1.85	Codes Reported Together 75% or More-	February 2015	000	1.84	0.78	12.43	0.19	1,952	FALSE			FALSE		February 2015	16		TRUE	Increase
47538	Placement of stent(s) into a bile duct,	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	5.00	Codes Reported Together 75% or More-	February 2015	000	4.75	1.56	104.71	0.49	781	FALSE			FALSE		February 2015	16		TRUE	Increase
47539	Placement of stent(s) into a bile duct,	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	9.00	Codes Reported Together 75% or More-	February 2015	000	8.75	2.66	113.95	0.94	120	FALSE			FALSE		February 2015	16		TRUE	Increase
47540	Placement of stent(s) into a bile duct,	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	9.28	Codes Reported Together 75% or More-	February 2015	000	9.03	2.73	113.39	0.96	151	FALSE			FALSE		February 2015	16		TRUE	Increase
47541	Placement of access through the biliary	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	7.00	Codes Reported Together 75% or More-	February 2015	000	6.75	2.27	26.81	0.72	135	FALSE			FALSE		February 2015	16		TRUE	Increase
47542	Balloon dilation of biliary duct(s) or of	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	2.85	Codes Reported Together 75% or More-	February 2015	ZZZ	2.85	0.78	11.5	0.30	1,031	FALSE			FALSE		February 2015	16		TRUE	Increase
47543	Endoluminal biopsy(ies) of biliary tree,	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	3.00	Codes Reported Together 75% or More-	February 2015	ZZZ	3.00	0.84	8.24	0.31	615	FALSE			FALSE		February 2015	16		TRUE	Increase
47544	Removal of calculi/debris from biliary	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	3.28	Codes Reported Together 75% or More-	February 2015	ZZZ	3.28	0.90	20.93	0.35	281	FALSE			TRUE	The committee noted that	February 2015	16	Complete	TRUE	Increase
47560	Laparoscopy, surgical; with guided	RAW	October 2013	18				Deleted from CPT	CMS Request - Final Rule for 2014	July 2013							FALSE			FALSE					TRUE	Maintain
47562	Laparoscopy, surgical; cholecystectomy	RAW review	September 2014	21			ACS	Maintain work RVU and adjust	CMS High Expenditure Procedural	September 2011	090	10.47	6.81		2.64	75,951	FALSE			FALSE					TRUE	Maintain
47563	Laparoscopy, surgical; cholecystectomy	RAW review	October 2013	18				No further action. 12.11	CMS High Expenditure Procedural	September 2011	090	11.47	7.29		2.89	31,109	FALSE			FALSE					TRUE	Maintain
47600	Cholecystectomy;	Cholecystectomy	April 2012	36			ACS, SAGES	20.00	CMS Request - Final Rule for 2012	September 2011	090	17.48	10.36		4.34	5,266	FALSE			FALSE					TRUE	Increase
47605	Cholecystectomy; with cholangiography	Cholecystectomy	April 2012	36			ACS, SAGES	21.00	CMS Request - Final Rule for 2012	September 2011	090	18.48	10.75		4.64	719	FALSE			FALSE					TRUE	Increase
48102	Biopsy of pancreas, percutaneous	Percutaneous Needle	September 2007	16			SIR	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	010	4.70	1.74	10.02	0.47	583	FALSE			FALSE					TRUE	PE Only
48511	External drainage, pseudocyst of	Drainage of Abscess	January 2013	04				Deleted from CPT	Codes Reported Together 75% or More-	January 2012							FALSE			FALSE		October 2012	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% or More-	January 2012							FALSE			FALSE		October 2012	06	Complete	TRUE	Deleted from CPT
49041	Drainage of subdiaphragmatic or	Drainage of Abscess	January 2013	04			ACR, SIR	Deleted from CPT	Codes Reported Together 75% or More-	January 2012							FALSE			FALSE		October 2012	06	Complete	TRUE	Deleted from CPT
49061	Drainage of retroperitoneal abscess;	Drainage of Abscess	January 2013	04			ACR, SIR	Deleted from CPT	Codes Reported Together 75% or More-	January 2012							FALSE			FALSE		October 2012	06	Complete	TRUE	Deleted from CPT
49080	Peritoneocentesis, abdominal	Peritoneocentesis	October 2010	5			ACR, AGA, ASGE,	Deleted from CPT	Harvard Valued - Utilization over	October 2009							FALSE			TRUE	The specialty reported to the	June 2010	09	Complete	TRUE	Deleted from CPT
49081	Peritoneocentesis, abdominal	Peritoneocentesis	October 2010	5			ACR, AGA, ASGE,	Deleted from CPT	Harvard Valued - Utilization over	February 2010							FALSE			FALSE		June 2010	09		TRUE	Deleted from CPT
49082	Abdominal paracentesis (diagnostic or	Abdominal Paracentesis	October 2010	05			ACR, ACS, AGA,	1.35	Harvard Valued - Utilization over	February 2010	000	1.24	0.75	4.92	0.19	9,041	FALSE			FALSE		June 2010	09		TRUE	Decrease
49083	Abdominal paracentesis (diagnostic or	Abdominal Paracentesis	October 2010	05			ACR, ACS, AGA,	2.00	Harvard Valued - Utilization over	February 2010	000	2.00	0.92	6.51	0.20	242,716	FALSE			FALSE		June 2010	09		TRUE	Decrease
49084	Peritoneal lavage, including imaging	Abdominal Paracentesis	October 2010	05			ACR, ACS, AGA,	2.50	Harvard Valued - Utilization over	February 2010	000	2.00	0.72		0.45	1,495	FALSE			FALSE		June 2010	09		TRUE	Increase
49405	Image-guided fluid collection drainage	Drainage of Abscess	January 2013	04			ACR, SIR	4.25	Codes Reported Together 75% or More-	January 2012	000	4.00	1.27	21.7	0.40	4,897	FALSE			FALSE		October 2012	06	Complete	TRUE	Decrease
49406	Image-guided fluid collection drainage	Drainage of Abscess	January 2013	04			ACR, SIR	4.25	Codes Reported Together 75% or More-	January 2012	000	4.00	1.27	21.71	0.40	28,883	FALSE			FALSE		October 2012	06	Complete	TRUE	Decrease
49407	Image-guided fluid collection drainage	Drainage of Abscess	January 2013	04			ACR, SIR	4.50	Codes Reported Together 75% or More-	January 2012	000	4.25	1.28	17.55	0.48	149	FALSE			FALSE		October 2012	06	Complete	TRUE	Decrease
49418	Insertion of tunneled intraperitoneal	Intraperitoneal Catheter	April 2010	11			ACS, ACR, SIR	4.21	Site of Service Anomaly	February 2010	000	3.96	1.46	24.53	0.43	6,786	FALSE			FALSE		February 2010	30		TRUE	Decrease
49420	Deleted from CPT	Insertion of	October 2009	40			ACS	Deleted from CPT	Site of Service Anomaly	April 2008							FALSE			TRUE	At the April 2008 RUC meeting,	February 2010	30	Deleted	TRUE	Deleted from CPT
49421	Insertion of tunneled intraperitoneal	Intraperitoneal Catheter	April 2010	11			ACS, ACR, SIR	4.21	Site of Service Anomaly	September 2007	000	4.21	1.51		1.01	1,077	FALSE			TRUE	At the April 2008 RUC meeting,	February 2010	30	Revised	TRUE	Decrease
49422	Removal of tunneled intraperitoneal	Removal of	April 2017	14			ACS, SVS	4.00	Site of Service Anomaly - 2016	October 2016	000	4.00	1.63		0.95	10,313	FALSE			FALSE					TRUE	Decrease
49436	Delayed creation of exit site from	Delayed Creation of Exit	January 2022	16	January 2027	RAW	ACS	PE Inputs	CMS Request - Final Rule for 2022	November 2021	010	2.72	2.20	12.67	0.69	246	FALSE			FALSE					TRUE	PE Only
49505	Repair initial inguinal hernia, age 5 years	RAW review	January 2012	30			ACS	Reaffirmed	CMS High Expenditure Procedural	September 2011	090	7.96	5.85		2.01	37,728	FALSE			FALSE					TRUE	Maintain
49507	Repair initial inguinal hernia, age 5 years	Hernia Repair	February 2011	29			ACS	10.05	Site of Service Anomaly	September 2007	090	9.09	6.40		2.28	8,147	FALSE			FALSE					TRUE	Maintain
49521	Repair recurrent inguinal hernia, any	Hernia Repair	February 2011	29			ACS	12.44	Site of Service Anomaly	September 2007	090	11.48	7.26		2.88	1,465	FALSE			FALSE					TRUE	Maintain
49560	Repair initial incisional or ventral hernia;	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090					14,923	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49561	Repair initial incisional or ventral hernia;	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090					9,579	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49565	Repair recurrent incisional or ventral	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	Deleted from CPT	Site of Service Anomaly - 2019	October 2019	090					3,102	FALSE			TRUE	In October 2019, the Relativity	February 2021	18	complete	TRUE	Deleted from CPT
49566	Repair recurrent incisional or ventral	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090					2,432	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49568	Implantation of mesh or other	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	ZZZ					18,598	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49570	Repair epigastric hernia (eg,	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090					452	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49572	Repair epigastric hernia (eg,	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090					389	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49580	Repair umbilical hernia, younger than	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090					2	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49582	Repair umbilical hernia, younger than	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090					-	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49585	Repair umbilical hernia, age 5 years or	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090					14,177	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49587	Repair umbilical hernia, age 5 years or	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	Deleted from CPT	Site of Service Anomaly	September 2007	090					6,075	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49590	Repair spigelian hernia	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090					506	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49591	Repair of anterior abdominal hernia(s)	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	6.27	Site of Service Anomaly - 2019	February 2021	000	5.96	2.80		1.49		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease
49592	Repair of anterior abdominal hernia(s)	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	9.00	Site of Service Anomaly - 2019	February 2021	000	8.46	3.65		2.13		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease
49593	Repair of anterior abdominal hernia(s)	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	10.80	Site of Service Anomaly - 2019	February 2021	000	10.26	4.33		2.56		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease
49594	Repair of anterior abdominal hernia(s)	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	14.00	Site of Service Anomaly - 2019	February 2021	000	13.46	5.48		3.38		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease
49595	Repair of anterior abdominal hernia(s)	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	14.88	Site of Service Anomaly - 2019	February 2021	000	13.94	5.68		3.45		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease
49596	Repair of anterior abdominal hernia(s)	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	20.00	Site of Service Anomaly - 2019	February 2021	000	18.67	7.38		4.55		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease
49613	Repair of anterior abdominal hernia(s)	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	7.75	Site of Service Anomaly - 2019	February 2021	000	7.42	3.39		1.82		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease
49614	Repair of anterior abdominal hernia(s)	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	10.79	Site of Service Anomaly - 2019	February 2021	000	10.25	4.31		2.54		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease
49615	Repair of anterior abdominal hernia(s)	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	12.00	Site of Service Anomaly - 2019	February 2021	000	11.46	4.83		2.83		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease
49616	Repair of anterior abdominal hernia(s)	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	16.50	Site of Service Anomaly - 2019	February 2021	000	15.55	6.26		3.88		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease
49617	Repair of anterior abdominal hernia(s)	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	16.97	Site of Service Anomaly - 2019	February 2021	000	16.03	6.55		3.89		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease
49618	Repair of anterior abdominal hernia(s)	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	24.00	Site of Service Anomaly - 2019	February 2021	000	22.67	8.87		5.54		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease
49621	Repair of parastomal hernia, any	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	14.24	Site of Service Anomaly - 2019	February 2021	000	13.70	5.45		3.04		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease
49622	Repair of parastomal hernia, any	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	18.00	Site of Service Anomaly - 2019	February 2021	000	17.06	6.58		3.72		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease
49623	Removal of total or near total non-	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	5.00	Site of Service Anomaly - 2019	February 2021	ZZZ	3.75	1.34		0.79		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease
49652	Laparoscopy, surgical, repair, ventral,	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	Deleted from CPT	Site of Service Anomaly	June 2010	090					9,196	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49653	Laparoscopy, surgical, repair, ventral,	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	Deleted from CPT	Site of Service Anomaly	June 2010	090					6,826	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49654	Laparoscopy, surgical, repair, incisional	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	Deleted from CPT	Site of Service Anomaly	June 2010	090					6,939	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49655	Laparoscopy, surgical, repair, incisional	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	Deleted from CPT	Site of Service Anomaly	June 2010	090					4,967	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49656	Laparoscopy, surgical, repair, recurrent	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090					1,392	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
49657	Laparoscopy, surgical, repair, recurrent	Anterior Abdominal	April 2021	09			ACS, ASCRS (col),	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090					1,546	FALSE			FALSE		February 2021	18	complete	TRUE	Deleted from CPT
50021	Drainage of perirenal or renal abscess;	Drainage of Abscess	January 2013	04				Deleted from CPT	Codes Reported Together 75% or More-	January 2012							FALSE			FALSE		October 2012	06	Complete	TRUE	Deleted from CPT
50080	Percutaneous nephrolithotomy or	Percutaneous	January 2022	08			AUA	13.50	Site of Service Anomaly - 2019	October 2019	090	12.41	6.86		1.52	2,029	FALSE			TRUE	In January 2020, the specialty	September	22	complete	TRUE	Decrease
50081	Percutaneous nephrolithotomy or	Percutaneous	January 2022	08			AUA	22.00	Site of Service Anomaly - 2019	October 2019	090	20.91	9.98		2.55	5,760	FALSE			TRUE	In January 2020, the specialty	September	22	complete	TRUE	Decrease
50200	Renal biopsy; percutaneous, by trocar	Interventional Radiology	October 2008	13			ACR, SIR	New PE Inputs	CMS Request - Practice Expense	NA	000	2.38	1.10	12.58	0.24	31,892	FALSE			FALSE					TRUE	PE Only
50360	Renal allotransplantation, implantation	Renal Allotransplantation	April 2013	21			ACR, SIR	40.90	Harvard-Valued Annual Allowed	July 2012	090	39.88	23.36		9.87	10,485	FALSE			FALSE					TRUE	Maintain
50387	Removal and replacement of externally	Genitourinary Catheter	January 2015	09			ACR, SIR	2.00	Codes Reported Together 75% or More-	October 2012	000	1.75	0.49	14.32	0.18	7,656	FALSE			FALSE		October 2014	18	Complete	TRUE	Maintain
50392	Introduction of intracatheter or	Genitourinary Catheter	January 2015	09			ACR, SIR	Deleted from CPT	Codes Reported Together 75% or More-	October 2012							FALSE			TRUE	The Joint Workgroup	October 2014	18	Complete	TRUE	Deleted from CPT
50393	Introduction of ureteral catheter or	Genitourinary Catheter	January 2015	09			ACR, SIR	Deleted from CPT	Codes Reported Together 75% or More-	October 2012							FALSE			TRUE	The Joint Workgroup	October 2014	18	Complete	TRUE	Deleted from CPT
50394	Injection procedure for pyelography (as	Genitourinary Catheter	January 2015	09			ACR, SIR	Deleted from CPT	Codes Reported Together 75% or More-	October 2012							FALSE			TRUE	The Joint Workgroup	October 2014	18	Complete	TRUE	Deleted from CPT
50395	Introduction of guide into renal pelvis	Dilation of Urinary Tract	January 2018	12			ACR, SIR	Deleted from CPT	Codes Reported Together 75% or More-	October 2014							FALSE			TRUE	In January 2015, the specialties	September	19	complete	TRUE	Deleted from CPT
50398	Change of nephrostomy or pyelostomy	Genitourinary Catheter	January 2015	09			ACR, SIR	Deleted from CPT	Codes Reported Together 75% or More-	October 2012							FALSE			TRUE	The Joint Workgroup	October 2014	18	Complete	TRUE	Deleted from CPT

50430	Injection procedure for antegrade	Genitourinary Catheter	January 2015	09			ACR, SIR	3.15	Codes Reported Together 75% or More-	October 2014	000	2.90	1.29	15.52	0.31	810	FALSE			FALSE		October 2014	18	Complete	TRUE	Increase
50431	Injection procedure for antegrade	Genitourinary Catheter	January 2015	09			ACR, SIR	1.42	Codes Reported Together 75% or More-	October 2014	000	1.10	0.73	8.31	0.12	7,040	FALSE			FALSE		October 2014	18	Complete	TRUE	Increase
50432	Placement of nephrostomy catheter,	Dilation of Urinary Tract	January 2018	12			ACR, SIR	4.00	Codes Reported Together 75% or More-	October 2014	000	4.00	1.56	22.33	0.40	28,826	FALSE			FALSE		October 2014	18	Complete	TRUE	Maintain
50433	Placement of nephroureteral catheter,	Dilation of Urinary Tract	January 2018	12				5.05	Codes Reported Together 75% or More-	September 2017	000	5.05	1.83	27.71	0.52	5,403	FALSE			FALSE					TRUE	Maintain
50434	Convert nephrostomy catheter to	Genitourinary Catheter	January 2015	09			ACR, SIR	4.20	Codes Reported Together 75% or More-	October 2014	000	3.75	1.41	22.57	0.40	2,094	FALSE			FALSE		October 2014	18	Complete	TRUE	Increase
50435	Exchange nephrostomy catheter,	Genitourinary Catheter	January 2015	09			ACR, SIR	2.00	Codes Reported Together 75% or More-	October 2014	000	1.82	0.91	15.59	0.19	48,218	FALSE			FALSE		October 2014	18	Complete	TRUE	Increase
50436	Dilation of existing tract, percutaneous,	Dilation of Urinary Tract	January 2018	12				3.37	Codes Reported Together 75% or More-	September 2017	000	2.78	1.31		0.29	395	FALSE			FALSE					TRUE	Decrease
50437	Dilation of existing tract, percutaneous,	Dilation of Urinary Tract	January 2018	12				5.44	Codes Reported Together 75% or More-	September 2017	000	4.85	1.93		0.47	528	FALSE			FALSE					TRUE	Decrease
50542	Laparoscopy, surgical; ablation of renal	Laproscopic Procedures	October 2008	26			AUA	Remove from screen	CMS Fastest Growing	October 2008	090	21.36	10.53		2.63	99	FALSE			FALSE					TRUE	Remove from Screen
50548	Laparoscopy, surgical; nephrectomy	Laproscopic Procedures	October 2008	26			AUA	Remove from screen	CMS Fastest Growing	October 2008	090	25.36	11.31		3.15	2,106	FALSE			FALSE					TRUE	Remove from Screen
50590	Lithotripsy, extracorporeal shock wave	Lithotripsy	April 2012	42			AUA	9.77	CMS High Expenditure Procedural	September 2011	090	9.77	6.17	11.28	1.21	41,182	FALSE			FALSE					TRUE	Maintain
50605	Ureterotomy for insertion of indwelling	Ureterotomy	October 2015	21		RAW	AUA, SIR	Review action plan at the RAW	CMS Fastest Growing / CPT Assistant	October 2008	090	16.79	9.56		3.87	2,207	TRUE	Dec 2009	Yes	FALSE					TRUE	Maintain
50606	Endoluminal biopsy of ureter and/or	Genitourinary Catheter	April 2015	08			ACR, SIR	3.16	Codes Reported Together 75% or More-	October 2014	ZZZ	3.16	0.51	10.72	0.39	56	FALSE			TRUE		October 2014	18	Complete	TRUE	Increase
50693	Placement of ureteral stent,	Genitourinary Catheter	January 2015	09			ACR, SIR	4.60	Codes Reported Together 75% or More-	October 2014	000	3.96	1.57	24.91	0.40	3,391	FALSE			FALSE		October 2014	18	Complete	TRUE	Increase
50694	Placement of ureteral stent,	Genitourinary Catheter	January 2015	09			ACR, SIR	6.00	Codes Reported Together 75% or More-	October 2014	000	5.25	1.97	27.05	0.52	695	FALSE			FALSE		October 2014	18	Complete	TRUE	Increase
50695	Placement of ureteral stent,	Genitourinary Catheter	January 2015	09			ACR, SIR	7.55	Codes Reported Together 75% or More-	October 2014	000	6.80	2.44	31.93	0.69	940	FALSE			FALSE		October 2014	18	Complete	TRUE	Increase
50705	Ureteral embolization or occlusion,	Genitourinary Catheter	April 2015	08			ACR, SIR	4.03	Codes Reported Together 75% or More-	October 2014	ZZZ	4.03	0.65	49.19	0.49	58	FALSE			TRUE		October 2014	18	Complete	TRUE	Increase
50706	Balloon dilation, ureteral stricture,	Genitourinary Catheter	April 2015	08			ACR, SIR	3.80	Codes Reported Together 75% or More-	October 2014	ZZZ	3.80	1.05	20.45	0.40	1,097	FALSE			TRUE		October 2014	18	Complete	TRUE	Increase
51040	Cystostomy, cystotomy with drainage	Cystostomy	September 2007	16			AUA	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	4.49	3.76		0.55	4,128	FALSE			FALSE					TRUE	PE Only
51102	Aspiration of bladder; with insertion of	Urological Procedures	April 2008	45			AUA	2.70	Site of Service Anomaly	September 2007	000	2.70	1.21	4.15	0.31	12,977	FALSE			FALSE					TRUE	Decrease
51700	Bladder irrigation, simple, lavage and/or	Bladder Catheter	January 2016	32			AUA	0.60	CMS High Expenditure Procedural	July 2015	000	0.60	0.21	1.62	0.08	172,260	FALSE			FALSE					TRUE	Decrease
51701	Insertion of non-indwelling bladder	Bladder Catheter	January 2016	32			AUA	0.50	CMS High Expenditure Procedural	July 2015	000	0.50	0.19	0.77	0.07	139,810	FALSE			FALSE					TRUE	Maintain
51702	Insertion of temporary indwelling	Bladder Catheter	January 2016	32			AUA	0.50	CMS High Expenditure Procedural	July 2015	000	0.50	0.19	1.31	0.06	218,125	FALSE			FALSE					TRUE	Maintain
51703	Insertion of temporary indwelling	Bladder Catheter	January 2016	32			AUA	1.47	CMS High Expenditure Procedural	July 2015	000	1.47	0.61	2.84	0.18	50,484	FALSE			FALSE					TRUE	Maintain
51720	Bladder instillation of anticarcinogenic	Treatment of Bladder	January 2016	33			AUA	0.87	CMS High Expenditure Procedural	July 2015	000	0.87	0.31	1.68	0.11	157,422	FALSE			FALSE					TRUE	Decrease
51726	Complex cystometrogram (ie, calibrated	Urodynamic Studies	April 2009	16			AUA, ACOG	1.71	Codes Reported Together 95% or More	February 2008	000	1.71	NA	7.13	0.17	2,860	FALSE			TRUE	Referred to the CPT Editorial	February 2009	24	Complete	TRUE	Maintain
51727	Complex cystometrogram (ie, calibrated	Urodynamic Studies	April 2009	16			AUA, ACOG	2.11	Codes Reported Together 95% or More	February 2009	000	2.11	NA	8.62	0.25	1,764	FALSE			FALSE					TRUE	Decrease
51728	Complex cystometrogram (ie, calibrated	Urodynamic Studies	September 2022	13			AUA, ACOG	Refer to CPT Assistant. 2.11	Codes Reported Together 95% or More	February 2009	000	2.11	NA	8.59	0.21	80,110	TRUE	Aug 2024	Yes	FALSE					FALSE	Decrease
51729	Complex cystometrogram (ie, calibrated	Urodynamic Studies	September 2022	13			AUA, ACOG	Refer to CPT Assistant. 2.51	Codes Reported Together 95% or More	February 2009	000	2.51	NA	8.71	0.29	49,749	TRUE	Aug 2024	Yes	FALSE					FALSE	Decrease
51736	Simple uroflowmetry (UFR) (eg, stop-	Uroflowmetry	October 2010	11			AUA	0.17	Harvard Valued - Utilization over	February 2010	XXX	0.17	NA	0.22	0.02	9,095	FALSE			FALSE					TRUE	Decrease
51741	Complex uroflowmetry (eg, calibrated	Uroflowmetry	September 2022	13			AUA	Refer to CPT Assistant. 0.17	Harvard Valued - Utilization over	October 2009	XXX	0.17	NA	0.23	0.03	329,247	TRUE	Aug 2024	Yes	FALSE					FALSE	Decrease
51772	Deleted from CPT	Urodynamic Studies	April 2009	16			AUA	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	Referred to the CPT Editorial	February 2009	24	Code Deleted	TRUE	Deleted from CPT
51784	Electromyography studies (EMG) of	Electromyography	September 2022	13			AUA	Refer to CPT Assistant. 0.75.	Codes Reported Together 75% or More-	October 2012	XXX	0.75	NA	1.1	0.08	119,552	TRUE	Aug 2024	Yes	TRUE	The Joint Workgroup referred	February 2014	34	Yes	FALSE	Decrease
51792	Stimulus evoked response (eg,	Urinary Reflex Studies	January 2019	37			AUA	CPT edits and CPT Assistant	Codes Reported Together 75% or More-	October 2012	000	1.10	NA	6.95	0.17	4,062	TRUE	Feb 2014	Yes	TRUE	The Joint Workgroup referred	February 2014	34	Complete	TRUE	Maintain
51795	Deleted from CPT	Urology Studies	February 2008	S				Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	Referred to the CPT Editorial	February 2009	24	Code Deleted	TRUE	Deleted from CPT
51797	Voiding pressure studies, intra-	Urology Studies	February 2008	S				0.80	Codes Reported Together 95% or More	February 2008	ZZZ	0.80	NA	4.79	0.08	93,588	FALSE			TRUE	Referred to the CPT Editorial	February 2009	24	Code Revised	TRUE	Maintain
51798	Measurement of post-voiding residual	Voiding Pressure Studies	April 2016	25			AUA	PE Only	CMS High Expenditure Procedural	July 2015	XXX	0.00	NA	0.33	0.01	1,883,773	FALSE			FALSE					TRUE	PE Only
52000	Cystourethroscopy (separate	Cystourethroscopy	January 2016	35			AUA, ACOG	1.75	MPC List / CMS High Expenditure	October 2010	000	1.53	0.66	5.47	0.19	770,017	FALSE			FALSE					TRUE	Decrease
52214	Cystourethroscopy, with fulguration	Cystourethroscopy	October 2017	19			AUA	3.50	High Volume Growth1 / CPT Assistant	June 2008	000	3.50	1.23	18.39	0.42	15,192	TRUE	Aug 2009 and	Yes	FALSE					TRUE	Decrease
52224	Cystourethroscopy, with fulguration	Cystourethroscopy	October 2017	19			AUA	4.05	High Volume Growth1 / CPT Assistant	February 2008	000	4.05	1.42	18.77	0.49	27,619	TRUE	Aug 2009 and	Yes	FALSE					TRUE	Increase
52234	Cystourethroscopy, with fulguration	Cystourethroscopy and	January 2021	29			AUA	4.62	Harvard Valued - Utilization over	September 2011	000	4.62	2.07		0.56	23,602	TRUE	May 2016	Yes	FALSE					TRUE	Maintain
52235	Cystourethroscopy, with fulguration	Cystourethroscopy and	October 2017	19			AUA	5.44	Harvard Valued - Utilization over	April 2011	000	5.44	2.40		0.67	30,890	TRUE	May 2016	Yes	FALSE					TRUE	Maintain
52240	Cystourethroscopy, with fulguration	Cystourethroscopy and	January 2021	29			AUA	8.75	Harvard Valued - Utilization over	September 2011	000	7.50	3.13		0.92	19,470	TRUE	May 2016	Yes	FALSE					TRUE	Decrease
52281	Cystourethroscopy, with calibration	Cystourethroscopy	April 2010	38			AUA	2.80	Harvard Valued - Utilization over	October 2009	000	2.75	1.41	6.7	0.34	49,376	FALSE			FALSE					TRUE	Maintain
52287	Cystourethroscopy, with injection(s) for		January 2020	37				Remove from Screen	High Volume Growth6	October 2019	000	3.20	1.38	8.01	0.41	60,498	FALSE			FALSE					TRUE	Remove from Screen
52332	Cystourethroscopy, with insertion of	Cystourethroscopy	April 2013	13			AUA	2.82	Harvard Valued - Utilization over	October 2009	000	2.82	1.43	8.82	0.35	135,354	FALSE			TRUE	The Joint Workgroup	February 2013	15	Complete	TRUE	Maintain
52334	Cystourethroscopy with insertion of	Dilation of Urinary Tract	January 2018	12				3.37	Codes Reported Together 75% or More-	September 2017	000	3.37	1.62		0.40	234	FALSE			FALSE					TRUE	Decrease
52341	Cystourethroscopy; with treatment of	Urological Procedures	October 2010	65			AUA	5.35	Site of Service Anomaly	April 2008	000	5.35	2.37		0.66	1,850	FALSE			FALSE					TRUE	Decrease
52342	Cystourethroscopy; with treatment of	Urological Procedures	October 2010	65			AUA	5.85	Site of Service Anomaly	April 2008	000	5.85	2.55		0.72	143	FALSE			FALSE					TRUE	Decrease
52343	Cystourethroscopy; with treatment of	Urological Procedures	October 2010	65			AUA	6.55	Site of Service Anomaly	April 2008	000	6.55	2.79		0.79	24	FALSE			FALSE					TRUE	Decrease
52344	Cystourethroscopy with ureteroscopy;	Urological Procedures	October 2010	65			AUA	7.05	Site of Service Anomaly	September 2007	000	7.05	2.97		0.87	3,092	FALSE			FALSE					TRUE	Decrease
52345	Cystourethroscopy with ureteroscopy;	Urological Procedures	October 2010	65			AUA	7.55	Site of Service Anomaly	April 2008	000	7.55	3.14		0.93	403	FALSE			FALSE					TRUE	Decrease
52346	Cystourethroscopy with ureteroscopy;	Urological Procedures	October 2010	65			AUA	8.58	Site of Service Anomaly	April 2008	000	8.58	3.50		1.06	415	FALSE			FALSE					TRUE	Decrease
52351	Cystourethroscopy, with ureteroscopy	Cystourethroscopy and	September 2011	23			AUA	5.75	Harvard Valued - Utilization over	September 2011	000	5.75	2.47		0.71	21,054	FALSE			FALSE					TRUE	Decrease
52352	Cystourethroscopy, with ureteroscopy	Cystourethroscopy and	September 2011	23			AUA	6.75	Harvard Valued - Utilization over	September 2011	000	6.75	2.86		0.82	19,659	FALSE			FALSE					TRUE	Decrease
52353	Cystourethroscopy, with ureteroscopy	Cystourethroscopy	April 2013	13			AUA	7.50	Harvard Valued - Utilization over	April 2011	000	7.50	3.12		0.92	10,320	FALSE			TRUE	The Joint Workgroup	February 2013	15	Complete	TRUE	Decrease
52354	Cystourethroscopy, with ureteroscopy	Cystourethroscopy and	September 2011	23			AUA	8.58	Harvard Valued - Utilization over	September 2011	000	8.00	3.30		0.98	8,347	FALSE			FALSE					TRUE	Increase
52355	Cystourethroscopy, with ureteroscopy	Cystourethroscopy and	September 2011	23			AUA	10.00	Harvard Valued - Utilization over	September 2011	000	9.00	3.65		1.11	733	FALSE			FALSE					TRUE	Increase
52356	Cystourethroscopy, with ureteroscopy	Cystourethroscopy	April 2013	13			AUA	8.00	Codes Reported Together 75% or More-	January 2013	000	8.00	3.26		0.98	82,797	FALSE			FALSE					TRUE	Decrease
52400	Cystourethroscopy with incision,	Urological Procedures	October 2010	65			AUA	8.69	Site of Service Anomaly	September 2007	090	8.69	4.46		1.08	64	FALSE			FALSE					TRUE	Decrease
52442	Cystourethroscopy, with insertion of	PE Subcommittee	October 2020	24			AUA, AACU	Maintain	PE Units Screen	April 2020	ZZZ	1.01	0.36	24.51	0.12	90,771	FALSE			FALSE					TRUE	Maintain
52500	Transurethral resection of bladder neck	Transurethral Robotic-	September 2024	07			AUA	6.00	Site of Service Anomaly	September 2007	090	8.14	5.67		1.01	2,334	FALSE			FALSE		May 2024	08	Complete	TRUE	Decrease
52601	Transurethral electrosurgical resection	Transurethral Robotic-	September 2024	07			AUA	10.00	Site of Service Anomaly - 2015	October 2015	090	13.16	6.96		1.61	39,607	FALSE			FALSE		May 2024	08	Complete	TRUE	Decrease
52630	Transurethral resection; residual or	Transurethral Robotic-	September 2024	07			AUA	6.55	High Volume Category III Codes 2023	May 2024	090	6.55	4.86	NA	0.79	4,929	FALSE			FALSE		May 2024	08	Complete	TRUE	Maintain
52640	Transurethral resection; of	Urological Procedures	April 2008	45			AUA	4.79	Site of Service Anomaly	September 2007	090	4.79	4.37		0.58	1,129	FALSE			FALSE					TRUE	Decrease
52647	Laser coagulation of prostate, including	Transurethral Robotic-	September 2024	07			AUA	Deleted from CPT	High Volume Category III Codes 2023	May 2024	090	11.30	6.77	34.07	1.38	90	FALSE			FALSE		September		Complete	TRUE	Deleted from CPT
52648	Laser vaporization of prostate, including	Transurethral Robotic-	September 2024	07			AUA	10.05	High Volume Growth1	February 2008	090	12.15	7.08	34.57	1.49	14,767	FALSE			FALSE		May 2024	08	Complete	TRUE	Decrease
52649	Laser enucleation of the prostate with	Transurethral Robotic-	September 2024	07			AUA	14.56	High Volume Category III Codes 2023	May 2024	090	14.56	8.31	NA	1.77	7,122	FALSE			FALSE		May 2024	08	Complete	TRUE	Maintain
52XX1		Transurethral Robotic-	September 2024	07			AUA	10.25	High Volume Category III Codes 2023	May 2024	090						FALSE			FALSE		May 2024	08	Complete	TRUE	Decrease
53445	Insertion of inflatable urethral/bladder	Urological Procedures	February 2011	31			AUA	13.00	Site of Service Anomaly	September 2007	090	13.00	8.07		1.59	1,959	FALSE			FALSE					TRUE	Decrease
53850	Transurethral destruction of prostate	Transurethral	April 2012	43			AUA	10.08	CMS High Expenditure Procedural	September 2011	090	5.42	4.64	36.11	0.66	950	FALSE			FALSE					TRUE	Maintain
54405	Insertion of multi-component,	Urological Procedures	April 2008	45			AUA	14.39	Site of Service Anomaly	September 2007	090	14.52	7.84		1.76	4,474	FALSE			FALSE					TRUE	Maintain
54410	Removal and replacement of all	Urological Procedures	February 2011	31			AUA	15.18	Site of Service Anomaly	September 2007	090	15.18	8.78		1.85	1,130	FALSE			FALSE					TRUE	Decrease
54520	Orchiectomy, simple (including	Removal of Testical	September 2007	16			AUA	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	5.30	3.87		0.72	1,941	FALSE			FALSE					TRUE	PE Only
54530	Orchiectomy, radical, for tumor;	Urological Procedures	October 2010	65			AUA	8.46	Site of Service Anomaly	September 2007	090	8.46	5.76		1.08	1,012	FALSE			FALSE					TRUE	Decrease
55700	Biopsy, prostate; needle or punch,	Prostate Biopsy Services	September 2024	08			ACR, AUA	Deleted from CPT	CMS High Expenditure Procedural	July 2015	000	2.50	1.05	4.42	0.31	139,388	FALSE			TRUE	In April 2022, the Workgroup	May 2024	15	Deleted	TRUE	Deleted from CPT
55705	Biopsy, prostate, any approach,	Prostate Biopsy Services	September 2024	08	April 2025	RUC	ACR, AUA, OEIS, SIR	1.93. Refer to CPT	Codes Reported Together 75% or More-	May 2024	000	4.61	2.75	NA	0.56	58	FALSE			TRUE	In September 2024, the RUC	February 2025;			FALSE	Decrease
55706	Biopsies, prostate, needle,	Prostate Biopsy Services	September 2024	08	April 2025	RUC	ACR, AUA, OEIS, SIR	4.27. Refer to CPT	010-Day Global Post-Operative Visits /	January 2014	000	6.28	4.23		0.75	3,387	FALSE			TRUE	In September 2024, the RUC	February 2025;			FALSE	Decrease
55840	Prostatectomy, retropubic radical, with	Laparoscopic	September 2024	06			AUA	21.36	CMS Request - Final Rule for 2014 /	October 2013	090	21.36	10.82		2.65	1,119	FALSE			FALSE		May 2024	12	complete	TRUE	Decrease
55842	Prostatectomy, retropubic radical, with	Laparoscopic	September 2024	06			AUA	21.36	CMS Request - Final Rule for 2014 /	October 2013	090	21.36	10.81		2.64	78	FALSE			FALSE		May 2024	12	complete	TRUE	Decrease
55845	Prostatectomy, retropubic radical, with	Laparoscopic	September 2024	06			AUA	25.18	CMS Request - Final Rule for 2014 /	July 2013	090	25.18	12.17		3.12	497	FALSE			FALSE		May 2024	12	complete	TRUE	Decrease
55866	Laparoscopy, surgical prostatectomy,	Laparoscopic	September 2024	06			AUA	22.46	New Technology / CMS Fastest	September 2007	090	22.46	10.33		2.74	19,034	FALSE			TRUE	In April 2023, the RAW	May 2024	12	complete	TRUE	Decrease
55867	Laparoscopy, surgical prostatectomy,	Laparoscopic	September 2024	06			AUA	19.53	Codes Reported Together 75% or More-	May 2024	090	19.53	9.30	NA	2.38	-	FALSE			FALSE		May 2024	12	complete	TRUE	Maintain
55873	Cryosurgical ablation of the prostate	Cryoablation of Prostate	February 2009	25			AUA	13.45	CMS Request - Practice Expense	September 2007	090	13.60	7.59	154.94	1.65	1,134	FALSE			FALSE					TRUE	Decrease
55875	Transperineal placement of needles or	RAW	October 2015	21				Review data at RAW	RUC request	April 2015	090	13.46	8.41		1.44	4,859	FALSE			FALSE					TRUE	Not Part of RAW
558X1		Laparoscopic	September 2024	06			AUA	22.46	Codes Reported Together 75% or More-	May 2024	090						FALSE			FALSE		May 2024	12	complete	TRUE	Decrease
558X2		Laparoscopic	September 2024	06			AUA	29.35	Codes Reported Together 75% or More-	May 2024	090						FALSE			FALSE		May 2024	12	complete	TRUE	Decrease
56515	Destruction of lesion(s), vulva;	Destruction of Lesions	September 2007	16			ACOG	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	010	3.08	2.85	4.81	0.50	2,361	FALSE			FALSE					TRUE	PE Only
56620	Vulvectomy simple; partial	Partial Removal of Vulva	February 2008	D			ACOG	7.35	Site of Service Anomaly	September 2007	090	7.53	9.01		1.27	2,801	FALSE			FALSE					TRUE	Decrease
57150	Irrigation of vagina and/or application	Vaginal Treatments	April 2017	15			ACOG	0.50	CMS 000-Day Global Typically Reported	July 2016	000	0.50	0.19	1.16	0.08	18,396	FALSE			FALSE					TRUE	Decrease
57155	Insertion of uterine tandem and/or	RAW	January 2017	30			ACOG, ASTRO	5.40	Site of Service Anomaly / Different	September 2007	000	5.15	2.88	6.37	0.45	2,436	FALSE			TRUE	ACOG conducted original	October 2009	33	Complete	TRUE	Decrease
57156	Insertion of a vaginal radiation	RAW	January 2017	30			ACOG, ASTRO	2.69	Site of Service Anomaly	September 2007	000	2.69	1.61	3.98	0.22	15,742	FALSE			FALSE		October 2009	33		TRUE	Decrease
57160	Fitting and insertion of pessary or other	Vaginal Treatments	April 2017	15			ACOG	0.89	CMS 000-Day Global Typically Reported	July 2016	000	0.89	0.34	1.21	0.14	74,056	FALSE			FALSE					TRUE	Maintain
57240	Anterior colporrhaphy, repair of	Colporrhaphy with	January 2017	14			ACOG	10.08	Site of Service Anomaly - 2015	October 2015	090	10.08	6.86		1.57	6,757	FALSE			TRUE	In October 2015, CPT code	September	35	yes	TRUE	Decrease
57250	Posterior colporrhaphy, repair of	Colporrhaphy with	January 2017	14			ACOG	10.08	Site of Service Anomaly - 2015	April 2016	090	10.08	6.88		1.63	8,365	FALSE			TRUE	In October 2015, CPT code	September	35	yes	TRUE	Decrease
57260	Combined anteroposterior	Colporrhaphy with	January 2017	14			ACOG	13.25	Site of Service Anomaly - 2015	April 2016	090	13.25	8.07		2.15	8,276	FALSE			TRUE	In October 2015, CPT code	September	35	yes	TRUE	Decrease
57265	Combined anteroposterior	Colporrhaphy with	January 2017	14			ACOG	15.00	Site of Service Anomaly - 2015	April 2016	090	15.00	8.79		2.45	3,521	FALSE			TRUE	In October 2015, CPT code	September	35	yes	TRUE	Decrease
57282	Colpopexy, vaginal; extra-peritoneal	Colpopexy	January 2020	26				13.48	Site of Service Anomaly - 2019	October 2019	090	11.63	7.46		1.83	6,291	FALSE			FALSE					TRUE	Increase
57283	Colpopexy, vaginal; intra-peritoneal	Colpopexy	January 2020	26				13.51	Site of Service Anomaly - 2019	October 2019	090	11.66	7.51		1.90	4,959	FALSE			FALSE					TRUE	Increase
57287	Removal or revision of sling for stress	Urological Procedures	February 2008	C			AUA	10.97	Site of Service Anomaly	September 2007	090	11.15	9.58		1.68	1,342	FALSE			FALSE					TRUE	Decrease
57288	Sling operation for stress incontinence	Sling Operation for Stress	February 2008	O			ACOG, AUA	12.00	New Technology	September 2007	090	12.13	8.44		1.85	19,924	FALSE			FALSE					TRUE	Decrease
57425	Laparoscopy, surgical, colpopexy	Laparoscopic Colopexy	January 2020	27				18.02	Site of Service Anomaly - 2019	October 2019	090	17.03	9.56		2.67	10,619	FALSE			FALSE					TRUE	Increase
58100	Endometrial sampling (biopsy) with or	Biopsy of Uterus Lining	April 2017	16			ACOG	1.21	CMS 000-Day Global Typically Reported	July 2016	000	1.21	0.48	1.65	0.20	59,384	FALSE			FALSE					TRUE	Decrease
58110	Endometrial sampling (biopsy)	Biopsy of Uterus Lining	April 2017	16			ACOG	0.77	CMS 000-Day Global Typically Reported	April 2017	ZZZ	0.77	0.30	0.61	0.13	663	FALSE			FALSE					TRUE	Maintain
58555	Hysteroscopy, diagnostic (separate	Hysteroscopy	January 2016	37			ACOG	3.07	CMS Request - Practice Expense	NA	000	2.65	1.44	7.75	0.44	1,212	FALSE			FALSE					TRUE	Decrease
58558	Hysteroscopy, surgical; with sampling	Hysteroscopy	January 2016	37			ACOG	4.37	CMS Request - Practice Expense	NA	000	4.17	2.04	34.67	0.71	42,979	FALSE			FALSE					TRUE	Decrease
58559	Hysteroscopy, surgical; with lysis of	Hysteroscopy	January 2016	37			ACOG	5.54	CMS High Expenditure Procedural	July 2015	000	5.20	2.41		0.88	75	FALSE			FALSE					TRUE	Decrease
58560	Hysteroscopy, surgical; with division or	Hysteroscopy	January 2016	37			ACOG	6.15	CMS High Expenditure Procedural	July 2015	000	5.75	2.62		0.98	21	FALSE			FALSE					TRUE	Decrease
58561	Hysteroscopy, surgical; with removal of	Hysteroscopy	January 2016	37			ACOG	7.00	CMS High Expenditure Procedural	July 2015	000	6.60	2.97		1.13	2,058	FALSE			FALSE					TRUE	Decrease
58562	Hysteroscopy, surgical; with removal of	Hysteroscopy	January 2016	37			ACOG	4.17	CMS Request - Practice Expense	NA	000	4.00	1.95	8.28	0.68	175	FALSE			FALSE					TRUE	Decrease
58563	Hysteroscopy, surgical; with	Hysteroscopy	January 2016	37			ACOG	4.62	CMS Request - Practice Expense	NA	000	4.47	2.13	57.45	0.75	1,475	FALSE			FALSE					TRUE	Decrease
58660	Laparoscopy, surgical; with lysis of	Laproscopic Procedures	September 2007	16			AUA, ACOG	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	11.59	6.81		2.25	610	FALSE			FALSE					TRUE	PE Only
58661	Laparoscopy, surgical; with removal of	Laproscopic Procedures	September 2007	16			ACOG	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	010	11.35	6.38		1.92	11,612	FALSE			FALSE					TRUE	PE Only
58823	Drainage of pelvic abscess, transvaginal	Drainage of Abscess	January 2013	04				Deleted from CPT	Codes Reported Together 75% or More-	January 2012							FALSE			FALSE		October 2012	06	Complete	TRUE	Deleted from CPT
59200	Insertion of cervical dilator (eg,	Insertion of Cervical	January 2024	13			ACOG	1.20	CMS Request - Final Rule for 2024	November 2023	000	0.79	0.31	2.14	0.23	185	FALSE			FALSE					TRUE	Increase
59400	Routine obstetric care including	Obstetrical Care	October 2009	15			ACOG, AAFP	32.69	High IWPUT	February 2008	MMM	37.00	25.80		10.20	1,827	FALSE			FALSE					TRUE	Increase

59409	Vaginal delivery only (with or without	Obstetrical Care	October 2009	15			ACOG, AAFP	14.37	High IWPUT	February 2008	MMM	14.37	5.73		3.91	985	FALSE			FALSE					TRUE	Increase
59410	Vaginal delivery only (with or without	Obstetrical Care	October 2009	15			ACOG, AAFP	18.54	High IWPUT	February 2008	MMM	18.76	8.60		5.15	517	FALSE			FALSE					TRUE	Increase
59412	External cephalic version, with or	Obstetrical Care	October 2009	15			ACOG, AAFP	1.71	High IWPUT	April 2008	MMM	1.71	0.86		0.52	28	FALSE			FALSE					TRUE	Maintain
59414	Delivery of placenta (separate	Obstetrical Care	October 2009	15			ACOG, AAFP	1.61	High IWPUT	April 2008	MMM	1.61	0.62		0.49	50	FALSE			FALSE					TRUE	Maintain
59425	Antepartum care only; 4-6 visits	Obstetrical Care	October 2009	15			ACOG, AAFP	6.31	High IWPUT	April 2008	MMM	7.80	3.07	7.05	2.15	538	FALSE			FALSE					TRUE	Decrease
59426	Antepartum care only; 7 or more visits	Obstetrical Care	October 2009	15			ACOG, AAFP	11.16	High IWPUT	April 2008	MMM	14.30	5.63	12.82	3.98	430	FALSE			FALSE					TRUE	Decrease
59430	Postpartum care only (separate	Obstetrical Care	October 2009	15			ACOG, AAFP	2.47	High IWPUT	April 2008	MMM	3.22	1.27	3.87	0.90	609	FALSE			FALSE					TRUE	Increase
59510	Routine obstetric care including	Obstetrical Care	October 2009	15			ACOG, AAFP	36.17	High IWPUT	February 2008	MMM	41.05	27.63		12.49	1,497	FALSE			FALSE					TRUE	Increase
59514	Cesarean delivery only;	Obstetrical Care	October 2009	15			ACOG, AAFP	16.13	High IWPUT	October 2008	MMM	16.13	6.32		4.78	798	FALSE			FALSE					TRUE	Increase
59515	Cesarean delivery only; including	Obstetrical Care	October 2009	15			ACOG, AAFP	22.00	High IWPUT	April 2008	MMM	22.79	10.69		6.89	462	FALSE			FALSE					TRUE	Increase
59610	Routine obstetric care including	Obstetrical Care	October 2009	15			ACOG, AAFP	34.40	High IWPUT	April 2008	MMM	38.71	25.92		11.90	45	FALSE			FALSE					TRUE	Increase
59612	Vaginal delivery only, after previous	Obstetrical Care	October 2009	15			ACOG, AAFP	16.09	High IWPUT	April 2008	MMM	16.09	6.20		4.92	35	FALSE			FALSE					TRUE	Increase
59614	Vaginal delivery only, after previous	Obstetrical Care	October 2009	15			ACOG, AAFP	20.26	High IWPUT	April 2008	MMM	20.48	8.40		6.27	27	FALSE			FALSE					TRUE	Increase
59618	Routine obstetric care including	Obstetrical Care	October 2009	15			ACOG, AAFP	36.69	High IWPUT	April 2008	MMM	41.57	27.69		12.78	17	FALSE			FALSE					TRUE	Increase
59620	Cesarean delivery only, following	Obstetrical Care	October 2009	15			ACOG, AAFP	16.66	High IWPUT	April 2008	MMM	16.66	6.42		5.11	8	FALSE			FALSE					TRUE	Decrease
59622	Cesarean delivery only, following	Obstetrical Care	October 2009	15			ACOG, AAFP	22.53	High IWPUT	April 2008	MMM	23.32	11.36		7.17	16	FALSE			FALSE					TRUE	Increase
5XX00		Prostate Biopsy Services	September 2024	08	April 2025	RUC	ACR, AUA, OEIS, SIR	2.63. Refer to CPT	Codes Reported Together 75% or More-	May 2024	000						FALSE			TRUE	In September 2024, the RUC	February 2025;			FALSE	Decrease
5XX01		Prostate Biopsy Services	September 2024	08	April 2025	RUC	ACR, AUA, OEIS, SIR	3.39. Refer to CPT	Codes Reported Together 75% or More-	May 2024	000						FALSE			TRUE	In September 2024, the RUC	February 2025;			FALSE	Decrease
5XX02		Prostate Biopsy Services	September 2024	08	April 2025	RUC	ACR, AUA, OEIS, SIR	3.23. Refer to CPT	Codes Reported Together 75% or More-	May 2024	000						FALSE			TRUE	In September 2024, the RUC	February 2025;			FALSE	Decrease
5XX03		Prostate Biopsy Services	September 2024	08	April 2025	RUC	ACR, AUA, OEIS, SIR	3.81. Refer to CPT	Codes Reported Together 75% or More-	May 2024	000						FALSE			TRUE	In September 2024, the RUC	February 2025;			FALSE	Decrease
5XX04		Prostate Biopsy Services	September 2024	08	April 2025	RUC	ACR, AUA, OEIS, SIR	2.61. Refer to CPT	Codes Reported Together 75% or More-	May 2024	000						FALSE			TRUE	In September 2024, the RUC	February 2025;			FALSE	Decrease
5XX07		Prostate Biopsy Services	September 2024	08	April 2025	RUC	ACR, AUA, OEIS, SIR	3.10. Refer to CPT	Codes Reported Together 75% or More-	May 2024	000						FALSE			TRUE	In September 2024, the RUC	February 2025;			FALSE	Decrease
5XX08		Prostate Biopsy Services	September 2024	08	April 2025	RUC	ACR, AUA, OEIS, SIR	4.00. Refer to CPT	Codes Reported Together 75% or More-	May 2024	000						FALSE			TRUE	In September 2024, the RUC	February 2025;			FALSE	Decrease
5XX09		Prostate Biopsy Services	September 2024	08	April 2025	RUC	ACR, AUA, OEIS, SIR	3.62. Refer to CPT	Codes Reported Together 75% or More-	May 2024	000						FALSE			TRUE	In September 2024, the RUC	February 2025;			FALSE	Decrease
5XX10		Prostate Biopsy Services	September 2024	08	April 2025	RUC	ACR, AUA, OEIS, SIR	1.05. Refer to CPT	Codes Reported Together 75% or More-	May 2024	ZZZ						FALSE			TRUE	In September 2024, the RUC	February 2025;			FALSE	Decrease
60220	Total thyroid lobectomy, unilateral;	Total Thyroid Lobectomy	April 2008	46			ACS, AAO-HNS	12.29	Site of Service Anomaly	September 2007	090	11.19	7.98		2.14	6,529	FALSE			FALSE					TRUE	Maintain
60225	Total thyroid lobectomy, unilateral;	Total Thyroid Lobectomy	April 2008	46			ACS, AAO-HNS	14.67	Site of Service Anomaly	September 2007	090	14.79	10.63		2.84	194	FALSE			FALSE					TRUE	Maintain
60240	Thyroidectomy, total or complete	Thyroidectomy	September 2024	14	January 2025	RAW	AAO-HNS, ACS		CPT Referral to the RUC	September 2024	090	15.04	9.50	NA	3.05	5,183	FALSE			FALSE					FALSE	
60260	Thyroidectomy, removal of all	Thyroidectomy	September 2024	14	January 2025	RAW	AAO-HNS, ACS		CPT Referral to the RUC	September 2024	090	18.26	10.96	NA	3.47	979	FALSE			FALSE					FALSE	
60520	Thymectomy, partial or total;	RAW Review	January 2013	34				No reliable way to determine an	CMS Request to Re-Review Families of	November 2011	090	17.16	10.23		4.13	340	FALSE			FALSE					TRUE	Remove from Screen
60521	Thymectomy, partial or total; sternal	RAW Review	January 2013	34				No reliable way to determine an	CMS Request to Re-Review Families of	November 2011	090	19.18	9.64		4.61	216	FALSE			FALSE					TRUE	Remove from Screen
60522	Thymectomy, partial or total; sternal	RAW Review	January 2013	34				No reliable way to determine an	CMS Request to Re-Review Families of	November 2011	090	23.48	11.24		5.74	96	FALSE			FALSE					TRUE	Remove from Screen
61055	Cisternal or lateral cervical (C1-C2)	Myelography	April 2014	17				Editorial change	Codes Reported Together 75% or More-	January 2014	000	2.10	1.04		0.35	87	FALSE			TRUE	This code change application	October 2013	21	Complete	TRUE	Remove from Screen
61624	Transcatheter permanent occlusion or	Endovascular Therapy	April 2024	04		RUC	AANS, ACR, ASNR,	20.00	Codes Reported Together 75% or More-	April 2022	000	20.12	8.36		6.29	10,270	FALSE			TRUE	In April 2022, the Workgroup	February 2024	09	Complete	TRUE	Decrease
61626	Transcatheter permanent occlusion or	Endovascular Therapy	April 2024	04		RUC	AANS, ACR, ASNR,	15.31	Codes Reported Together 75% or More-	February 2024	000	16.60	6.29	NA	4.06	1,347	FALSE			FALSE		February 2024	09	Complete	TRUE	Decrease
61781	Stereotactic computer-assisted	Stereotactic Computer-	February 2010	13			NASS, AANS/CNS	3.75	CMS Fastest Growing	October 2009	ZZZ	3.75	1.79		1.54	15,392	FALSE			FALSE		October 2009	34		TRUE	Decrease
61782	Stereotactic computer-assisted	Stereotactic Computer-	February 2010	13			NASS, AANS/CNS,	3.18	CMS Fastest Growing	October 2009	ZZZ	3.18	1.48		0.47	17,763	FALSE			FALSE		October 2009	34		TRUE	Decrease
61783	Stereotactic computer-assisted	Stereotactic Computer-	February 2010	13	January 2025	RAW	NASS, AANS/CNS	3.75	CMS Fastest Growing / High Volume	October 2009	ZZZ	3.75	1.83		1.35	26,207	FALSE			FALSE		October 2009	34		FALSE	Decrease
61793	Deleted from CPT	Stereotactic	October 2008	26			AANS	Deleted from CPT	CMS Fastest Growing, Site of Service	September 2007							FALSE			FALSE		February 2008			TRUE	Deleted from CPT
61795	Deleted from CPT	Stereotactic	February 2009	38			NASS, AAO-HNS,	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			TRUE	The specialty commented that	October 2009	34	Code Deleted	TRUE	Deleted from CPT
61796	Stereotactic radiosurgery (particle	Stereotactic	February 2009	38				15.50	CMS Request - 2009 Final Rule	NA	090	13.93	11.48		5.74	5,843	FALSE			FALSE					TRUE	Decrease
61797	Stereotactic radiosurgery (particle	Stereotactic	February 2009	38				3.48	CMS Request - 2009 Final Rule	NA	ZZZ	3.48	1.67		1.45	7,831	FALSE			FALSE					TRUE	Decrease
61798	Stereotactic radiosurgery (particle	Stereotactic	February 2009	38				19.75	CMS Request - 2009 Final Rule	NA	090	19.85	14.19		8.06	2,820	FALSE			FALSE					TRUE	Decrease
61799	Stereotactic radiosurgery (particle	Stereotactic	February 2009	38				4.81	CMS Request - 2009 Final Rule	NA	ZZZ	4.81	2.31		0.02	633	FALSE			FALSE					TRUE	Decrease
61800	Application of stereotactic headframe	Stereotactic	April 2008	16				2.25	CMS Fastest Growing, Site of Service	February 2008	ZZZ	2.25	1.36		0.93	3,856	FALSE			FALSE					TRUE	Decrease
61885	Insertion or replacement of cranial	Vagal Nerve Stimulator	February 2010	14			AANS/CNS	6.44	Site of Service Anomaly	September 2007	090	6.05	7.76		2.39	4,146	FALSE			TRUE	In Feb 2009, the specialty	October 2009	35	Complete	TRUE	Decrease
62263	Percutaneous lysis of epidural	Epidual Lysis	October 2010	66			AAPM, AANS/CNS,	6.54	Site of Service Anomaly	September 2007	010	5.00	4.22	13.92	0.50	199	FALSE			FALSE					TRUE	Maintain
62270	Spinal puncture, lumbar, diagnostic;	Lumbar Puncture	January 2019	09			ACR, ASNR, SIR	1.44	Different Performing Specialty from	October 2017	000	1.22	0.41	2.9	0.27	22,631	FALSE			TRUE	In January 2018, the RUC	September	24	Complete	TRUE	Increase
62272	Spinal puncture, therapeutic, for	Lumbar Puncture	January 2019	09				1.80	Different Performing Specialty from	September 2018	000	1.58	0.71	3.52	0.46	3,156	FALSE			FALSE		September	24	Complete	TRUE	Increase
62281	Injection/infusion of neurolytic	Injection of Neurolytic	September 2007	16			ASA	Remove 99238	Site of Service Anomaly (99238-Only)	September 2007	010	2.66	1.75	4.32	0.23	96	TRUE	Q&A May 2010	Yes	FALSE					TRUE	PE Only
62284	Injection procedure for myelography	Myelography	April 2014	17			ACR, ASNR	1.54	Codes Reported Together 75% or More-	October 2012	000	1.54	0.75	3.89	0.17	14,175	FALSE			TRUE	Joint Workgroup requests that	October 2013	21	Complete	TRUE	Maintain
62287	Decompression procedure,	Percutaneous	September 2007	16			ASA	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	9.03	8.10		0.96	103	FALSE			FALSE					TRUE	PE Only
62290	Injection procedure for discography,	Injection for discography	April 2010	45			ASA, AAPM, AAMPR,	3.00, CPT Assistant article	Different Performing Specialty from	October 2009	000	3.00	1.36	7.01	0.27	4,934	TRUE	Mar 2011	Yes	FALSE					TRUE	Maintain
62302	Myelography via lumbar injection,	Myelography	April 2014	17			ACR, ASNR	2.29	Codes Reported Together 75% or More-	October 2012	000	2.29	1.00	5.08	0.22	2,064	FALSE			TRUE	Joint Workgroup requests that	October 2013	21	Complete	TRUE	Decrease
62303	Myelography via lumbar injection,	Myelography	April 2014	17			ACR, ASNR	2.29	Codes Reported Together 75% or More-	October 2012	000	2.29	1.01	5.22	0.21	307	FALSE			TRUE	Joint Workgroup requests that	October 2013	21	Complete	TRUE	Decrease
62304	Myelography via lumbar injection,	Myelography	April 2014	17			ACR, ASNR	2.25	Codes Reported Together 75% or More-	October 2012	000	2.25	1.00	5.08	0.22	9,215	FALSE			TRUE	Joint Workgroup requests that	October 2013	21	Complete	TRUE	Decrease
62305	Myelography via lumbar injection,	Myelography	April 2014	17			ACR, ASNR	2.35	Codes Reported Together 75% or More-	October 2012	000	2.35	1.03	5.65	0.22	4,331	FALSE			TRUE	Joint Workgroup requests that	October 2013	21	Complete	TRUE	Decrease
62310	Injection(s), of diagnostic or therapeutic	Epidural Injections	October 2015	10		RUC	AAPM, AAPMR, ASA,	Deleted from CPT	CMS High Expenditure Procedural	January 2012							FALSE			TRUE	In the NPRM for 2015, CMS	May 2015	15	Complete	TRUE	Deleted from CPT
62311	Injection(s), of diagnostic or therapeutic	Epidural Injections	October 2015	10		RUC	AAPM, AAPMR, ASA,	Deleted from CPT	CMS High Expenditure Procedural	September 2011							FALSE			TRUE	In the NPRM for 2015, CMS	May 2015	15	Complete	TRUE	Deleted from CPT
62318	Injection(s), including indwelling	Epidural Injections	October 2015	10		RUC	AAPM, AAPMR, ASA,	Deleted from CPT	CMS High Expenditure Procedural	January 2012							FALSE			TRUE	In the NPRM for 2015, CMS	May 2015	15	Complete	TRUE	Deleted from CPT
62319	Injection(s), including indwelling	Epidural Injections	October 2015	10		RUC	AAPM, AAPMR, ASA,	Deleted from CPT	CMS High Expenditure Procedural	January 2012							FALSE			TRUE	In the NPRM for 2015, CMS	May 2015	15	Complete	TRUE	Deleted from CPT
62320	Injection(s), of diagnostic or therapeutic	Epidural Injections	October 2015	10		RUC	AANS, AANEM,	1.80	Final Rule for 2015	May 2015	000	1.80	0.93	2.87	0.25	1,661	FALSE			FALSE		May 2015	15	Complete	TRUE	Decrease
62321	Injection(s), of diagnostic or therapeutic	Epidural Injections	October 2015	10		RUC	AANS, AANEM,	1.95	Final Rule for 2015	May 2015	000	1.95	1.06	5.75	0.19	175,954	FALSE			FALSE		May 2015	15	Complete	TRUE	Decrease
62322	Injection(s), of diagnostic or therapeutic	Epidural Injections	October 2015	10		RUC	AANS, AANEM,	1.55	Final Rule for 2015	May 2015	000	1.55	0.64	2.34	0.17	21,604	FALSE			FALSE		May 2015	15	Complete	TRUE	Decrease
62323	Injection(s), of diagnostic or therapeutic	Epidural Injections	October 2015	10		RUC	AANS, AANEM,	1.80	Final Rule for 2015	May 2015	000	1.80	0.98	5.78	0.18	548,699	FALSE			FALSE		May 2015	15	Complete	TRUE	Decrease
62324	Injection(s), including indwelling	Epidural Injections	October 2015	10		RUC	AANS, AANEM,	1.89	Final Rule for 2015	May 2015	000	1.89	0.59	2.06	0.16	10,995	FALSE			FALSE		May 2015	15	Complete	TRUE	Decrease
62325	Injection(s), including indwelling	Epidural Injections	October 2015	10		RUC	AANS, AANEM,	2.20	Final Rule for 2015	May 2015	000	2.20	0.88	5.1	0.20	731	FALSE			FALSE		May 2015	15	Complete	TRUE	Decrease
62326	Injection(s), including indwelling	Epidural Injections	October 2015	10		RUC	AANS, AANEM,	1.78	Final Rule for 2015	May 2015	000	1.78	0.59	2.18	0.16	1,641	FALSE			FALSE		May 2015	15	Complete	TRUE	Decrease
62327	Injection(s), including indwelling	Epidural Injections	October 2015	10		RUC	AANS, AANEM,	1.90	Final Rule for 2015	May 2015	000	1.90	1.10	6.09	0.20	1,126	FALSE			FALSE		May 2015	15	Complete	TRUE	Decrease
62328	Spinal puncture, lumbar, diagnostic;	Lumbar Puncture	January 2019	09				1.95	Different Performing Specialty from	September 2018	000	1.73	0.62	4.74	0.17	40,475	FALSE			FALSE		September	24	Complete	TRUE	Increase
62329	Spinal puncture, therapeutic, for	Lumbar Puncture	January 2019	09				2.25	Different Performing Specialty from	September 2018	000	2.03	0.76	5.5	0.30	2,067	FALSE			FALSE		September	24	Complete	TRUE	Increase
62350	Implantation, revision or repositioning	Intrathecal Epidural	October 2010	67			AAPM, AANS/CNS,	6.05	Site of Service Anomaly	September 2007	010	6.05	4.78		1.21	3,825	FALSE			FALSE					TRUE	Decrease
62355	Removal of previously implanted	Intrathecal Epidural	October 2010	67			AAPM, AANS/CNS,	4.35	Site of Service Anomaly	September 2007	010	3.55	3.98		0.85	741	FALSE			FALSE					TRUE	Decrease
62360	Implantation or replacement of device	Intrathecal Epidural	October 2010	67			AAPMR, ASA, NASS,	4.33	Site of Service Anomaly	April 2008	010	4.33	4.10		0.98	211	FALSE			FALSE					TRUE	Decrease
62361	Implantation or replacement of device	Intrathecal Epidural	October 2010	67			AAPM, AANS/CNS,	5.65	Site of Service Anomaly	April 2008	010	5.00	6.28		2.08	28	FALSE			FALSE					TRUE	Decrease
62362	Implantation or replacement of device	Intrathecal Epidural	October 2010	67			AAPM, AANS/CNS,	6.10	Site of Service Anomaly	September 2007	010	5.60	4.76		1.32	5,790	FALSE			FALSE					TRUE	Decrease
62365	Removal of subcutaneous reservoir or	Intrathecal Epidural	October 2010	67			AAPMR, ASA, NASS,	4.65	Site of Service Anomaly	September 2007	010	3.93	4.12		1.01	904	FALSE			FALSE					TRUE	Decrease
62367	Electronic analysis of programmable,	Electronic Analysis	April 2018	14			AAPM, AAPMR, ASA,	New PE inputs. 0.48	Different Performing Specialty from	October 2009	XXX	0.48	0.20	0.42	0.06	6,627	FALSE			TRUE	Identified through the Codes	October 2010	49	Complete	TRUE	Maintain
62368	Electronic analysis of programmable,	Electronic Analysis	April 2018	14			AAPM, AAPMR, ASA,	New PE inputs. 0.67	Different Performing Specialty from	October 2009	XXX	0.67	0.27	0.58	0.08	29,798	FALSE			TRUE	Identified through the Codes	October 2010	49	Complete	TRUE	Decrease
62369	Electronic analysis of programmable,	Electronic Analysis	April 2018	14			AAPM, AAPMR, ASA,	New PE inputs. 0.67	Codes Reported Together 75% or More-	October 2010	XXX	0.67	0.29	2.02	0.08	20,819	FALSE			TRUE		October 2010	49	Complete	TRUE	Decrease
62370	Electronic analysis of programmable,	Electronic Analysis	April 2018	14			AAPM, AAPMR, ASA,	New PE inputs. 1.10	Codes Reported Together 75% or More-	October 2010	XXX	0.90	0.36	1.77	0.10	86,854	FALSE			TRUE		October 2010	49	Complete	TRUE	Decrease
63020	Laminotomy (hemilaminectomy), with	Lumbar Laminotomy	January 2022	17			AANS, AAOS, CNS,	15.95	Site of Service Anomaly - 2018	January 2022	090	14.91	13.60		4.89	851	FALSE			FALSE					TRUE	Decrease
63030	Laminotomy (hemilaminectomy), with	Lumbar Laminotomy	January 2022	17			AANS, AAOS, CNS,	13.18	Pre-Time Analysis / Site of Service	January 2014	090	12.00	11.95		3.90	19,263	FALSE			TRUE	In October 2018, AMA Staff	September		CCA rejected and	TRUE	Maintain
63035	Laminotomy (hemilaminectomy), with	Lumbar Laminotomy	January 2022	17			AANS, AAOS, CNS,	4.00	Site of Service Anomaly - 2018	January 2022	ZZZ	3.86	1.91		1.21	3,991	FALSE			FALSE					TRUE	Increase
63042	Laminotomy (hemilaminectomy), with	RAW	September 2014	21			AANS, AAOS, NASS	Maintain work RVU and adjust	Pre-Time Analysis	January 2014	090	18.76	14.90		5.63	7,182	FALSE			FALSE					TRUE	Maintain
63045	Laminectomy, facetectomy and	Laminectomy	September 2014	16		RUC		17.95	CMS Request - Final Rule for 2014	November 2013	090	17.95	14.84		6.42	10,185	FALSE			FALSE					TRUE	Maintain
63046	Laminectomy, facetectomy and	Laminectomy	September 2014	16		RUC		17.25	CMS Request - Final Rule for 2014	November 2013	090	17.25	14.35		5.80	4,093	FALSE			FALSE					TRUE	Maintain
63047	Laminectomy, facetectomy and	Laminectomy	January 2013	24			NASS, AANS	15.37	CMS High Expenditure Procedural	September 2011	090	15.37	13.32		4.92	81,538	FALSE			FALSE					TRUE	Maintain
63048	Laminectomy, facetectomy and	Laminectomy	January 2013	24			NASS, AANS	3.47	CMS High Expenditure Procedural	January 2012	ZZZ	3.47	1.72		1.11	103,832	FALSE			FALSE					TRUE	Maintain
63056	Transpedicular approach with	RAW	October 2015	21		RAW	NASS, AANS	Review action plan at RAW Oct	CMS Fastest Growing / CPT Assistant	October 2008	090	21.86	16.05		7.27	4,385	TRUE	Oct 2009	Yes	TRUE	The specialty noted that the	February 2010		Complete	TRUE	Maintain
63075	Discectomy, anterior, with	Arthrodesis Including	February 2010	5			NASS, AANS/CNS	19.60	Codes Reported Together 95% or More	February 2008	090	19.60	15.09		6.35	207	FALSE			TRUE	Referred to the CPT Editorial	October 2009	21	Complete	TRUE	Maintain
63076	Discectomy, anterior, with	Arthrodesis Including	February 2010	5			NASS, AANS/CNS	4.04	Codes Reported Together 95% or More		ZZZ	4.04	2.00		1.18	156	FALSE			FALSE		October 2009	21		TRUE	Maintain
63081	Vertebral corpectomy (vertebral body	RAW	September 2022	13			AANS, AAOS, CNS,	Refer to CPT Assistant	Codes Reported Together 75% or More-	April 2022	090	26.10	18.56		8.75	3,436	TRUE	Aug 2023	Yes	FALSE					FALSE	
63090	Vertebral corpectomy (vertebral body	Vertebral Corpectomy	September 2022	13			AAOS, AANS	Maintain	Codes Reported Together 75% or More-	January 2015	090	30.93	19.29		8.44	564	FALSE			TRUE	In January 2015 the Joint	September	20	yes	TRUE	Maintain
63620	Stereotactic radiosurgery (particle	Stereotactic	February 2009	38				15.50	CMS Request - 2009 Final Rule	NA	090	15.60	12.33		6.49	527	FALSE			FALSE					TRUE	Decrease
63621	Stereotactic radiosurgery (particle	Stereotactic	February 2009	38				4.00	CMS Request - 2009 Final Rule	NA	ZZZ	4.00	1.92		1.66	183	FALSE			FALSE					TRUE	Decrease
63650	Percutaneous implantation of	Percutaneous	October 2020	24			AAPM, AANS/CNS,	7.20. New PE Inputs	Site of Service Anomaly / CMS Fastest	September 2007	010	7.15	4.45	60.33	0.82	79,512	FALSE			FALSE					TRUE	Decrease
63655	Laminectomy for implantation of	Neurostimulator (Spinal)	April 2009	17			NASS, AANS	11.43	CMS Fastest Growing	October 2008	090	10.92	10.86		3.82	6,501	FALSE			FALSE					TRUE	Maintain
63660	Deleted from CPT	Neurostimulator (Spinal)	April 2009	17			AAPM, AANS/CNS,	Deleted from CPT	Site of Service Anomaly / CMS Fastest	September 2007							FALSE			TRUE	The RUC recommend that this	October 2008	19	Code Deleted	TRUE	Deleted from CPT
63661	Removal of spinal neurostimulator	Neurostimulator (Spinal)	April 2009	17			ISIS, NASS,	5.03	Site of Service Anomaly / CMS Fastest	April 2008	010	5.08	3.85	14.52	1.02	3,706	FALSE			FALSE					TRUE	Decrease
63662	Removal of spinal neurostimulator	Neurostimulator (Spinal)	April 2009	17			ISIS, NASS,	10.87	Site of Service Anomaly / CMS Fastest	April 2008	090	11.00	11.06		3.93	1,893	FALSE			FALSE					TRUE	Decrease
63663	Revision including replacement, when	Neurostimulator (Spinal)	April 2009	17			ISIS, NASS,	70	Site of Service Anomaly / CMS Fastest	April 2008	010	7.75	4.67	18.26	1.14	1,445	FALSE			FALSE					TRUE	Decrease
63664	Revision including replacement, when	Neurostimulator (Spinal)	April 2009	17			ISIS, NASS,	11.39	Site of Service Anomaly / CMS Fastest	April 2008	090	11.52	11.40		4.13	545	FALSE			FALSE					TRUE	Decrease
63685	Insertion or replacement of spinal	Spinal Neurostimulator	September 2022	04			AANS, AAPM,	5.19	Site of Service Anomaly / CMS Fastest	September 2007	010	5.19	3.98		1.11	25,687	FALSE			FALSE					TRUE	Decrease
63688	Revision or removal of implanted spinal	Spinal Neurostimulator	September 2022	04			AANS, AAPM,	4.35	Site of Service Anomaly	September 2007	010	4.35	3.73		1.01	7,096	FALSE			FALSE					TRUE	Decrease
64400	Injection(s), anesthetic agent(s) and/or	Somatic Nerve Injections	October 2021	05			AAN, AAPM&R,	1.00	Added as part of family	October 2021	000	0.75	0.59	2.46	0.21	37,413	FALSE			FALSE					TRUE	Decrease
64405	Injection(s), anesthetic agent(s) and/or	Somatic Nerve Injections	October 2021	05			AAN, AAPM,	0.94	CMS 000-Day Global Typically Reported	July 2016	000	0.94	0.42	1.11	0.22	120,882	FALSE			FALSE					TRUE	Maintain
64408	Injection(s), anesthetic agent(s) and/or	Somatic Nerve Injections	October 2021	05			AAPM, NANS, SIS	0.90	Added as part of family	October 2021	000	0.75	0.48	1.59	0.11	1,567	FALSE			FALSE					TRUE	Decrease
64412	Injection, anesthetic agent; spinal	Anesthetic Injection –	April 2014	36			AAN, ASA, AAPMR,	Deleted from CPT	High Volume Growth2	April 2013							TRUE	FAQ Sept 2015	Yes	TRUE	In April 2013, CPT code 64412	October 2014	21	Complete	TRUE	Deleted from CPT
64415	Injection(s), anesthetic agent(s) and/or	Somatic Nerve Injections	October 2021	05			AAPM, ASA	1.50	CMS Fastest Growing	October 2008	000	1.50	0.43	2.39	0.13	192,508	TRUE	Dec 2011 & Apr	Yes	TRUE	During the October 2018 RUC	May 2021	14	complete	TRUE	Increase
64416	Injection(s), anesthetic agent(s) and/or	Somatic Nerve Injections	October 2021	05			AAPM, ASA	1.80	Site of Service Anomaly / High Volume	September 2007	000	1.80	0.33		0.15	13,485	FALSE			TRUE	During the October 2018 RUC	May 2021	14	complete	TRUE	Decrease
64417	Injection(s), anesthetic agent(s) and/or	Somatic Nerve Injections	October 2021	05			AAPM, ASA	1.31	part of New/Revised Review	October 2018	000	1.31	0.46	3.37	0.13	15,886	FALSE			TRUE	During the October 2018 RUC	May 2021	14	complete	TRUE	Decrease
64418	Injection(s), anesthetic agent(s) and/or	Somatic Nerve Injections	October 2021	05			AAPM, SIS	1.10	Harvard Valued - Utilization over	October 2015	000	1.10	0.43	1.37	0.12	28,406	FALSE			FALSE					TRUE	Decrease
64420	Injection(s), anesthetic agent(s) and/or	Somatic Nerve Injections	October 2021	05			AAPM, AAPM&R,	1.18	Added as part of family	October 2021	000	1.08	0.55	1.76	0.10	22,533	FALSE			FALSE					TRUE	Maintain
64421	Injection(s), anesthetic agent(s) and/or	Somatic Nerve Injections	October 2021	05			AAPM, AAPM&R,	0.60	Added as part of family	October 2021	ZZZ	0.50	0.19	0.45	0.05	17,399	FALSE			FALSE					TRUE	Decrease
64425	Injection(s), anesthetic agent(s) and/or	Somatic Nerve Injections	October 2021	05			AAPM, AAPM&R,	1.19	Added as part of family	October 2021	000	1.00	0.52	2.22	0.10	6,972	FALSE			FALSE					TRUE	Decrease

64430	Injection(s), anesthetic agent(s) and/or	Somatic Nerve Injections	October 2021	05			AAPM, ACOG, NANS,	1.15	Added as part of family	October 2021	000	1.00	0.51	1.83	0.12	4,492	FALSE			FALSE					TRUE	Decrease
64435	Injection(s), anesthetic agent(s) and/or	Somatic Nerve Injections	October 2021	05			AAPM, ACOG, NANS,	0.75	Added as part of family	October 2021	000	0.75	0.43	1.54	0.13	37	FALSE			FALSE					TRUE	Decrease
64445	Injection(s), anesthetic agent(s) and/or	Somatic Nerve Injections	October 2021	05			AAPM, AAPM&R,	1.39	CMS Fastest Growing	October 2008	000	1.39	0.61	3.23	0.14	131,118	TRUE	Dec 2011 & Apr	Yes	FALSE					TRUE	Decrease
64446	Injection(s), anesthetic agent(s) and/or	Somatic Nerve Injections	October 2021	05			AAPM, ASA	1.75	Site of Service Anomaly / High Volume	February 2008	000	1.75	0.33		0.15	4,622	FALSE			TRUE	During the October 2018 RUC	May 2021	14	complete	TRUE	Decrease
64447	Injection(s), anesthetic agent(s) and/or	Somatic Nerve Injections	October 2021	05			AAPM, ASA	1.34	CMS Fastest Growing / Codes Reported	October 2008	000	1.34	0.42	2.03	0.11	340,001	TRUE	Dec 2011 & Apr	Yes	TRUE	During the October 2018 RUC	May 2021	14	complete	TRUE	Decrease
64448	Injection(s), anesthetic agent(s) and/or	Somatic Nerve Injections	October 2021	05			AAPM, ASA	1.68	Site of Service Anomaly / High Volume	February 2008	000	1.68	0.31		0.14	28,796	FALSE			TRUE	During the October 2018 RUC	May 2021	14	complete	TRUE	Increase
64449	Injection(s), anesthetic agent(s) and/or	Somatic Nerve Injections	October 2021	05			AAPM, NANS, SIS	1.55	Site of Service Anomaly	September 2007	000	1.27	0.48		0.14	914	FALSE			TRUE	The RUC recommended	February 2008	31	Complete	TRUE	Decrease
64450	Injection(s), anesthetic agent(s) and/or	Somatic Nerve Injections	October 2021	05			AAPM, AAPM&R,	0.75	Harvard Valued - Utilization over	October 2009	000	0.75	0.41	1.42	0.09	362,024	TRUE	Jan 2013	Yes	FALSE					TRUE	Maintain
64451	Injection(s), anesthetic agent(s) and/or	Somatic Nerve Injections	October 2021	05			AAPM, AAPM&R,	1.52	Added as part of family	October 2021	000	1.52	0.77	5.18	0.14	22,213	FALSE			FALSE					TRUE	Maintain
64454	Injection(s), anesthetic agent(s) and/or	Somatic Nerve Injections	October 2021	05			AAPM, NANS, SIS	1.52	Added as part of family	October 2021	000	1.52	0.79	5	0.14	45,000	FALSE			FALSE					TRUE	Maintain
64455	Injection(s), anesthetic agent(s) and/or	Somatic Nerve Injections	October 2021	05			AAPM, APMA,	0.75	High Volume Growth4 / CMS 000-Day	October 2016	000	0.75	0.18	0.69	0.06	65,814	FALSE			FALSE					TRUE	Maintain
64461	Paravertebral block (PVB) (paraspinous	Paravertebral Block	April 2015	10			ASA	CPT Assistant article published	New code for CPT 2016.	April 2015	000	1.75	0.40	2.11	0.16	7,227	TRUE	Jan 2016	Yes	FALSE					TRUE	Not Part of RAW
64462	Paravertebral block (PVB) (paraspinous	Paravertebral Block	April 2015	10			ASA	CPT Assistant article published	New code for CPT 2016.	April 2015	ZZZ	1.10	0.24	0.94	0.09	1,947	TRUE	Jan 2016	Yes	FALSE					TRUE	Not Part of RAW
64463	Paravertebral block (PVB) (paraspinous	Paravertebral Block	April 2015	10			ASA	CPT Assistant article published	New code for CPT 2016.	April 2015	000	1.90	0.35	4.77	0.16	1,042	TRUE	Jan 2016	Yes	FALSE					TRUE	Not Part of RAW
64470	Deleted from CPT	Injection Anesthetic	April 2008	57			ASA, NASS, AAPM	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recommended that	February 2009	28	Code Deleted	TRUE	Deleted from CPT
64472	Deleted from CPT	Injection Anesthetic	April 2008	57			ASA, NASS, AAPM	Deleted from CPT	High Volume Growth1	February 2008							FALSE			TRUE	The RUC recommended that	February 2009	28	Code Deleted	TRUE	Deleted from CPT
64475	Deleted from CPT	Injection Anesthetic	April 2008	57			ASA, NASS, AAPM	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recommended that	February 2009	28	Code Deleted	TRUE	Deleted from CPT
64476	Deleted from CPT	Injection Anesthetic	April 2008	57			ASA, NASS, AAPM	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recommended that	February 2009	28	Code Deleted	TRUE	Deleted from CPT
64479	Injection(s), anesthetic agent(s) and/or	Injection Anesthetic	October 2009	05			AAPM, ISIS, ASA,	2.29	CMS Fastest Growing	October 2008	000	2.29	1.39	5.48	0.21	35,983	FALSE			TRUE	The RUC recommended that	June 2009	19	CPT Editorial	TRUE	Increase
64480	Injection(s), anesthetic agent(s) and/or	Injection Anesthetic	October 2009	05			AAPM, ISIS, ASA,	1.20	CMS Fastest Growing	October 2008	ZZZ	1.20	0.50	2.73	0.11	13,294	FALSE			TRUE	The RUC recommended that	June 2009	19	CPT Editorial	TRUE	Decrease
64483	Injection(s), anesthetic agent(s) and/or	Injection of Anesthetic	October 2009	05			AAPM, ISIS, ASA,	1.90	CMS Fastest Growing	October 2008	000	1.90	1.24	5.32	0.18	880,177	FALSE			TRUE	The RUC recommended that	June 2009	19	CPT Editorial	TRUE	Decrease
64484	Injection(s), anesthetic agent(s) and/or	Injection of Anesthetic	October 2009	05			AAPM, ISIS, ASA,	1.00	CMS Fastest Growing	October 2008	ZZZ	1.00	0.43	2.24	0.10	325,687	FALSE			TRUE	The Workgroup recommended	June 2009	19	CPT Editorial	TRUE	Decrease
64488	Transversus abdominis plane (TAP)	RAW	September 2022	13			ANA, ASA	Maintain	High Volume Growth8	April 2022	000	1.60	0.30	2.39	0.13	62,861	FALSE			FALSE					TRUE	Maintain
64490	Injection(s), diagnostic or therapeutic	Facet Joint Injections	April 2009	18			ASA, NASS, ASNR,	1.82	High Volume Growth1		000	1.82	1.14	3.79	0.18	228,012	FALSE			FALSE					TRUE	Decrease
64491	Injection(s), diagnostic or therapeutic	Facet Joint Injections	April 2009	18			ASA, NASS, ASNR,	1.16	High Volume Growth1		ZZZ	1.16	0.48	1.64	0.12	203,743	FALSE			FALSE					TRUE	Decrease
64492	Injection(s), diagnostic or therapeutic	Facet Joint Injections	April 2009	18			ASA, NASS, ASNR,	1.16	High Volume Growth1		ZZZ	1.16	0.51	1.65	0.12	960	FALSE			FALSE					TRUE	Decrease
64493	Injection(s), diagnostic or therapeutic	Facet Joint Injections	April 2009	18			ASA, NASS, ASNR,	1.52	High Volume Growth1		000	1.52	1.03	3.66	0.15	767,913	FALSE			FALSE					TRUE	Decrease
64494	Injection(s), diagnostic or therapeutic	Facet Joint Injections	April 2009	18			ASA, NASS, ASNR,	1.00	High Volume Growth1		ZZZ	1.00	0.41	1.63	0.10	689,688	FALSE			FALSE					TRUE	Decrease
64495	Injection(s), diagnostic or therapeutic	Facet Joint Injections	April 2009	18			ASA, NASS, ASNR,	1.00	High Volume Growth1		ZZZ	1.00	0.44	1.63	0.10	2,562	FALSE			FALSE					TRUE	Decrease
64510	Injection, anesthetic agent; stellate	Fluroscopy	April 2009	27			ASA, ISIS, AAPM,	New PE inputs	CMS Request - Practice Expense	April 2009	000	1.22	0.96	3.06	0.12	5,787	FALSE			FALSE					TRUE	PE Only
64520	Injection, anesthetic agent; lumbar or	Fluroscopy	April 2009	27			ASA, ISIS, AAPM,	PE Review - no change	CMS Request - Practice Expense	April 2009	000	1.35	1.06	5.44	0.13	12,518	FALSE			FALSE					TRUE	PE Only
64550	Application of surface (transcutaneous)	Percutaneous	January 2017	29			AANS, CNS, AOTA	Deleted from CPT	Final Rule for 2015	January 2017							FALSE			TRUE	In September 2016, the CPT	June 2017	12	yes	TRUE	Deleted from CPT
64553	Percutaneous implantation of	Percutaneous	January 2017	15		RUC	AANS, CNS, ASA	6.13	Final Rule for 2015	July 2014	010	6.13	5.06	107.38	2.55	42	FALSE			TRUE	The RUC discussed the	September	36	yes	TRUE	Increase
64555	Percutaneous implantation of	Percutaneous	January 2019	37			AANS, CNS, ASA	5.76. Article published Jan2016	High Volume Growth1 / CMS Fastest	February 2008	010	5.76	3.30	57.29	0.62	9,610	TRUE	Jan 2016	Yes	TRUE	The RUC discussed the	September	36	yes	TRUE	Increase
64561	Percutaneous implantation of	Percutaneous	October 2020	24			AANS, CNS	5.44. 99214 visit appropriate.	CMS Fastest Growing / High Volume	October 2008	010	5.44	2.88	15.82	0.74	26,286	FALSE			FALSE		September	36	yes	TRUE	Decrease
64565	Percutaneous implantation of	Percutaneous	January 2017	15			AANS, CNS	Deleted from CPT	Final Rule for 2015	January 2017							FALSE			FALSE		September	36	yes	TRUE	Deleted from CPT
64566	Posterior tibial neurostimulation,	Posterior Tibial	January 2019	37			ACOG, AUA	0.60	CMS Request - Final Rule for 2014 /	July 2013	000	0.60	0.22	2.82	0.08	159,314	FALSE			FALSE					TRUE	Maintain
64568	Open implantation of cranial nerve (eg,	Vagus Nerve Stimulator	February 2010	14			AANS/CNS	11.19	Site of Service Anomaly	February 2009	090	9.00	7.31		1.92	251	FALSE			FALSE		October 2009	35		TRUE	Decrease
64573	Deleted from CPT	Neurosurgical	February 2009	28			AANS/CNS	Deleted from CPT	Site of Service Anomaly	September 2007							FALSE			TRUE	In Feb 2009, the specialty	October 2009	35	Code Deleted	TRUE	Deleted from CPT
64581	Open implantation of neurostimulator	Urological Procedures	January 2016	54			AUA	12.20. 99214 visit appropriate.	Site of Service Anomaly / High Level	September 2007	090	12.20	5.74		1.68	6,897	FALSE			FALSE					TRUE	Decrease
64590	Insertion or replacement of peripheral,	Skin Adhesives (PE Only)	April 2023	07			ACOG, AUA	New PE Inputs. CPT Assistant	Harvard-Valued Annual Allowed	April 2022	010	5.10	3.00	7.44	0.73	15,943	TRUE	Mar 2024	Yes	TRUE	In October 2017, this service			Code incorrectly	TRUE	Increase
64595	Revision or removal of peripheral,	Skin Adhesives (PE Only)	April 2023	07			ACOG, AUA	New PE Inputs. CPT Assistant	RUC recommendation process, not	April 2022	010	3.79	2.54	6.59	0.56	3,024	TRUE	Mar 2024	Yes	FALSE					TRUE	Increase
64596	Insertion or replacement of	Spinal Neurostimulator	September 2022	04	April 2028	RAW	AAPM, ASA, ASIPP,	Review action plan. Contractor	Contractor Price-Survey below 30	September 2022	010	0.00	0.00	0	0.00		FALSE			FALSE					FALSE	Contractor Price
64597	Insertion or replacement of	Spinal Neurostimulator	September 2022	04	April 2028	RAW	AAPM, ASA, ASIPP,	Review action plan. Contractor	Contractor Price-Survey below 30	September 2022	ZZZ	0.00	0.00	0	0.00		FALSE			FALSE					FALSE	Contractor Price
64598	Revision or removal of neurostimulator	Spinal Neurostimulator	September 2022	04	April 2028	RAW	AAPM, ASA, ASIPP,	Review action plan. Contractor	Contractor Price-Survey below 30	September 2022	010	0.00	0.00	0	0.00		FALSE			FALSE					FALSE	Contractor Price
64615	Chemodenervation of muscle(s);		October 2020	23			AAN, AANEM,	Maintain	High Volume Growth6	October 2019	010	1.85	1.22	2.16	0.63	161,627	FALSE			FALSE					TRUE	Maintain
64622	Destruction by neurolytic agent,	Fluroscopy	April 2009	27			ASA, ISIS, AAPM,	PE Review - no change	CMS Request - Practice Expense	April 2008							FALSE			TRUE	The Executive Committee, in	June 2008 and	EC &	Code Deleted	TRUE	Deleted from CPT
64623	Destruction by neurolytic agent,	Destruction by	April 2008	57			ASA, NASS, AAPM	Deleted from CPT	High Volume Growth1, Harvard Valued -	February 2008							FALSE			TRUE	The Executive Committee, in	June 2008 and	EC &	Code Deleted	TRUE	Deleted from CPT
64626	Destruction by neurolytic agent,	Fluroscopy	April 2009	27			ASA, ISIS, AAPM,	PE Review - no change	CMS Request - Practice Expense	April 2008							FALSE			TRUE	The Executive Committee, in	June 2008 and	EC &	Code Deleted	TRUE	Deleted from CPT
64627	Destruction by neurolytic agent,	Destruction by	April 2008	57			ASA, NASS, AAPM	Deleted from CPT	High Volume Growth1/ CMS Fastest	April 2008							FALSE			TRUE	The Executive Committee, in	June 2008 and	EC &	Code Deleted	TRUE	Deleted from CPT
64633	Destruction by neurolytic agent,	Destruction by	October 2020	17			ASA, AAPM, AAPMR,	3.42	Work Neutrality Review	September 2014	010	3.32	2.10	9.51	0.32	86,733	TRUE	Feb 2015	Yes	TRUE	In February 2011, the CPT	May 2015	20	complete	TRUE	Decrease
64634	Destruction by neurolytic agent,	Destruction by	October 2020	17			ASA, AAPM, AAPMR,	1.32	Work Neutrality Review	September 2014	ZZZ	1.32	0.54	6.22	0.13	95,086	TRUE	Feb 2015	Yes	TRUE	In February 2011, the CPT	May 2015	20	complete	TRUE	Maintain
64635	Destruction by neurolytic agent,	Destruction by	October 2020	17			ASA, AAPM, AAPMR,	3.42	Work Neutrality Review	September 2014	010	3.32	2.11	9.62	0.32	352,439	TRUE	Feb 2015	Yes	TRUE	In February 2011, the CPT	May 2015	20	complete	TRUE	Decrease
64636	Destruction by neurolytic agent,	Destruction by	October 2020	17			ASA, AAPM, AAPMR,	1.16	Work Neutrality Review	September 2014	ZZZ	1.16	0.47	5.93	0.11	381,076	TRUE	Feb 2015	Yes	TRUE	In February 2011, the CPT	May 2015	20	complete	TRUE	Maintain
64640	Destruction by neurolytic agent; other	Injection Treatment of	September 2011	25			ASAM AAPM, APMA,	1.23. Remove 99238.	Site of Service Anomaly (99238-Only) /	September 2007	010	1.98	1.37	5.27	0.21	72,404	FALSE			FALSE					TRUE	Decrease
64708	Neuroplasty, major peripheral nerve,	Neuroplasty – Leg or Arm	October 2010	69			AOFAS, ASSH, AAOS,	6.36	Site of Service Anomaly	September 2007	090	6.36	8.08		1.03	8,567	FALSE			FALSE					TRUE	Maintain
64712	Neuroplasty, major peripheral nerve,	Neuroplasty – Leg or Arm	October 2009	40			AOFAS, ASSH, AAOS,	Remove from screen	Site of Service Anomaly	September 2007	090	8.07	8.28		1.71	628	FALSE			TRUE	The specialty society has	February 2010	32	Editorial Change	TRUE	Remove from Screen
64831	Suture of digital nerve, hand or foot; 1	Neurorrhaphy – Finger	October 2010	70			AAOS, ASPS, ASSH	9.16	Site of Service Anomaly	September 2007	090	9.16	10.18		1.71	728	FALSE			FALSE					TRUE	Decrease
65105	Enucleation of eye; with implant,	Ophthalmologic	September 2007	16			AAO	Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only)	September 2007	090	9.93	17.85		0.78	565	FALSE			FALSE					TRUE	PE Only
65205	Removal of foreign body, external eye;	Removal of Foreign Body -	April 2017	19			AAO, AOA	0.49	CMS 000-Day Global Typically Reported	July 2016	000	0.49	0.34	0.33	0.03	22,562	FALSE			FALSE					TRUE	Decrease
65210	Removal of foreign body, external eye;	Removal of Foreign Body -	April 2017	19			AAO, AOA	0.75	CMS 000-Day Global Typically Reported	July 2016	000	0.61	0.42	0.5	0.03	17,304	FALSE			FALSE					TRUE	Decrease
65222	Removal of foreign body, external eye;	Removal of Foreign Body	September 2011	26			AAO, AOA	0.93	Harvard Valued - Utilization over	April 2011	000	0.84	0.60	1.14	0.05	19,828	FALSE			FALSE					TRUE	Maintain
65285	Repair of laceration; cornea and/or	Repair of Eye Wound	February 2011	8			AAO	16.00	Site of Service Anomaly	September 2007	090	15.36	16.20		1.22	612	FALSE			FALSE					TRUE	Decrease
65778	Placement of amniotic membrane on	Ocular Surface Amniotic	January 2023	18			AAO, AOA	0.84	High Volume Growth8	April 2022	000	0.84	0.42	31.76	0.04	54,190	FALSE			FALSE					TRUE	Decrease
65779	Placement of amniotic membrane on	Ocular Surface Amniotic	January 2023	18			AAO, AOA	1.75	High Volume Growth8	September 2022	000	1.75	1.60	32.78	0.14	526	FALSE			FALSE					TRUE	Decrease
65780	Ocular surface reconstruction; amniotic	Ocular Surface Amniotic	January 2023	18			AAO, AOA	7.03	CMS Fastest Growing / 090-Day Global	October 2008	090	7.03	10.04		0.54	1,548	TRUE	Jun 2009	Yes	FALSE					TRUE	Decrease
65800	Paracentesis of anterior chamber of eye	Paracentesis of the Eye	April 2012	21			AAO	1.53	Harvard Valued - Utilization over	September 2011	000	1.53	0.98	1.91	0.12	14,671	FALSE			TRUE	Sept 2011 AAO stated that they	October 2011	19	Complete	TRUE	Decrease
65805	Paracentesis of anterior chamber of eye	Paracentesis of the Eye	April 2012	21			AAO	Deleted from CPT	Harvard Valued - Utilization over	April 2011							FALSE			TRUE	Sept 2011 AAO stated that they	October 2011	19	Complete	TRUE	Deleted from CPT
65820	Goniotomy	RAW	April 2024	12			AAO	Remove from screen	Codes Reported Together 75% or More-	April 2023	090	8.91	14.93		0.70	33,233	FALSE			FALSE					TRUE	Remove from screen
65855	Trabeculoplasty by laser surgery	Trabeculoplasty by Laser	April 2015	11		RUC	AAO	3.00	010-Day Global Post-Operative Visits	January 2014	010	3.00	2.85	4.07	0.24	129,556	FALSE			TRUE	Referred to CPT to exclude	February 2015	28	Complete	TRUE	Decrease
66170	Fistulization of sclera for glaucoma;	Glaucoma Surgery	April 2015	32		RUC	AAO	13.94	090-Day Global Post-Operative Visits	January 2014	090	13.94	17.49		1.11	4,824	FALSE			FALSE					TRUE	Decrease
66172	Fistulization of sclera for glaucoma;	Glaucoma Surgery	April 2015	32		RUC	AAO	14.81	090-Day Global Post-Operative Visits	January 2014	090	14.84	19.52		1.18	1,836	FALSE			FALSE					TRUE	Decrease
66174	Transluminal dilation of aqueous	Dilation of Aqueous	April 2024	12			AAO	Remove from screen. 8.53	New Technology/ New Service	April 2010	090	7.62	10.36		0.59	19,414	FALSE			FALSE					TRUE	Decrease
66175	Transluminal dilation of aqueous	Dilation of Aqueous	April 2024	12			AAO	Remove from screen. 10.25	New Technology/ New Service	October 2020	090	9.34	11.48		0.74	418	FALSE			FALSE					TRUE	Decrease
66179	Aqueous shunt to extraocular	Aqueous Shunt	January 2014	12			AAO	14.00	Harvard-Valued Annual Allowed	January 2014	090	14.00	17.01		1.12	709	FALSE			TRUE		October 2013	24	Complete	TRUE	Decrease
66180	Aqueous shunt to extraocular	Aqueous Shunt	January 2020	37			AAO	Maintain. 15.00	Harvard-Valued Annual Allowed	October 2012	090	15.00	17.65		1.19	9,127	FALSE			TRUE	In April 2013, the American	October 2013	24	Complete	TRUE	Decrease
66183	Insertion of anterior segment aqueous	Aqueous Shunt	January 2020	37			AAO	Maintain. 13.20	Harvard-Valued Annual Allowed	January 2014	090	13.20	16.37		1.05	6,916	FALSE			FALSE					TRUE	Maintain
66184	Revision of aqueous shunt to	Aqueous Shunt	January 2014	12			AAO	9.58	Harvard-Valued Annual Allowed	January 2014	090	9.58	13.25		0.75	521	FALSE			TRUE		October 2013	24	Complete	TRUE	Decrease
66185	Revision of aqueous shunt to	Aqueous Shunt	January 2020	37			AAO	Maintain. 10.58	Harvard-Valued Annual Allowed	October 2012	090	10.58	13.90		0.83	1,520	FALSE			TRUE	In April 2013, the American	October 2013	24	Complete	TRUE	Increase
66711	Ciliary body destruction;	Cyclophotocoagulation	January 2019	11			AAO	6.36	Codes Reported Together 75%or More-	October 2017	090	5.62	9.05		0.43	676	FALSE			TRUE	In October 2017, maintaining	May 2018	26	Yes	TRUE	Decrease
66761	Iridotomy/iridectomy by laser surgery	Iridotomy	January 2020	37			AAO	Maintain. 3.00	High IWPUT / 010-Day Global Post-	February 2008	010	3.00	3.79	5.69	0.24	48,797	FALSE			TRUE	In April 2009 the Workgroup	February 2010	33	Revised	TRUE	Decrease
66821	Discission of secondary membranous		February 2011	41			AAO	Maintain	MPC List	October 2010	090	3.42	5.62	6.31	0.25	625,427	FALSE			FALSE					TRUE	Maintain
66982	Extracapsular cataract removal with	Cataract Removal with	April 2024	12			AAO	Remove from screen. 10.25	High IWPUT / CMS Fastest Growing,	September 2007	090	10.25	11.07		0.79	140,997	TRUE	Sep 2009	Yes	FALSE					TRUE	Decrease
66983	Intracapsular cataract extraction with	Cyclophotocoagulation	January 2019	11				Contractor Price	Codes Reported Together 75%or More-	January 2019	090	0.00	0.00	0	0.00	38	FALSE			FALSE					TRUE	Contractor Price
66984	Extracapsular cataract removal with	Cataract Removal with	April 2024	12			AAO	Remove from screen	High IWPUT / MPC List / Codes	February 2008	090	7.35	8.24		0.55	1,485,103	FALSE			FALSE					TRUE	Decrease
66987	Extracapsular cataract removal with	Cataract Removal with	January 2021	16			AAO	13.15	Codes Reported Together 75%or More-	January 2019	090	0.00	0.00	0	0.00	542	FALSE			FALSE					TRUE	Decrease
66988	Extracapsular cataract removal with	Cyclophotocoagulation	January 2019	11				10.25	Codes Reported Together 75%or More-	January 2019	090	0.00	0.00	0	0.00	3,028	FALSE			FALSE					TRUE	Decrease
66989	Extracapsular cataract removal with	Cataract Removal with	January 2021	16			AAO	12.13	High Volume Category III Codes 2019	January 2021	090	12.13	12.29		0.95	5,185	FALSE			FALSE		October 2020	37	complete	TRUE	Maintain
66991	Extracapsular cataract removal with	Cataract Removal with	January 2021	16			AAO	9.23	High Volume Category III Codes 2019	January 2021	090	9.23	10.35		0.70	41,677	FALSE			FALSE		October 2020	37	complete	TRUE	Maintain
67028	Intravitreal injection of a pharmacologic	Treatment of Retinal	September 2022	13			AAO, ASRS	1.44	High Volume Growth1 / CMS Fastest	February 2008	000	1.44	1.16	1.82	0.11	3,989,677	FALSE			FALSE					TRUE	Maintain
67036	Vitrectomy, mechanical, pars plana	Vitrectomy	October 2013	11			AAO	12.13	Harvard-Valued Annual Allowed	October 2012	090	12.13	13.50		0.96	17,654	FALSE			FALSE					TRUE	Decrease
67038	Deleted from CPT	Ophthalmological	September 2007	16			AAO	Deleted from CPT	Site of Service Anomaly	September 2007							FALSE			FALSE		February 2007			TRUE	Deleted from CPT
67039	Vitrectomy, mechanical, pars plana	Vitrectomy	October 2013	11			AAO	13.20	Site of Service Anomaly (99238-Only) /	September 2007	090	13.20	14.19		1.05	3,693	FALSE			FALSE					TRUE	Decrease
67040	Vitrectomy, mechanical, pars plana	Vitrectomy	October 2013	11			AAO	14.50	Site of Service Anomaly (99238-Only) /	September 2007	090	14.50	15.02		1.16	5,876	FALSE			FALSE					TRUE	Decrease
67041	Vitrectomy, mechanical, pars plana	Vitrectomy	October 2013	11			AAO	16.33	Harvard-Valued Annual Allowed	October 2012	090	16.33	16.20		1.28	10,569	FALSE			FALSE					TRUE	Decrease
67042	Vitrectomy, mechanical, pars plana	Vitrectomy	October 2013	11			AAO	16.33	Harvard-Valued Annual Allowed	October 2012	090	16.33	16.20		1.28	22,448	FALSE			FALSE					TRUE	Decrease
67043	Vitrectomy, mechanical, pars plana	Vitrectomy	October 2013	11			AAO	17.40	Harvard-Valued Annual Allowed	October 2012	090	17.40	16.89		1.36	245	FALSE			FALSE					TRUE	Decrease
67101	Repair of retinal detachment, including	Retinal Detachment	October 2015	11		RUC	AAO, ASRS	3.50	090-Day Global Post-Operative Visits	April 2015	010	3.50	4.70	6.23	0.27	316	FALSE			TRUE	In April 2015, the RUC	May 2015	21	Complete	TRUE	Decrease
67105	Repair of retinal detachment, including	Retinal Detachment	October 2015	11		RUC	AAO, ASRS	3.84	090-Day Global Post-Operative Visits	April 2015	010	3.39	4.52	5.19	0.26	3,557	FALSE			TRUE	In April 2015, the RUC	May 2015	21	Complete	TRUE	Decrease
67107	Repair of retinal detachment; scleral	Retinal Detachment	April 2015	12			AAO	16.00. Reduce 99238 to 0.5	Site of Service Anomaly (99238-Only) /	September 2007	090	16.00	15.99		1.25	409	FALSE			FALSE		October 2014	23		TRUE	Decrease
67108	Repair of retinal detachment; with	Retinal Detachment	April 2015	12		RUC	AAO	17.13	Site of Service Anomaly (99238-Only) /	September 2007	090	17.13	16.71		1.34	15,275	FALSE			FALSE		October 2014	23		TRUE	Decrease
67110	Repair of retinal detachment; by	Retinal Detachment	April 2015	12			AAO	10.25. Remove 99238	Site of Service Anomaly (99238-Only) /	September 2007	090	10.25	13.12	15.46	0.80	2,304	FALSE			FALSE		October 2014	23		TRUE	Maintain
67112	Repair of retinal detachment; by scleral	Retinal Detachment	April 2015	12			AAO	Deleted from CPT	090-Day Global Post-Operative Visits	April 2014							FALSE			TRUE	Added as part of the family	October 2014	23	Complete	TRUE	Deleted from CPT
67113	Repair of complex retinal detachment	Retinal Detachment	April 2015	12		RUC	AAO	19.00	090-Day Global Post-Operative Visits	January 2014	090	19.00	18.83		1.50	10,182	FALSE			FALSE		October 2014	23	Complete	TRUE	Decrease
67141	Prophylaxis of retinal detachment (eg,	Retinal Detachment	October 2020	08			AAO, ASRS	2.53	Harvard Valued - Utilization over	January 2020	010	2.53	3.72	5.34	0.20	1,171	FALSE			TRUE	CPT code 67145 was identified	May 2020		complete	TRUE	Decrease
67145	Prophylaxis of retinal detachment (eg,	Retinal Detachment	October 2020	08			AAO, ASRS	2.53	Harvard Valued - Utilization over	October 2019	010	2.53	3.72	4.54	0.20	29,855	FALSE			TRUE	CPT code 67145 was identified	May 2020		Complete	TRUE	Decrease
67210	Destruction of localized lesion of retina	Treatment of Retinal	October 2010	13			AAO	6.36	High IWPUT	February 2008	090	6.36	7.95	8.48	0.50	38,623	FALSE			TRUE	Code originally referred to CPT			Complete	TRUE	Decrease
67220	Destruction of localized lesion of	Treatment of Retinal	October 2010	13			AAO	6.36	High IWPUT	February 2008	090	6.36	7.96	8.94	0.49	1,885	FALSE			TRUE	Code originally referred to CPT			Complete	TRUE	Decrease
67225	Destruction of localized lesion of	Photodynamic Therapy	February 2008	P			AAO	0.47	New Technology	September 2007	ZZZ	0.47	0.30	0.35	0.04	75	FALSE			FALSE					TRUE	Maintain
67228	Treatment of extensive or progressive	Treatment of Retinal	October 2009	40			AAO	Remove from screen	High IWPUT	February 2008	010	4.39	4.24	5.37	0.35	40,257	FALSE			FALSE					TRUE	Remove from Screen
67255	Scleral reinforcement (separate	Aqueous Shunt	January 2014	12			AAO	10.17	Harvard-Valued Annual Allowed	January 2014	090	8.38	11.47		0.66	638	FALSE			TRUE		October 2013	24	Complete	TRUE	Maintain
67311	Strabismus surgery, recession or	Strabismus Surgery	October 2020	18			AAO, AAP	5.93	ZZZ Global Post-Operative Visits	April 2020	090	5.93	7.16		0.46	4,714	FALSE			FALSE					TRUE	Decrease
67312	Strabismus surgery, recession or	Strabismus Surgery	October 2020	18			AAO, AAP	9.50	ZZZ Global Post-Operative Visits	April 2020	090	9.50	9.47		0.74	1,244	FALSE			FALSE					TRUE	Decrease
67314	Strabismus surgery, recession or	Strabismus Surgery	October 2020	18			AAO, AAP	5.93	ZZZ Global Post-Operative Visits	April 2020	090	5.93	7.16		0.46	2,320	FALSE			FALSE					TRUE	Decrease
67316	Strabismus surgery, recession or	Strabismus Surgery	October 2020	18			AAO, AAP	10.31	ZZZ Global Post-Operative Visits	April 2020	090	10.31	10.02		0.80	107	FALSE			FALSE					TRUE	Decrease
67318	Strabismus surgery, any procedure,	Strabismus Surgery	October 2020	18			AAO, AAP	9.80	ZZZ Global Post-Operative Visits	April 2020	090	9.80	9.88		0.76	134	FALSE			FALSE					TRUE	Decrease

67320	Transposition procedure (eg, for paretic	Strabismus Surgery	October 2020	18			AAO, AAP	3.00	ZZZ Global Post-Operative Visits	October 2019	ZZZ	3.00	1.90		0.24	308	FALSE			FALSE					TRUE	Decrease
67331	Strabismus surgery on patient with	Strabismus Surgery	October 2020	18			AAO, AAP	2.00	ZZZ Global Post-Operative Visits	October 2019	ZZZ	2.00	2.45		0.16	944	FALSE			FALSE					TRUE	Decrease
67332	Strabismus surgery on patient with	Strabismus Surgery	October 2020	18			AAO, AAP	3.50	ZZZ Global Post-Operative Visits	October 2019	ZZZ	3.50	2.22		0.27	1,400	FALSE			FALSE					TRUE	Decrease
67334	Strabismus surgery by posterior fixation	Strabismus Surgery	October 2020	18			AAO, AAP	2.06	ZZZ Global Post-Operative Visits	October 2019	ZZZ	2.06	2.32		0.16	92	FALSE			FALSE					TRUE	Decrease
67335	Placement of adjustable suture(s)	Strabismus Surgery	October 2020	18			AAO, AAP	3.23	ZZZ Global Post-Operative Visits	October 2019	ZZZ	3.23	2.03		0.24	1,398	FALSE			FALSE					TRUE	Increase
67340	Strabismus surgery involving	Strabismus Surgery	October 2020	18			AAO, AAP	5.00	ZZZ Global Post-Operative Visits	October 2019	ZZZ	5.00	3.21		0.39	59	FALSE			FALSE					TRUE	Decrease
67500	Retrobulbar injection; medication	Injection – Eye	October 2017	11			AAO, ASRS	1.18	CMS 000-Day Global Typically Reported	October 2017	000	1.18	0.63	1.03	0.10	5,723	FALSE			FALSE					TRUE	Decrease
67505	Retrobulbar injection; alcohol	Injection – Eye	October 2017	11			AAO, ASRS	1.18	CMS 000-Day Global Typically Reported	October 2017	000	1.18	0.86	1.29	0.09	71	FALSE			FALSE					TRUE	Decrease
67515	Injection of medication or other	Injection – Eye	October 2017	11			AAO, ASRS	0.84	CMS 000-Day Global Typically Reported	July 2016	000	0.75	0.58	0.72	0.06	19,697	FALSE			FALSE					TRUE	Decrease
67820	Correction of trichiasis; epilation, by	Correction of Trichiasis	April 2016	29			AOA, AOA	0.32	CMS High Expenditure Procedural	July 2015	000	0.32	0.32	0.22	0.02	173,837	FALSE			FALSE					TRUE	Decrease
67914	Repair of ectropion; suture	Repair of Eyelid	April 2013	24			AAO	3.75	Harvard-Valued Annual Allowed	October 2012	090	3.75	5.74	10.54	0.34	1,353	FALSE			FALSE					TRUE	Maintain
67915	Repair of ectropion;	Repair of Eyelid	April 2013	24			AAO	2.03	Harvard-Valued Annual Allowed	October 2012	090	2.03	3.79	7.28	0.16	181	FALSE			FALSE					TRUE	Decrease
67916	Repair of ectropion; excision tarsal	Repair of Eyelid	April 2013	24			AAO	5.48	Harvard-Valued Annual Allowed	October 2012	090	5.48	6.85	12.29	0.45	1,028	FALSE			FALSE					TRUE	Maintain
67917	Repair of ectropion; extensive (eg,	Repair of Eyelid	April 2013	24			AAO	5.93	Harvard-Valued Annual Allowed	October 2012	090	5.93	7.14	12.22	0.49	19,453	FALSE			FALSE					TRUE	Decrease
67921	Repair of entropion; suture	Repair of Eyelid	April 2013	24			AAO	3.47	Harvard-Valued Annual Allowed	October 2012	090	3.47	5.59	10.56	0.27	2,698	FALSE			FALSE					TRUE	Maintain
67922	Repair of entropion;	Repair of Eyelid	April 2013	24			AAO	2.03	Harvard-Valued Annual Allowed	October 2012	090	2.03	3.79	7.01	0.16	75	FALSE			FALSE					TRUE	Decrease
67923	Repair of entropion; excision tarsal	Repair of Eyelid	April 2013	24			AAO	5.48	Harvard-Valued Annual Allowed	October 2012	090	5.48	6.87	12.31	0.44	690	FALSE			FALSE					TRUE	Decrease
67924	Repair of entropion; extensive (eg,	Repair of Eyelid	April 2013	24			AAO	5.93	Harvard-Valued Annual Allowed	October 2012	090	5.93	7.15	12.99	0.48	9,060	FALSE			FALSE					TRUE	Maintain
68040	Expression of conjunctival follicles (eg,	Treatment of Eyelid	September 2011	51			AAO	Revised parenthetical	High Volume Growth1	February 2008	000	0.85	0.52	0.97	0.04	6,534	FALSE			TRUE	AAO to develop CPT Assistant	February 2013	18	Complete	TRUE	Maintain
68200	Subconjunctival injection	Subconjunctival Injection	October 2013	18			AAO	0.49	Harvard Valued - Utilization over	April 2011	000	0.49	0.48	0.71	0.04	5,018	FALSE			FALSE					TRUE	Maintain
68801	Dilation of lacrimal punctum, with or	Dilation and Probing of	January 2015	23			AAO, AOA	1.00	010-Day Global Post-Operative Visits	January 2014	010	0.82	1.51	2.02	0.05	22,991	FALSE			FALSE					TRUE	Maintain
68810	Probing of nasolacrimal duct, with or	Dilation and Probing of	January 2015	23			AAO, AOA	1.54	Site of Service Anomaly / 010-Day	September 2007	010	1.54	2.15	3.16	0.12	22,242	FALSE			FALSE					TRUE	Decrease
68811	Probing of nasolacrimal duct, with or		January 2015	23			AAO, AOA	2.03	010-Day Global Post-Operative Visits	September 2014	010	1.74	2.13		0.15	331	FALSE			FALSE					TRUE	Decrease
68815	Probing of nasolacrimal duct, with or	Dilation and Probing of	January 2015	23			AAO, AOA	3.00	010-Day Global Post-Operative Visits	January 2014	010	2.70	3.70	8.29	0.22	6,655	FALSE			FALSE					TRUE	Decrease
68816	Probing of nasolacrimal duct, with or		January 2015	23			AAO, AOA	2.35	010-Day Global Post-Operative Visits	September 2014	010	2.10	2.40	23.03	0.17	153	FALSE			FALSE					TRUE	Decrease
69100	Biopsy external ear	Biopsy of Ear	April 2009	28			AAD	0.81	CMS Fastest Growing	October 2008	000	0.81	0.48	1.97	0.09	162,021	FALSE			FALSE					TRUE	Maintain
69200	Removal foreign body from external	Removal of Foreign Body	September 2011	29			AAO-HNS	0.77	Harvard Valued - Utilization over	April 2011	000	0.77	0.54	1.54	0.11	47,747	FALSE			FALSE					TRUE	Maintain
69210	Removal impacted cerumen requiring	Removal of Cerumen	September 2024	14	September	RAW	AAFP, AAO-HNS	Review in 3 years. 0.58.	CMS High Expenditure Procedural	September 2011	000	0.61	0.28	0.75	0.08	1,439,777	FALSE			TRUE	In January 2012, the RUC	October 2012	19	Yes	FALSE	Decrease
69400	Eustachian tube inflation, transnasal;	Eustachian Tube	October 2013	18			AAO-HNS	Deleted from CPT	High Volume Growth2	October 2013							FALSE			TRUE	October 2013, the RUC	February 2014	41	Complete	TRUE	Deleted from CPT
69401	Eustachian tube inflation, transnasal;	Eustachian Tube	October 2013	18			AAO-HNS	Deleted from CPT	High Volume Growth2	April 2013							FALSE			TRUE	October 2013, the RUC	February 2014	41	Complete	TRUE	Deleted from CPT
69405	Eustachian tube catheterization,	Eustachian Tube	October 2013	18			AAO-HNS	Deleted from CPT	High Volume Growth2	October 2013							FALSE			TRUE	October 2013, the RUC	February 2014	41	Complete	TRUE	Deleted from CPT
69433	Tympanostomy (requiring insertion of	Tympanostomy	September 2011	30			AAO-HNS	1.57	Harvard Valued - Utilization over	April 2011	010	1.57	2.22	4.31	0.23	37,608	FALSE			FALSE					TRUE	Maintain
69801	Labyrinthotomy, with perfusion of	Labyrinthotomy	October 2015	21			AAO-HNS	Review action plan at RAW Oct	CMS Fastest Growing / Site of Service	September 2007	000	2.06	1.37	4.51	0.30	23,868	TRUE	May 2011	Yes	TRUE	The Workgroup previously	Feb 2010	34	Revised	TRUE	Decrease
69802	Labyrinthotomy, with perfusion of	Labryinthotomy	April 2010	16			AAO-HNS	Deleted from CPT	CMS Fastest Growing / Site of Service								FALSE			TRUE	Prior to surveying this service	Feburary 2011	25	Code Deleted	TRUE	Deleted from CPT
69930	Cochlear device implantation, with or	Cochlear Device	February 2008	M			AAO-HNS	17.60	Site of Service Anomaly	September 2007	090	17.73	16.24		2.60	4,193	FALSE			FALSE					TRUE	Maintain
70030	Radiologic examination, eye, for	X-Ray of Eye	January 2020	28				0.18	CMS-Other - Utilization over 20,000	January 2019	XXX	0.18	NA	0.78	0.02	19,427	FALSE			FALSE					TRUE	Increase
70100	Radiologic examination, mandible;	RAW	October 2013	18				RUC to submit letter to CMS	High Volume Growth2	April 2013	XXX	0.18	NA	0.97	0.02	17,784	FALSE			FALSE					TRUE	Maintain
70210	Radiologic examination, sinuses,	X-Ray Exam - Sinuses	January 2019	24			AAFP, ACP, ACR,	0.20	CMS-Other - Utilization over 30,000	October 2017	XXX	0.17	NA	0.78	0.02	14,374	FALSE			FALSE					TRUE	Increase
70220	Radiologic examination, sinuses,	X-Ray Exam - Sinuses	January 2019	24			AAFP, ACP, ACR,	0.22	CMS-Other - Utilization over 30,000	October 2017	XXX	0.22	NA	0.89	0.02	32,703	FALSE			FALSE					TRUE	Decrease
70250	Radiologic examination, skull; less than	X-Ray Exam – Skull	January 2019	25			ACR, ASNR	0.20	CMS-Other - Utilization over 30,000	October 2017	XXX	0.18	NA	0.89	0.02	39,351	FALSE			FALSE					TRUE	Decrease
70260	Radiologic examination, skull; complete,	X-Ray Exam – Skull	January 2019	25			ACR, ASNR	0.29	CMS-Other - Utilization over 30,000	October 2017	XXX	0.28	NA	1.04	0.02	7,741	FALSE			FALSE					TRUE	Decrease
70310	Radiologic examination, teeth; partial	RAW	October 2013	18				RUC to submit letter to CMS	High Volume Growth2	April 2013	XXX	0.16	NA	1.04	0.02	648	FALSE			FALSE					TRUE	Maintain
70360	Radiologic examination; neck, soft	X-Ray Exam – Neck	January 2019	26			AAFP, ACP, ACR,	0.20	CMS-Other - Utilization over 30,000	October 2017	XXX	0.18	NA	0.74	0.02	37,844	FALSE			FALSE					TRUE	Increase
70371	Complex dynamic pharyngeal and	Laryngography	January 2019	37			ACR, AAFP	CPT Assistant article published,	Codes Reported Together 75% or More-	October 2012	XXX	0.84	NA	2.39	0.05	754	TRUE	July 2014	Yes	FALSE					TRUE	Maintain
70373	Laryngography, contrast, radiological	Laryngography	October 2012				ACR, AAFP	CPT Assistant article published.	Codes Reported Together 75% or More-	October 2012							TRUE	July 2014	Yes	FALSE					TRUE	Deleted from CPT
70450	Computed tomography, head or brain;	CT Head/Brain	April 2019	15			ACR, ASNR	0.85	CMS-Other - Utilization over 500,000 /	April 2011	XXX	0.85	NA	2.36	0.05	5,054,448	FALSE			FALSE					TRUE	Maintain
70460	Computed tomography, head or brain;	CT Head/Brain	April 2019	15			ACR, ASNR	1.13	CMS High Expenditure Procedural	April 2013	XXX	1.13	NA	3.36	0.07	18,899	FALSE			FALSE					TRUE	Maintain
70470	Computed tomography, head or brain;	CT Head/Brain	April 2019	15			ACR, ASNR	1.27	Harvard Valued - Utilization over	October 2009	XXX	1.27	NA	3.98	0.09	61,447	FALSE			FALSE					TRUE	Maintain
70480	Computed tomography, orbit, sella, or	CT – Orbit/Ear/Fossa	October 2018	16			ACR, ASNR	1.28	CMS-Other - Utilization over 30,000	October 2017	XXX	1.28	NA	3.52	0.09	50,681	FALSE			FALSE					TRUE	Maintain
70481	Computed tomography, orbit, sella, or	CT – Orbit/Ear/Fossa	October 2018	16			ACR, ASNR	1.13	CMS-Other - Utilization over 30,000	October 2017	XXX	1.13	NA	4.35	0.08	9,497	FALSE			FALSE					TRUE	Decrease
70482	Computed tomography, orbit, sella, or	CT – Orbit/Ear/Fossa	October 2018	16			ACR, ASNR	1.27	CMS-Other - Utilization over 30,000	October 2017	XXX	1.27	NA	5.13	0.09	4,103	FALSE			FALSE					TRUE	Decrease
70486	Computed tomography, maxillofacial	CT – Maxillofacial	April 2014	41			ACR, ASNR	0.85	CMS-Other - Utilization over 250,000	April 2013	XXX	0.85	NA	3.04	0.05	478,315	FALSE			FALSE					TRUE	Decrease
70487	Computed tomography, maxillofacial	CT – Maxillofacial	April 2014	41			ACR, ASNR	1.17	CMS-Other - Utilization over 250,000	April 2014	XXX	1.13	NA	3.47	0.08	27,343	FALSE			FALSE					TRUE	Decrease
70488	Computed tomography, maxillofacial	CT – Maxillofacial	April 2014	41			ACR, ASNR	1.30	CMS-Other - Utilization over 250,000	April 2014	XXX	1.27	NA	4.31	0.09	3,206	FALSE			FALSE					TRUE	Decrease
70490	Computed tomography, soft tissue	CT Soft Tissue Neck	January 2017	21			ACR, ASNR	1.28	CMS High Expenditure Procedural	July 2015	XXX	1.28	NA	3.25	0.08	61,888	FALSE			FALSE					TRUE	Maintain
70491	Computed tomography, soft tissue	CT Soft Tissue Neck	January 2017	21			ACR, ASNR	1.38	CMS High Expenditure Procedural	July 2015	XXX	1.38	NA	4.2	0.09	254,652	FALSE			FALSE					TRUE	Maintain
70492	Computed tomography, soft tissue	CT Soft Tissue Neck	January 2017	21			ACR, ASNR	1.62	CMS High Expenditure Procedural	July 2015	XXX	1.62	NA	5.08	0.10	21,596	FALSE			FALSE					TRUE	Increase
70496	Computed tomographic angiography,	Cerebral Perfusion & CT	September 2024	09			ACR, ASNR	1.75	High Volume Growth1 / CMS Fastest	February 2008	XXX	1.75	NA	6.62	0.12	630,855	FALSE			TRUE	In April 2022, the Workgroup	May 2024	17	Complete	TRUE	Maintain
70498	Computed tomographic angiography,	Cerebral Perfusion & CT	September 2024	09			ACR, ASNR	1.75	High Volume Growth1 / CMS Fastest	February 2008	XXX	1.75	NA	6.61	0.12	655,679	FALSE			TRUE	In April 2022, the Workgroup	May 2024	17	Complete	TRUE	Maintain
70540	Magnetic resonance (eg, proton)	MRI Face and Neck	January 2016	39			ACR, ASNR	1.35	CMS High Expenditure Procedural	July 2015	XXX	1.35	NA	5.54	0.09	9,027	FALSE			FALSE					TRUE	Maintain
70542	Magnetic resonance (eg, proton)	MRI Face and Neck	January 2016	39			ACR, ASNR	1.62	CMS High Expenditure Procedural	July 2015	XXX	1.62	NA	6.55	0.11	738	FALSE			FALSE					TRUE	Maintain
70543	Magnetic resonance (eg, proton)	MRI Face and Neck	January 2016	39			ACR, ASNR	2.15	CMS High Expenditure Procedural	July 2015	XXX	2.15	NA	8.16	0.14	64,328	FALSE			FALSE					TRUE	Maintain
70544	Magnetic resonance angiography,	Magnetic Resonance	April 2024	12	April 2025	RUC	ACR, ASNR, SIR	Refer to CPT for code bundle	CMS High Expenditure Procedural	July 2015	XXX	1.20	NA	5.36	0.09	187,401	FALSE			TRUE	In April 2022, the Relativity	February 2025			FALSE	Maintain
70545	Magnetic resonance angiography,	Magnetic Resonance	October 2016	18		RUC	ACR, ASNR	1.20	CMS High Expenditure Procedural	July 2015	XXX	1.20	NA	5.72	0.09	3,106	FALSE			FALSE					TRUE	Maintain
70546	Magnetic resonance angiography,	Magnetic Resonance	October 2016	18			ACR, ASNR	1.48	CMS High Expenditure Procedural	July 2015	XXX	1.48	NA	8.59	0.12	19,586	FALSE			FALSE					TRUE	Decrease
70547	Magnetic resonance angiography, neck;	Magnetic Resonance	April 2024	12	April 2025	RUC	ACR, ASNR, SIR	Refer to CPT for code bundle	CMS High Expenditure Procedural	July 2015	XXX	1.20	NA	5.37	0.09	64,182	FALSE			TRUE	In April 2022, the Relativity	February 2025			FALSE	Maintain
70548	Magnetic resonance angiography, neck;	Magnetic Resonance	October 2016	19		RUC	ACR, ASNR	1.50	CMS High Expenditure Procedural	July 2015	XXX	1.50	NA	5.99	0.11	13,081	FALSE			FALSE					TRUE	Increase
70549	Magnetic resonance angiography, neck;	Magnetic Resonance	October 2016	19		RUC	ACR, ASNR	1.80	CMS High Expenditure Procedural	July 2015	XXX	1.80	NA	8.73	0.13	42,918	FALSE			FALSE					TRUE	Maintain
70551	Magnetic resonance (eg, proton)	MRI-Brain	January 2013	26			ACR, ASNR	1.48	CMS High Expenditure Procedural	September 2011	XXX	1.48	NA	4.47	0.10	1,072,270	FALSE			FALSE					TRUE	Maintain
70552	Magnetic resonance (eg, proton)	MRI-Brain	January 2013	26			ACR, ASNR	1.78	CMS High Expenditure Procedural	September 2011	XXX	1.78	NA	6.44	0.12	17,490	FALSE			FALSE					TRUE	Maintain
70553	Magnetic resonance (eg, proton)	MRI-Brain	January 2013	26			ACR, ASNR	2.36	CMS-Other - Utilization over 500,000 /	April 2011	XXX	2.29	NA	7.38	0.15	943,751	FALSE			FALSE					TRUE	Maintain
70XX1		Cerebral Perfusion & CT	September 2024	09			ACR, ASNR	2.50	Codes Reported Together 75% or More-	May 2024	XXX						FALSE			FALSE		May 2024	17	Complete	TRUE	Decrease
70XX2		Cerebral Perfusion & CT	September 2024	09			ACR, ASNR	0.77	Codes Reported Together 75% or More-	May 2024	XXX						FALSE			FALSE		May 2024	17	Complete	TRUE	Decrease
70XX3		Cerebral Perfusion & CT	September 2024	09			ACR, ASNR	1.00	Codes Reported Together 75% or More-	May 2024	XXX						FALSE			FALSE		May 2024	17	Complete	TRUE	Decrease
71010	Radiologic examination, chest; single	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	Low Value-High Volume / CMS High	October 2010							FALSE			FALSE		February 2016	20	Complete	TRUE	Deleted from CPT
71015	Radiologic examination, chest; stereo,	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			FALSE		February 2016	20	Complete	TRUE	Deleted from CPT
71020	Radiologic examination, chest, 2 views,	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	MPC List / CMS High Expenditure	October 2010							FALSE			FALSE		February 2016	20	Complete	TRUE	Deleted from CPT
71021	Radiologic examination, chest, 2 views,	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			FALSE		February 2016	20	Complete	TRUE	Deleted from CPT
71022	Radiologic examination, chest, 2 views,	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			FALSE		February 2016	20	Complete	TRUE	Deleted from CPT
71023	Radiologic examination, chest, 2 views,	Chest X-Ray	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			FALSE		February 2016	20	Complete	TRUE	Deleted from CPT
71030	Radiologic examination, chest,	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			FALSE		February 2016	20	Complete	TRUE	Deleted from CPT
71034	Radiologic examination, chest,	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			FALSE		February 2016	20	Complete	TRUE	Deleted from CPT
71035	Radiologic examination, chest, special	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			FALSE		February 2016	20	Complete	TRUE	Deleted from CPT
71045	Radiologic examination, chest; single	Chest X-Ray	April 2016	07			ACR	0.18	CMS High Expenditure Procedural	February 2016	XXX	0.18	NA	0.57	0.02	13,857,156	FALSE			FALSE		February 2016	20	Complete	TRUE	Decrease
71046	Radiologic examination, chest; 2 views	Chest X-Ray	April 2016	07			ACR	0.22	CMS High Expenditure Procedural	February 2016	XXX	0.22	NA	0.77	0.02	6,158,080	FALSE			FALSE		February 2016	20	Complete	TRUE	Decrease
71047	Radiologic examination, chest; 3 views	Chest X-Ray	April 2016	07			ACR	0.27	CMS High Expenditure Procedural	February 2016	XXX	0.27	NA	0.98	0.02	12,579	FALSE			FALSE		February 2016	20	Complete	TRUE	Decrease
71048	Radiologic examination, chest; 4 or	Chest X-Ray	April 2016	07			ACR	0.31	CMS High Expenditure Procedural	February 2016	XXX	0.31	NA	1.04	0.02	7,817	FALSE			FALSE		February 2016	20	Complete	TRUE	Decrease
71090	Insertion pacemaker, fluoroscopy and	Insertion/Removal of	April 2011	10			ACC	Deleted from CPT	Codes Reported Together 75% or More-	February 2010							FALSE			TRUE	33213 - This code, when	February 2011	13	Complete	TRUE	Deleted from CPT
71100	Radiologic examination, ribs, unilateral;	X-Ray of Ribs	April 2016	30			ACR	0.22	CMS-Other - Utilization over 250,000 /	April 2013	XXX	0.22	NA	0.86	0.02	126,789	FALSE			FALSE					TRUE	Maintain
71101	Radiologic examination, ribs, unilateral;	X-Ray of Ribs	April 2016	30			ACR	0.27	CMS-Other - Utilization over 250,000-	October 2015	XXX	0.27	NA	0.98	0.02	247,342	FALSE			FALSE					TRUE	Maintain
71110	Radiologic examination, ribs, bilateral; 3	X-Ray of Ribs	April 2016	30			ACR	0.29	CMS-Other - Utilization over 250,000-	October 2015	XXX	0.29	NA	1.01	0.02	20,431	FALSE			FALSE					TRUE	Maintain
71111	Radiologic examination, ribs, bilateral;	X-Ray of Ribs	April 2016	30			ACR	0.32	CMS-Other - Utilization over 250,000-	October 2015	XXX	0.32	NA	1.23	0.03	27,294	FALSE			FALSE					TRUE	Maintain
71250	Computed tomography, thorax,	Screening CT of Thorax	October 2019	07			ACR	1.16	CMS Fastest Growing / CMS High	October 2008	XXX	1.08	NA	2.94	0.07	2,268,146	FALSE			FALSE					TRUE	Increase
71260	Computed tomography, thorax,	Screening CT of Thorax	October 2019	07			ACR	1.38	CMS High Expenditure Procedural	July 2015	XXX	1.16	NA	3.9	0.08	1,641,425	FALSE			FALSE					TRUE	Maintain
71270	Computed tomography, thorax,	Screening CT of Thorax	October 2019	07			ACR	1.24	CMS High Expenditure Procedural	July 2015	XXX	1.25	NA	4.71	0.08	52,341	FALSE			FALSE					TRUE	Maintain
71271	Computed tomography, thorax, low	Screening CT of Thorax	October 2019	07				1.16	CMS-Other - Utilization over 30,000-	May 2019	XXX	1.08	NA	3.07	0.08	358,112	FALSE			FALSE					TRUE	Increase
71275	Computed tomographic angiography,	CT Angiography-Chest	January 2014	27			ACR, SIR	1.82	CMS Fastest Growing / MPC List	October 2008	XXX	1.82	NA	6.71	0.13	1,426,486	TRUE	Jun 2009	Yes	FALSE					TRUE	Decrease
72020	Radiologic examination, spine, single	X-Ray Spine	January 2019	27			AAOS, ACR, ASNR	0.16	CMS-Other - Utilization over 100,000	April 2016	XXX	0.16	NA	0.55	0.02	94,308	FALSE			FALSE					TRUE	Increase
72040	Radiologic examination, spine, cervical;	X-Ray Spine	January 2019	27			AAOS, ACR, ASNR	0.22	Low Value-High Volume / CMS-Other -	October 2010	XXX	0.22	NA	0.95	0.02	552,527	FALSE			TRUE	The RUC recommended code	October 2011	17	Complete	TRUE	Maintain
72050	Radiologic examination, spine, cervical;	X-Ray Spine	January 2019	27			AAOS, ACR, ASNR	0.27	Low Value-High Volume / CMS-Other -	October 2010	XXX	0.27	NA	1.32	0.02	319,562	FALSE			TRUE	The RUC recommended code	October 2011	17	Complete	TRUE	Decrease
72052	Radiologic examination, spine, cervical;	X-Ray Spine	January 2019	27			AAOS, ACR, ASNR	0.30	Low Value-High Volume / CMS-Other -	October 2010	XXX	0.30	NA	1.55	0.03	59,046	FALSE			TRUE	The RUC recommended code	October 2011	17	Complete	TRUE	Decrease
72070	Radiologic examination, spine; thoracic,	X-Ray Spine	January 2019	27			AAOS, ACR, ASNR	0.20	CMS-Other - Utilization over 250,000 /	April 2013	XXX	0.20	NA	0.77	0.02	266,493	FALSE			FALSE					TRUE	Decrease
72072	Radiologic examination, spine; thoracic,	X-Ray Spine	January 2019	27			AAOS, ACR, ASNR	0.23	CMS-Other - Utilization over 100,000	April 2016	XXX	0.23	NA	0.94	0.02	142,321	FALSE			FALSE					TRUE	Increase
72074	Radiologic examination, spine; thoracic,	X-Ray Spine	January 2019	27			AAOS, ACR, ASNR	0.25	CMS-Other - Utilization over 100,000	October 2016	XXX	0.25	NA	1.07	0.02	11,215	FALSE			FALSE					TRUE	Increase
72080	Radiologic examination, spine;	X-Ray Spine	January 2019	27			AAOS, ACR, ASNR	0.21	CMS-Other - Utilization over 100,000	October 2016	XXX	0.21	NA	0.81	0.02	42,662	FALSE			FALSE					TRUE	Decrease
72100	Radiologic examination, spine,	X-Ray Spine	January 2019	27			AAOS, ACR, ASNR	0.22	Harvard Valued - Utilization over	February 2010	XXX	0.22	NA	0.96	0.02	1,537,302	FALSE			TRUE	This service was brought	October 2010	18	Complete	TRUE	Maintain
72110	Radiologic examination, spine,	X-Ray Spine	January 2019	27			AAOS, ACR, ASNR	0.26	Harvard Valued - Utilization over	October 2009	XXX	0.26	NA	1.28	0.02	726,844	FALSE			TRUE	April 2010, refer to CPT	October 2010	18	Complete	TRUE	Decrease
72114	Radiologic examination, spine,	X-Ray Spine	January 2019	27			AAOS, ACR, ASNR	0.30	Harvard Valued - Utilization over	February 2010	XXX	0.30	NA	1.51	0.03	84,552	FALSE			TRUE	This service was brought	October 2010	18	Complete	TRUE	Decrease
72120	Radiologic examination, spine,	X-Ray Spine	January 2019	27			AAOS, ACR, ASNR	0.22	Harvard Valued - Utilization over	February 2010	XXX	0.22	NA	0.98	0.02	44,877	FALSE			TRUE	Code 72110 was identified by	October 2010	18	Complete	TRUE	Maintain
72125	Computed tomography, cervical spine;	CT Spine	April 2018	18			ACR, ASNR	1.07	CMS Fastest Growing	October 2008	XXX	1.00	NA	2.94	0.06	1,400,600	FALSE			FALSE					TRUE	Maintain
72126	Computed tomography, cervical spine;	CT Spine	April 2018	18			ACR, ASNR	1.22	CMS Fastest Growing	February 2009	XXX	1.22	NA	3.89	0.08	16,849	FALSE			FALSE					TRUE	Maintain
72127	Computed tomography, cervical spine;	CT Spine	April 2018	18			ACR, ASNR	1.27	CMS Fastest Growing	February 2009	XXX	1.27	NA	4.72	0.09	1,757	FALSE			FALSE					TRUE	Maintain
72128	Computed tomography, thoracic spine;	CT Spine	April 2018	18			ACR, ASNR	1.00	CMS Fastest Growing	October 2008	XXX	1.00	NA	2.93	0.06	216,061	FALSE			FALSE					TRUE	Maintain
72129	Computed tomography, thoracic spine;	CT Spine	April 2018	18			ACR, ASNR	1.22	CMS Fastest Growing	February 2009	XXX	1.22	NA	3.92	0.09	35,078	FALSE			FALSE					TRUE	Maintain
72130	Computed tomography, thoracic spine;	CT Spine	April 2018	18			ACR, ASNR	1.27	CMS Fastest Growing	February 2009	XXX	1.27	NA	4.76	0.09	1,277	FALSE			FALSE					TRUE	Maintain
72131	Computed tomography, lumbar spine;	CT Spine	April 2018	18			ACR, ASNR	1.00	CMS Fastest Growing / CMS-Other -	February 2009	XXX	1.00	NA	2.91	0.06	507,769	FALSE			FALSE					TRUE	Maintain

72132	Computed tomography, lumbar spine;	CT Spine	April 2018	18			ACR, ASNR	1.22	CMS Fastest Growing / CMS-Other -	February 2009	XXX	1.22	NA	3.9	0.08	59,350	FALSE			FALSE					TRUE	Maintain
72133	Computed tomography, lumbar spine;	CT Spine	April 2018	18			ACR, ASNR	1.27	CMS Fastest Growing / CMS-Other -	February 2009	XXX	1.27	NA	4.73	0.09	3,516	FALSE			FALSE					TRUE	Maintain
72141	Magnetic resonance (eg, proton)	MRI Neck and Lumbar	April 2013	25			ACR	1.48	CMS High Expenditure Procedural	September 2011	XXX	1.48	NA	4.3	0.10	539,537	FALSE			FALSE					TRUE	Decrease
72142	Magnetic resonance (eg, proton)	MRI Neck and Lumbar	April 2013	25			ACR	1.78	CMS High Expenditure Procedural	April 2013	XXX	1.78	NA	6.59	0.13	2,550	FALSE			FALSE					TRUE	Decrease
72146	Magnetic resonance (eg, proton)	MRI Neck and Lumbar	April 2013	25			ACR	1.48	CMS High Expenditure Procedural	April 2013	XXX	1.48	NA	4.29	0.10	213,221	FALSE			FALSE					TRUE	Decrease
72147	Magnetic resonance (eg, proton)	MRI Neck and Lumbar	April 2013	25			ACR	1.78	CMS High Expenditure Procedural	April 2013	XXX	1.78	NA	6.52	0.12	2,352	FALSE			FALSE					TRUE	Decrease
72148	Magnetic resonance (eg, proton)	MRI Neck and Lumbar	April 2013	25			AAOS, AUR, ACR,	1.48	CMS-Other - Utilization over 500,000 /	April 2011	XXX	1.48	NA	4.32	0.10	1,236,516	FALSE			FALSE					TRUE	Maintain
72149	Magnetic resonance (eg, proton)	MRI Neck and Lumbar	April 2013	25				1.78	CMS High Expenditure Procedural	April 2013	XXX	1.78	NA	6.44	0.13	4,470	FALSE			FALSE					TRUE	Maintain
72156	Magnetic resonance (eg, proton)	MRI Neck and Lumbar	April 2013	25				2.29	CMS High Expenditure Procedural	April 2013	XXX	2.29	NA	7.43	0.15	110,978	FALSE			FALSE					TRUE	Decrease
72157	Magnetic resonance (eg, proton)	MRI Neck and Lumbar	April 2013	25				2.29	CMS High Expenditure Procedural	April 2013	XXX	2.29	NA	7.45	0.15	97,740	FALSE			FALSE					TRUE	Decrease
72158	Magnetic resonance (eg, proton)	MRI Neck and Lumbar	April 2013	25				2.29	CMS High Expenditure Procedural	April 2013	XXX	2.29	NA	7.41	0.15	208,724	FALSE			FALSE					TRUE	Decrease
72170	Radiologic examination, pelvis; 1 or 2	X-Ray Exam – Pelvis	January 2019	28			AAOS, ACR	0.17	Low Value-High Volume / Codes	October 2010	XXX	0.17	NA	0.65	0.02	714,774	FALSE			TRUE	The Joint Workgroup	October 2014	27	Complete	TRUE	Maintain
72190	Radiologic examination, pelvis;	X-Ray Exam – Pelvis	January 2019	28			AAOS, ACR	0.25	CMS-Other - Utilization over 30,000	October 2017	XXX	0.25	NA	1	0.02	57,488	FALSE			FALSE					TRUE	Increase
72191	Computed tomographic angiography,	CT Angiography	October 2013	12			ACR, SIR	1.81	High Volume Growth1 / CMS Fastest	February 2008	XXX	1.81	NA	7.43	0.13	2,706	FALSE			TRUE	The Workgroup accepts the	October 2010	19	Complete	TRUE	Maintain
72192	Computed tomography, pelvis; without	CT Pelvis	October 2008	26			ACR	1.09	Codes Reported Together 95% or More	October 2008	XXX	1.09	NA	2.93	0.07	181,245	FALSE			TRUE	The specialty society indicated	October 2009	37	Complete	TRUE	Maintain
72193	Computed tomography, pelvis; with	CT Pelvis	October 2008	26			ACR	1.16	Codes Reported Together 95% or More	October 2008	XXX	1.16	NA	5.81	0.08	31,631	FALSE			TRUE	The specialty society indicated	October 2009	37	Complete	TRUE	Maintain
72194	Computed tomography, pelvis; without	CT Abdomen and Pelvis	April 2014	44			ACR	1.22	Codes Reported Together 95% or More	February 2008	XXX	1.22	NA	6.48	0.08	4,787	FALSE			TRUE	Referred to the CPT Editorial	October 2009	37	Complete	TRUE	Maintain
72195	Magnetic resonance (eg, proton)	MRI Pelvis	October 2016	21		RUC	ACR	1.46	CMS High Expenditure Procedural	July 2015	XXX	1.46	NA	5.51	0.10	80,188	FALSE			FALSE					TRUE	Maintain
72196	Magnetic resonance (eg, proton)	MRI Pelvis	October 2016	21		RUC	ACR	1.73	CMS High Expenditure Procedural	July 2015	XXX	1.73	NA	6.43	0.12	2,468	FALSE			FALSE					TRUE	Maintain
72197	Magnetic resonance (eg, proton)	MRI Pelvis	October 2016	21		RUC	ACR	2.20	CMS High Expenditure Procedural	July 2015	XXX	2.20	NA	8.05	0.14	282,485	FALSE			FALSE					TRUE	Decrease
72200	Radiologic examination, sacroiliac	X-Ray Sacrum	January 2019	29			AAOS, ACR	0.20	CMS-Other - Utilization over 100,000	October 2016	XXX	0.17	NA	0.81	0.02	13,432	FALSE			FALSE					TRUE	Increase
72202	Radiologic examination, sacroiliac	X-Ray Sacrum	January 2019	29			AAOS, ACR	0.26	CMS-Other - Utilization over 100,000	October 2016	XXX	0.23	NA	0.93	0.02	38,895	FALSE			FALSE					TRUE	Increase
72220	Radiologic examination, sacrum and	X-Ray Sacrum	January 2019	29			AAOS, ACR	0.20	CMS-Other - Utilization over 100,000	April 2016	XXX	0.17	NA	0.79	0.02	100,542	FALSE			FALSE					TRUE	Increase
72240	Myelography, cervical, radiological	Myelography	April 2014	17			ACR, ASNR	0.91	Codes Reported Together 75% or More-	October 2012	XXX	0.91	NA	2.38	0.07	308	FALSE			TRUE	Joint Workgroup requests that	October 2013	21	Complete	TRUE	Maintain
72255	Myelography, thoracic, radiological	Myelography	April 2014	17			ACR, ASNR	0.91	Codes Reported Together 75% or More-	October 2013	XXX	0.91	NA	2.26	0.06	75	FALSE			TRUE	This code change application	October 2013	21	Complete	TRUE	Maintain
72265	Myelography, lumbosacral, radiological	Myelography	April 2014	17			ACR, ASNR	0.83	Codes Reported Together 75% or More-	October 2012	XXX	0.83	NA	2.39	0.05	1,897	FALSE			TRUE	Joint Workgroup requests that	October 2013	21	Complete	TRUE	Maintain
72270	Myelography, 2 or more regions (eg,	Myelography	April 2014	17			ACR, ASNR	1.33	Codes Reported Together 75% or More-	October 2012	XXX	1.33	NA	3.16	0.09	406	FALSE			TRUE	Joint Workgroup requests that	October 2013	21	Complete	TRUE	Maintain
72275	Epidurography, radiological supervision	Epidurography	January 2020	37			ASA, AAPM, AAMPR,	Deleted from CPT	Different Performing Specialty from	October 2009	XXX						TRUE	Oct 2009 and	Yes	TRUE	In October 2019, this service	October 2020	40	complete	TRUE	Deleted from CPT
72291	Radiological supervision and	Percutaneous	April 2014	06				Deleted from CPT	Codes Reported Together 75% or More-	October 2012							FALSE			TRUE	Joint Workgroup recommends	February 2014	16	Complete	TRUE	Deleted from CPT
72292	Radiological supervision and	Percutaneous	April 2014	06				Deleted from CPT	Codes Reported Together 75% or More-	October 2012							FALSE			TRUE	Joint Workgroup recommends	February 2014	16	Complete	TRUE	Deleted from CPT
73000	Radiologic examination; clavicle,	X-Ray – Clavicle/Shoulder	October 2018	17			ACR, AAOS	0.16	CMS-Other - Utilization over 30,000	October 2017	XXX	0.16	NA	0.8	0.02	90,561	FALSE			FALSE					TRUE	Maintain
73010	Radiologic examination; scapula,	X-Ray – Clavicle/Shoulder	October 2018	17			ACR, AAOS	0.17	CMS-Other - Utilization over 30,000	October 2017	XXX	0.17	NA	0.53	0.02	43,139	FALSE			FALSE					TRUE	Maintain
73020	Radiologic examination, shoulder; 1	X-Ray – Clavicle/Shoulder	October 2018	17			ACR, AAOS	0.15	CMS-Other - Utilization over 30,000	October 2017	XXX	0.15	NA	0.48	0.02	99,075	FALSE			FALSE					TRUE	Maintain
73030	Radiologic examination, shoulder;	X-Ray – Clavicle/Shoulder	October 2018	17			ACR, AAOS	0.18	Low Value-High Volume / CMS-Other -	October 2010	XXX	0.18	NA	0.85	0.02	2,553,512	FALSE			FALSE					TRUE	Maintain
73050	Radiologic examination;	X-Ray – Clavicle/Shoulder	October 2018	17			ACR, AAOS	0.18	CMS-Other - Utilization over 30,000	October 2017	XXX	0.18	NA	0.67	0.02	6,025	FALSE			FALSE					TRUE	Decrease
73060	Radiologic examination; humerus,	X-Ray Exams	September 2014	17			AAOS, ACR	0.16	CMS-Other - Utilization over 250,000	April 2013	XXX	0.16	NA	0.78	0.02	302,091	FALSE			FALSE					TRUE	Decrease
73070	Radiologic examination, elbow; 2 views	X-Ray Elbow/Forearm	January 2019	30			AAOS, ACR, ASSH	0.16	CMS-Other - Utilization over 100,000	April 2016	XXX	0.16	NA	0.7	0.02	188,018	FALSE			FALSE					TRUE	Increase
73080	Radiologic examination, elbow;	X-Ray Elbow/Forearm	January 2019	30			AAOS, ACR, ASSH	0.17	Harvard Valued - Utilization over	October 2009	XXX	0.17	NA	0.8	0.02	379,493	FALSE			FALSE					TRUE	Maintain
73090	Radiologic examination; forearm, 2	X-Ray Elbow/Forearm	January 2019	30			AAOS, ACR, ASSH	0.16	CMS-Other - Utilization over 100,000	April 2016	XXX	0.16	NA	0.7	0.02	207,500	FALSE			FALSE					TRUE	Maintain
73100	Radiologic examination, wrist; 2 views	X-Ray Wrist	April 2016	32			ACR	0.16	CMS High Expenditure Procedural	July 2015	XXX	0.16	NA	0.84	0.02	215,304	FALSE			FALSE					TRUE	Maintain
73110	Radiologic examination, wrist;	X-Ray Wrist	April 2016	32			ACR	0.17	Low Value-High Volume / CMS High	October 2010	XXX	0.17	NA	1.05	0.02	979,641	FALSE			FALSE					TRUE	Maintain
73120	Radiologic examination, hand; 2 views	X-Ray of Hand/Fingers	April 2016	33			ACR	0.16	CMS High Expenditure Procedural	July 2015	XXX	0.16	NA	0.77	0.02	230,852	FALSE			FALSE					TRUE	Maintain
73130	Radiologic examination, hand; minimum	X-Ray of Hand/Fingers	April 2016	33			ACR	0.17	Low Value-High Volume / CMS High	October 2010	XXX	0.17	NA	0.93	0.02	1,222,532	FALSE			FALSE					TRUE	Maintain
73140	Radiologic examination, finger(s),	X-Ray of Hand/Fingers	April 2016	33			ACR	0.13	CMS High Expenditure Procedural	July 2015	XXX	0.13	NA	1	0.02	335,611	FALSE			FALSE					TRUE	Maintain
73200	Computed tomography, upper	CT Upper Extremity	October 2009	23			ACR	1.09	CMS Fastest Growing	October 2008	XXX	1.00	NA	3.9	0.06	136,051	FALSE			FALSE					TRUE	Maintain
73201	Computed tomography, upper	CT Upper Extremity	October 2009	40			ACR	Remove from screen	CMS Fastest Growing	February 2009	XXX	1.16	NA	4.94	0.08	19,399	FALSE			FALSE					TRUE	Remove from Screen
73202	Computed tomography, upper	CT Upper Extremity	October 2009	40			ACR	Remove from screen	CMS Fastest Growing	February 2009	XXX	1.22	NA	6.36	0.08	1,735	FALSE			FALSE					TRUE	Remove from Screen
73206	Computed tomographic angiography,	CT Angiography	October 2013	12			ACR, SIR	Survey with all CTA codes for	CMS Request - Final Rule for 2013	May 2013	XXX	1.81	NA	7.2	0.13	6,967	FALSE			FALSE					TRUE	Remove from Screen
73218	Magnetic resonance (eg, proton)	MRI	October 2013	18			ACR	CPT Assistant published.	CMS Fastest Growing	October 2008	XXX	1.35	NA	7.92	0.10	31,726	TRUE	Feb 2011	Yes	FALSE					TRUE	Maintain
73221	Magnetic resonance (eg, proton)	MRI	January 2012	20			ACR	1.35	CMS Fastest Growing / CMS High	October 2008	XXX	1.35	NA	4.82	0.09	427,765	FALSE			FALSE					TRUE	Maintain
73500	Radiologic examination, hip, unilateral;	Radiologic Exam-Hip and	April 2015	14			AAOS, ACR	Deleted from CPT	CMS-Other - Utilization over 500,000 /	April 2011							FALSE			TRUE	In Jan 2012, the specialty	October 2014	27	Complete	TRUE	Deleted from CPT
73501	Radiologic examination, hip, unilateral,	Radiologic Exam-Hip and	April 2015	14			AAOS, ACR	0.17	Codes Reported Together 75% or More-	October 2014	XXX	0.18	NA	0.79	0.02	211,832	FALSE			FALSE		October 2014	27	Complete	TRUE	Decrease
73502	Radiologic examination, hip, unilateral,	Radiologic Exam-Hip and	April 2015	14			AAOS, ACR	0.22	Codes Reported Together 75% or More-	October 2014	XXX	0.22	NA	1.19	0.02	2,413,547	FALSE			FALSE		October 2014	27	Complete	TRUE	Decrease
73503	Radiologic examination, hip, unilateral,	Radiologic Exam-Hip and	April 2015	14			AAOS, ACR	0.27	Codes Reported Together 75% or More-	October 2014	XXX	0.27	NA	1.51	0.02	47,886	FALSE			FALSE		October 2014	27	Complete	TRUE	Decrease
73510	Radiologic examination, hip, unilateral;	Radiologic Exam-Hip and	April 2015	14			AAOS, ACR	Deleted from CPT	Havard Valued - Utilization over 1	October 2008							FALSE			FALSE		October 2014	27	Complete	TRUE	Deleted from CPT
73520	Radiologic examination, hips, bilateral,	Radiologic Exam-Hip and	April 2015	14			AAOS, ACR	Deleted from CPT	CMS-Other - Utilization over 250,000	April 2013							FALSE			TRUE	CPT code 73520 was identified	October 2014	27	Complete	TRUE	Deleted from CPT
73521	Radiologic examination, hips, bilateral,	Radiologic Exam-Hip and	April 2015	14			AAOS, ACR	0.22	Codes Reported Together 75% or More-	October 2014	XXX	0.22	NA	1	0.02	139,203	FALSE			FALSE		October 2014	27	Complete	TRUE	Decrease
73522	Radiologic examination, hips, bilateral,	Radiologic Exam-Hip and	April 2015	14			AAOS, ACR	0.29	Codes Reported Together 75% or More-	October 2014	XXX	0.29	NA	1.31	0.02	170,217	FALSE			FALSE		October 2014	27	Complete	TRUE	Decrease
73523	Radiologic examination, hips, bilateral,	Radiologic Exam-Hip and	April 2015	14			AAOS, ACR	0.31	Codes Reported Together 75% or More-	October 2014	XXX	0.31	NA	1.52	0.03	101,443	FALSE			FALSE		October 2014	27	Complete	TRUE	Decrease
73540	Radiologic examination, pelvis and hips,	Radiologic Exam-Hip and	April 2015	14			AAOS, ACR	Deleted from CPT	Codes Reported Together 75% or More-	October 2014							FALSE			FALSE		October 2014	27	Complete	TRUE	Deleted from CPT
73542	Radiological examination, sacroiliac	Sacroiliac Joint	April 2010	45			ASA, AAPM, AAMPR,	Deleted from CPT	Different Performing Specialty from	October 2009							TRUE	Deleted from	Yes	TRUE	The RUC recommends referral	February 2011	76	Code Deleted	TRUE	Deleted from CPT
73550	Radiologic examination, femur, 2 views	Radiologic Exam-Hip and	April 2015	14			AAOS, ACR	Deleted from CPT	CMS-Other - Utilization over 500,000	April 2011							FALSE			TRUE	In Jan 2012, the specialty	October 2014	27	Complete	TRUE	Deleted from CPT
73551	Radiologic examination, femur; 1 view	Radiologic Exam-Hip and	April 2015	14			AAOS, ACR	0.16	Codes Reported Together 75% or More-	October 2014	XXX	0.16	NA	0.7	0.02	30,051	FALSE			FALSE		October 2014	27	Complete	TRUE	Decrease
73552	Radiologic examination, femur;	Radiologic Exam-Hip and	April 2015	14			AAOS, ACR	0.18	Codes Reported Together 75% or More-	October 2014	XXX	0.18	NA	0.87	0.02	505,953	FALSE			FALSE		October 2014	27	Complete	TRUE	Decrease
73560	Radiologic examination, knee; 1 or 2	X-Ray Exams	September 2014	17			AAOS, ACR	0.16	Low Value-High Volume	October 2010	XXX	0.16	NA	0.85	0.02	1,401,750	FALSE			FALSE					TRUE	Decrease
73562	Radiologic examination, knee; 3 views	X-Ray Exams	September 2014	17			AAOS, ACR	0.18	Low Value-High Volume	October 2010	XXX	0.18	NA	1.03	0.02	2,245,081	FALSE			FALSE					TRUE	Maintain
73564	Radiologic examination, knee;	X-Ray Exams	September 2014	17			AAOS, ACR	0.22	Low Value-High Volume	October 2010	XXX	0.22	NA	1.18	0.02	1,692,467	FALSE			FALSE					TRUE	Maintain
73565	Radiologic examination, knee; both	X-Ray Exams	September 2014	17			AAOS, ACR	0.16	CMS-Other - Utilization over 250,000	April 2013	XXX	0.16	NA	1.02	0.02	107,072	FALSE			FALSE					TRUE	Decrease
73580	Radiologic examination, knee,	Contrast X-Ray of Knee	October 2021	16			ACR	0.59	High Volume Growth1 / CMS Fastest	February 2008	XXX	0.59	NA	2.66	0.07	14,951	TRUE	Jun 2012	Yes	FALSE	These procedures were				TRUE	Increase
73590	Radiologic examination; tibia and fibula,	X-Ray Exams	September 2014	17			AAOS, ACR	0.16	CMS-Other - Utilization over 250,000	April 2013	XXX	0.16	NA	0.77	0.02	436,482	FALSE			FALSE					TRUE	Decrease
73600	Radiologic examination, ankle; 2 views	X-Ray Exams	September 2014	17			AAOS, ACR, APMA	0.16	CMS-Other - Utilization over 250,000	April 2013	XXX	0.16	NA	0.79	0.02	194,585	FALSE			FALSE					TRUE	Maintain
73610	Radiologic examination, ankle;	Radiologic Examination	October 2009	24			ACR, AAOS, APMA,	0.17	Havard Valued - Utilization over 1	October 2008	XXX	0.17	NA	0.91	0.02	1,119,294	FALSE			FALSE					TRUE	Maintain
73620	Radiologic examination, foot; 2 views	X-Ray Exam of Foot	April 2011	27			ACR, AAOS, APMA	0.16	Low Value-High Volume	October 2010	XXX	0.16	NA	0.68	0.02	418,010	FALSE			FALSE					TRUE	Maintain
73630	Radiologic examination, foot; complete,	Radiologic Examination	October 2009	24			ACR, AAOS, APMA,	0.17	Havard Valued - Utilization over 1	October 2008	XXX	0.17	NA	0.84	0.02	2,541,907	FALSE			FALSE					TRUE	Maintain
73650	Radiologic examination; calcaneus,	X-Ray Heel	January 2019	31			AAOS, ACR, APMA,	0.16	CMS-Other - Utilization over 100,000	April 2016	XXX	0.16	NA	0.68	0.02	61,267	FALSE			FALSE					TRUE	Maintain
73660	Radiologic examination; toe(s),	X-Ray Toe	January 2019	32			AAOS, ACR, APMA,	0.13	CMS-Other - Utilization over 100,000	April 2016	XXX	0.13	NA	0.73	0.02	96,920	FALSE			FALSE					TRUE	Maintain
73700	Computed tomography, lower	CT Lower Extremity	April 2018	21			ACR	1.00	CMS Fastest Growing	October 2008	XXX	1.00	NA	2.92	0.06	359,925	FALSE			FALSE					TRUE	Maintain
73701	Computed tomography, lower	CT Lower Extremity	April 2018	21			ACR	1.16	High Volume Growth1 / CMS-Other -	February 2009	XXX	1.16	NA	3.89	0.08	48,594	FALSE			FALSE					TRUE	Maintain
73702	Computed tomography, lower	CT Lower Extremity	April 2018	21			ACR	1.22	High Volume Growth1	February 2009	XXX	1.22	NA	4.71	0.08	4,870	FALSE			FALSE					TRUE	Maintain
73706	Computed tomographic angiography,	CT Angiography	October 2013	12			ACR, SIR	Survey for October 2013.	High Volume Growth1	February 2008	XXX	1.90	NA	7.9	0.14	18,907	FALSE			FALSE					TRUE	Remove from Screen
73718	Magnetic resonance (eg, proton)	MRI Lower Extremity	October 2016	20		RUC	ACR	1.35	CMS High Expenditure Procedural	July 2015	XXX	1.35	NA	5.45	0.09	130,912	FALSE			FALSE					TRUE	Maintain
73719	Magnetic resonance (eg, proton)	MRI Lower Extremity	October 2016	20		RUC	ACR	1.62	CMS High Expenditure Procedural	July 2015	XXX	1.62	NA	6.39	0.11	976	FALSE			FALSE					TRUE	Maintain
73720	Magnetic resonance (eg, proton)	MRI Lower Extremity	October 2016	20		RUC	ACR	2.15	CMS High Expenditure Procedural	July 2015	XXX	2.15	NA	8.11	0.14	60,134	FALSE			FALSE					TRUE	Maintain
73721	Magnetic resonance (eg, proton)	MRI of Lower Extremity	January 2012	20			ACR	1.35	MPC List	October 2010	XXX	1.35	NA	4.81	0.09	598,710	FALSE			FALSE					TRUE	Maintain
74000	Radiologic examination, abdomen;	Abdominal X-Ray	April 2016	08			ACR	Deleted from CPT	Low Value-High Volume / CMS High	October 2010							FALSE			FALSE		February 2016	21	Complete	TRUE	Deleted from CPT
74010	Radiologic examination, abdomen;	Abdominal X-Ray	April 2016	08			ACR	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			FALSE		February 2016	21	Complete	TRUE	Deleted from CPT
74018	Radiologic examination, abdomen; 1	Abdominal X-Ray	April 2016	08			ACR	0.18	CMS High Expenditure Procedural	February 2016	XXX	0.18	NA	0.71	0.02	1,874,682	FALSE			FALSE		February 2016	21	Complete	TRUE	Decrease
74019	Radiologic examination, abdomen; 2	Abdominal X-Ray	April 2016	08			ACR	0.23	CMS High Expenditure Procedural	February 2016	XXX	0.23	NA	0.85	0.02	275,467	FALSE			FALSE		February 2016	21	Complete	TRUE	Decrease
74020	Radiologic examination, abdomen;	Abdominal X-Ray	April 2016	08			ACR	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			FALSE		February 2016	21	Complete	TRUE	Deleted from CPT
74021	Radiologic examination, abdomen; 3 or	Abdominal X-Ray	April 2016	08			ACR	0.27	CMS High Expenditure Procedural	February 2016	XXX	0.27	NA	1	0.02	36,927	FALSE			FALSE		February 2016	21	Complete	TRUE	Decrease
74022	Radiologic examination, complete acute	Abdominal X-Ray	April 2016	08			ACR	0.32	CMS High Expenditure Procedural	July 2015	XXX	0.32	NA	1.15	0.03	124,177	FALSE			FALSE		February 2016	21	Complete	TRUE	Maintain
74150	Computed tomography, abdomen;	CT Abdomen	February 2008	S			ACR	Review PE. 0.35	Codes Reported Together 95% or More	February 2008	XXX	1.19	NA	2.94	0.07	59,980	FALSE			TRUE	Referred to the CPT Editorial	October 2009	37	Complete	TRUE	Maintain
74160	Computed tomography, abdomen; with	CT Abdomen and Pelvis	April 2014	44			ACR	0.42	Codes Reported Together 95% or More	February 2008	XXX	1.27	NA	5.82	0.09	76,112	FALSE			TRUE	Referred to the CPT Editorial	October 2009	37	Complete	TRUE	Maintain
74170	Computed tomography, abdomen;	CT Abdomen	April 2012	34			ACR	1.40	Codes Reported Together 95% or More	February 2008	XXX	1.40	NA	6.58	0.09	93,507	FALSE			TRUE	Referred to the CPT Editorial	October 2009	37	Complete	TRUE	Maintain
74174	Computed tomographic angiography,	CT Angiography	October 2013	12			ACR, SIR	2.20	Codes Reported Together 75% or More-		XXX	2.20	NA	9.35	0.16	342,167	FALSE			FALSE					TRUE	Decrease
74175	Computed tomographic angiography,	CT Angiography	October 2013	12			ACR, SIR	1.82	CMS Fastest Growing / Codes Reported	October 2008	XXX	1.82	NA	7.46	0.13	28,396	FALSE			TRUE	The ACR submitted a letter to	October 2010	19	Complete	TRUE	Decrease
74176	Computed tomography, abdomen and	CT Abdomen/CT Pelvis	February 2010	16			ACR	1.74	CMS Fastest Growing	October 2009	XXX	1.74	NA	3.78	0.11	2,190,688	FALSE			FALSE		October 2009	37		TRUE	Decrease
74177	Computed tomography, abdomen and	CT Abdomen and Pelvis	April 2014	44			ACR	1.82	CMS Fastest Growing / CMS Request -	October 2009	XXX	1.82	NA	7.41	0.11	3,110,250	FALSE			FALSE		October 2009	37		TRUE	Decrease
74178	Computed tomography, abdomen and	CT Abdomen/CT Pelvis	February 2010	16			ACR	2.01	CMS Fastest Growing	October 2009	XXX	2.01	NA	8.34	0.13	461,097	FALSE			FALSE		October 2009	37		TRUE	Decrease
74181	Magnetic resonance (eg, proton)	MRI of Abdomen	October 2016	21		RUC	ACR	1.46	CMS High Expenditure Procedural	July 2015	XXX	1.46	NA	4.48	0.10	101,709	FALSE			FALSE					TRUE	Maintain
74182	Magnetic resonance (eg, proton)	MRI of Abdomen	October 2016	21		RUC	ACR	1.73	CMS High Expenditure Procedural	July 2015	XXX	1.73	NA	7.48	0.12	3,838	FALSE			FALSE					TRUE	Maintain
74183	Magnetic resonance (eg, proton)	MRI of Abdomen	October 2016	21		RUC	ACR	2.20	CMS High Expenditure Procedural	July 2015	XXX	2.20	NA	8.09	0.14	415,444	FALSE			FALSE					TRUE	Decrease
74210	Radiologic examination, pharynx and/or	X-Ray Exam – Upper GI	January 2019	12			ACR	0.59	CMS-Other - Utilization over 100,000	October 2016	XXX	0.59	NA	2.21	0.04	991	FALSE			FALSE					TRUE	Maintain
74220	Radiologic examination, esophagus,	X-Ray Exam – Upper GI	January 2019	12			ACR	0.60	CMS-Other - Utilization over 100,000	April 2016	XXX	0.60	NA	2.28	0.04	93,312	FALSE			FALSE					TRUE	Decrease
74221	Radiologic examination, esophagus,	X-Ray Exam – Upper GI	January 2019	12				0.70	CMS-Other - Utilization over 30,000-	October 2018	XXX	0.70	NA	2.54	0.05	65,558	FALSE			FALSE					TRUE	Increase
74230	Radiologic examination, swallowing	X-Ray Esophagus	April 2017	25			ACR	0.53	CMS-Other - Utilization over 250,000 /	April 2013	XXX	0.53	NA	3.17	0.04	297,036	FALSE			FALSE					TRUE	Maintain
74240	Radiologic examination, upper	X-Ray Exam – Upper GI	January 2019	12			ACR	0.80	CMS-Other - Utilization over 30,000	October 2017	XXX	0.80	NA	2.83	0.05	64,318	FALSE			TRUE	In January 2018, the RUC	May 2018	27	Yes	TRUE	Increase
74241	Radiologic examination, gastrointestinal	X-Ray Exam – Upper GI	January 2019	12			ACR	Deleted from CPT	CMS-Other - Utilization over 30,000	October 2017							FALSE			TRUE	In January 2018, the RUC	May 2018	27	Yes	TRUE	Deleted from CPT
74245	Radiologic examination, gastrointestinal	X-Ray Exam – Upper GI	January 2019	12			ACR	Deleted from CPT	CMS-Other - Utilization over 30,000	October 2017							FALSE			TRUE	In January 2018, the RUC	May 2018	27	Yes	TRUE	Deleted from CPT
74246	Radiologic examination, upper	X-Ray Exam – Upper GI	January 2019	12			ACR	0.90	CMS-Other - Utilization over 30,000	October 2017	XXX	0.90	NA	3.21	0.06	46,283	FALSE			TRUE	In January 2018, the RUC	May 2018	27	Yes	TRUE	Increase
74247	Radiological examination,	X-Ray Exam – Upper GI	January 2019	12			ACR	Deleted from CPT	Harvard Valued - Utilization over	April 2011							FALSE			TRUE	In January 2018, the RUC	May 2018	27	Yes	TRUE	Deleted from CPT
74248	Radiologic small intestine follow-	X-Ray Exam – Upper GI	January 2019	12				0.70	CMS-Other - Utilization over 30,000-	October 2018	ZZZ	0.70	NA	1.72	0.05	13,994	FALSE			TRUE	In January 2019, the RUC	February 2019-	EC-T	complete	TRUE	Increase
74249	Radiological examination,	X-Ray Exam – Upper GI	January 2019	12			ACR	Deleted from CPT	CMS-Other - Utilization over 30,000	October 2017							FALSE			TRUE	In January 2018, the RUC	May 2018	27	Yes	TRUE	Deleted from CPT
74250	Radiologic examination, small intestine,	Lower Gastroinetstinal	October 2018	11			ACR	0.81	CMS-Other - Utilization over 30,000	October 2017	XXX	0.81	NA	2.79	0.05	43,530	FALSE			TRUE	In January 2018, the RUC	May 2018	27	Yes	TRUE	Increase
74251	Radiologic examination, small intestine,	Lower Gastroinetstinal	October 2018	11			ACR	1.17	CMS-Other - Utilization over 30,000	October 2017	XXX	1.17	NA	9.63	0.07	267	FALSE			TRUE	In January 2018, the RUC	May 2018	27	Yes	TRUE	Increase
74260	Duodenography, hypotonic	X-Ray Exam – Small	October 2018	11			ACR	Deleted from CPT	CMS-Other - Utilization over 30,000	October 2017							FALSE			TRUE	In January 2018, the RUC	May 2018	27	Yes	TRUE	Deleted from CPT

74270	Radiologic examination, colon, including	Lower Gastroinetstinal	October 2018	11			ACR	1.04	CMS-Other - Utilization over 30,000	October 2017	XXX	1.04	NA	3.5	0.06	18,364	FALSE			TRUE	In January 2018, the RUC	May 2018	27	Yes	TRUE	Increase
74280	Radiologic examination, colon, including	Lower Gastroinetstinal	October 2018	11			ACR	1.26	Harvard Valued - Utilization over	April 2011	XXX	1.26	NA	5.24	0.09	4,872	FALSE			TRUE	In January 2018, the RUC	May 2018	27	Yes	TRUE	Increase
74300	Cholangiography and/or	X-Rays at Surgery Add-	April 2019	19			ACR, SAGES	0.32	CMS-Other - Utilization over 30,000-	October 2018	XXX	0.00	NA	0	0.00	18,854	FALSE			FALSE					TRUE	Decrease
74301	Cholangiography and/or	X-Rays at Surgery Add-	October 2020	19			ACR, ACS, SAGES,	0.21	CMS-Other - Utilization over 30,000-	October 2018	ZZZ	0.00	NA	0	0.00	84	FALSE			FALSE	This service was identified with				TRUE	Maintain
74305	Deleted from CPT	Percutaneous Biliary	October 2015	06		RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% or More-	October 2012							FALSE			TRUE	The Joint Workgroup	February 2015	16	Complete	TRUE	Deleted from CPT
74320	Cholangiography, percutaneous,	Percutaneous Biliary	October 2015	06		RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% or More-	October 2012							FALSE			TRUE	The Joint Workgroup	February 2015	16	Complete	TRUE	Deleted from CPT
74327	Postoperative biliary duct calculus	Percutaneous Biliary	October 2015	06		RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% or More-	February 2015							FALSE			FALSE		February 2015	16		TRUE	Deleted from CPT
74328	Endoscopic catheterization of the	X-Rays at Surgery Add-	April 2019	19			ACR, SAGES	0.47	CMS-Other - Utilization over 30,000-	October 2018	XXX	0.00	NA	0	0.00	59,438	FALSE			FALSE					TRUE	Decrease
74329	Endoscopic catheterization of the	X-Rays at Surgery Add-	April 2019	19			ACR, SAGES	0.50	CMS-Other - Utilization over 30,000-	October 2018	XXX	0.00	NA	0	0.00	2,412	FALSE			FALSE					TRUE	Decrease
74330	Combined endoscopic catheterization	X-Rays at Surgery Add-	April 2019	19			ACR, SAGES	0.70	CMS-Other - Utilization over 30,000-	October 2018	XXX	0.00	NA	0	0.00	9,243	FALSE			FALSE					TRUE	Decrease
74400	Urography (pyelography), intravenous,	Contrast X-Ray Exams	September 2011	31			ACR	0.49	Harvard Valued - Utilization over	April 2011	XXX	0.49	NA	3.51	0.05	2,816	FALSE			FALSE					TRUE	Maintain
74420	Urography, retrograde, with or without	X-Ray Urinary Tract	April 2017	26			ACR, AUA	0.52	CMS-Other - Utilization over 100,000	April 2016	XXX	0.52	NA	1.79	0.03	140,712	FALSE			FALSE					TRUE	Increase
74425	Urography, antegrade, radiological	Urography	October 2018	18			ACR, AUA, SIR	0.51, editorially revised	Codes Reported Together 75% or More-	October 2012	XXX	0.51	NA	3.53	0.03	1,153	FALSE			TRUE	CPT code 74425 was bundled	September	27	yes	TRUE	Increase
74475	Introduction of intracatheter or	Genitourinary Catheter	January 2015	09			ACR, SIR	Deleted from CPT	Codes Reported Together 75% or More-	October 2012							FALSE			TRUE	The Joint Workgroup	October 2014	18	Complete	TRUE	Deleted from CPT
74480	Introduction of ureteral catheter or	Genitourinary Catheter	January 2015	09			ACR, SIR	Deleted from CPT	Codes Reported Together 75% or More-	October 2012							FALSE			TRUE	The Joint Workgroup	October 2014	18	Complete	TRUE	Deleted from CPT
74485	Dilation of ureter(s) or urethra,	Dilation of Urinary Tract	January 2018	12				0.83	Codes Reported Together 75% or More-	September 2017	XXX	0.83	NA	2.71	0.04	1,157	FALSE			FALSE					TRUE	Increase
75561	Cardiac magnetic resonance imaging for		January 2021	29				Maintain	High Volume Growth7	October 2020	XXX	2.60	NA	8.47	0.14	39,904	FALSE			FALSE					TRUE	Remove from Screen
75571	Computed tomography, heart, without	RAW	September 2022	13			ACC, ACR, SCCT	Maintain	High Volume Growth8	April 2022	XXX	0.58	NA	2.44	0.05	61,908	FALSE			FALSE					TRUE	Maintain
75572	Computed tomography, heart, with		January 2021	29				Maintain	High Volume Growth7	October 2020	XXX	1.75	NA	5.14	0.11	43,954	FALSE			FALSE					TRUE	Remove from Screen
75574	Computed tomographic angiography,		January 2021	29			ACR, SIR, ACC	Maintain	CMS Request - Final Rule for 2013 /	May 2013	XXX	2.40	NA	7.35	0.15	128,542	FALSE			FALSE					TRUE	Remove from Screen
75625	Aortography, abdominal, by	Abdominal Aortography	October 2018	19			ACC, SCAI, SIR, SVS	1.75	CMS-Other - Utilization over 30,000	October 2017	XXX	1.44	NA	2.13	0.22	70,808	FALSE			FALSE					TRUE	Increase
75630	Aortography, abdominal plus bilateral	Abdominal Aortography	October 2018	19			ACC, SCAI, SIR, SVS	2.00	CMS-Other - Utilization over 30,000	October 2017	XXX	2.00	NA	2.47	0.23	16,292	FALSE			FALSE					TRUE	Increase
75635	Computed tomographic angiography,	CT Angiography of	April 2016	34			ACR	2.40	High Volume Growth1 / CMS High	February 2008	XXX	2.40	NA	10.06	0.18	100,384	FALSE			FALSE					TRUE	Maintain
75650	Angiography, carotid, cervical, bilateral,	Carotid Angiography	April 2010	45			ACC, ACR, ASNR,	Deleted from CPT	Codes Reported Together 75% or More-	February 2010							FALSE			TRUE	The Workgroup recommends	February 2012	12	Complete	TRUE	Deleted from CPT
75671	Angiography, carotid, cerebral,	Carotid Angiography	April 2010	45			AANS/CNS, ACC,	Deleted from CPT	Codes Reported Together 75% or More-	February 2010							FALSE			TRUE	The Workgroup recommends	February 2012	12	Complete	TRUE	Deleted from CPT
75680	Angiography, carotid, cervical, bilateral,	Carotid Angiography	April 2010	45			AANS/CNS, ACC,	Deleted from CPT	Codes Reported Together 75% or More-	February 2010							FALSE			TRUE	The Workgroup recommends	February 2012	12	Complete	TRUE	Deleted from CPT
75710	Angiography, extremity, unilateral,	Angiography of	January 2021	29	January 2025	RAW	ACR, ACC, RPA, SCAI,	Refer to CPT Assistant and	CMS High Expenditure Procedural	July 2015	XXX	1.75	NA	2.5	0.25	120,526	TRUE	July 2021	Yes	FALSE					FALSE	Increase
75716	Angiography, extremity, bilateral,	Angiography of	October 2016	22		RUC	ACR, ACC, RPA, SCAI,	1.97	CMS High Expenditure Procedural	July 2015	XXX	1.97	NA	2.68	0.23	50,511	FALSE			FALSE					TRUE	Increase
75722	Angiography, renal, unilateral, selective	Renal Angiography	April 2010	45			ACC, ACR, ASNR,	Deleted from CPT	Codes Reported Together 75% or More-	February 2010							FALSE			TRUE	The Workgroup recommends	February 2011	06	Code Deleted	TRUE	Deleted from CPT
75724	Angiography, renal, bilateral, selective	Renal Angiography	April 2010	45			ACC, ACR, ASNR,	Deleted from CPT	Codes Reported Together 75% or More-	February 2010							FALSE			TRUE	The Workgroup recommends	February 2011	06	Code Deleted	TRUE	Deleted from CPT
75726	Angiography, visceral, selective or	Angiography	October 2018	20			SCAI, SIR, SVS	2.05	CMS-Other - Utilization over 30,000	October 2017	XXX	2.05	NA	2.87	0.17	35,816	FALSE			FALSE					TRUE	Increase
75774	Angiography, selective, each additional	Angiography	October 2018	20			SCAI, SIR, SVS	1.01	CMS-Other - Utilization over 30,000	October 2017	ZZZ	1.01	NA	1.79	0.09	73,343	FALSE			FALSE					TRUE	Increase
75790	Deleted from CPT	Arteriovenous Shunt	April 2009	9			SVS, SIR, ACR	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	Referred to the CPT Editorial	February 2009	31	Deleted	TRUE	Deleted from CPT
75791	Angiography, arteriovenous shunt (eg,	Dialysis Circuit -1	January 2016	14			ACR, RPA, SIR, SVS	Deleted from CPT	Codes Reported Together 95% or More								FALSE			FALSE		October 2015	24	Complete	TRUE	Deleted from CPT
75820	Venography, extremity, unilateral,	Venography	January 2020	29				1.05	CMS-Other - Utilization over 20,000	January 2019	XXX	1.05	NA	2.09	0.09	19,807	FALSE			FALSE					TRUE	Increase
75822	Venography, extremity, bilateral,	Venography	January 2020	29				1.48	CMS-Other - Utilization over 20,000	October 2019	XXX	1.48	NA	2.38	0.14	9,519	FALSE			FALSE					TRUE	Increase
75885	Percutaneous transhepatic portography	Interventional Radiology	February 2009	21			ACR, SIR	New PE inputs	CMS Request - Practice Expense	NA	XXX	1.44	NA	2.53	0.12	236	FALSE			FALSE					TRUE	PE Only
75887	Percutaneous transhepatic portography	Interventional Radiology	February 2009	21			ACR, SIR	New PE inputs	CMS Request - Practice Expense	NA	XXX	1.44	NA	2.56	0.12	565	FALSE			FALSE					TRUE	PE Only
75894	Transcatheter therapy, embolization,	Endovascular Therapy	April 2024	04		RUC	AANS, ACR, ASNR,	2.24	Codes Reported Together 75% or More-	February 2010	XXX	0.00	NA	0	0.00	10,938	FALSE			TRUE	In April 2022, the Workgroup	February 2024	09	Complete	TRUE	Increase
75896	Transcatheter therapy, infusion, other	Intracranial Endovascular	April 2015	09			AANS/CNS, ACR,	Deleted from CPT	Codes Reported Together 75% or More-	February 2010							FALSE			TRUE	AANS indicated that they will	February 2014	21 &	Complete	TRUE	Deleted from CPT
75898	Angiography through existing catheter	Endovascular Therapy	April 2024	04		RUC	AANS, ACR, ASNR,	1.85	Codes Reported Together 75% or More-	February 2010	XXX	0.00	NA	0	0.00	14,757	TRUE	Sep 2019	Yes	TRUE	In April 2022, the Workgroup	February 2024	09	Complete	TRUE	Increase
75940	Percutaneous placement of IVC filter,	Major Vein Revision	April 2010	45			ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or More-	February 2010							FALSE			TRUE	The Workgroup accepts the	February 2011	14	Code Deleted	TRUE	Deleted from CPT
75945	Intravascular ultrasound (non-coronary	Intravascular Ultrasound	January 2015	07			ACC,SCAI, SIR, SVS	Deleted from CPT	Final Rule for 2015	July 2014							FALSE			TRUE	A CCP was submitted for the	October 2014	13	Complete	TRUE	Deleted from CPT
75946	Intravascular ultrasound (non-coronary	Intravascular Ultrasound	January 2015	07			ACC,SCAI, SIR, SVS	Deleted from CPT	Final Rule for 2015	July 2014							FALSE			TRUE	A CCP was submitted for the	October 2014	13	Complete	TRUE	Deleted from CPT
75952	Endovascular repair of infrarenal	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS	Deleted from CPT	Codes Reported Together 75%or More-	October 2015							FALSE			FALSE					TRUE	Deleted from CPT
75953	Placement of proximal or distal	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS	Deleted from CPT	Codes Reported Together 75%or More-	October 2015							FALSE			FALSE					TRUE	Deleted from CPT
75954	Endovascular repair of iliac artery	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS	Deleted from CPT	Codes Reported Together 75%or More-	January 2017							FALSE			FALSE					TRUE	Deleted from CPT
75960	Transcatheter introduction of	RAW	October 2012	27			ACC, ACR, SIR, SVS	Deleted from CPT	High Volume Growth1 / Codes								FALSE			TRUE	In February 2010, the CPT	February 2013	10	Code Deleted	TRUE	Deleted from CPT
75961	Transcatheter retrieval, percutaneous,	Transcatheter	April 2010	45			ACC, ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or More-	February 2010							FALSE			TRUE	The Workgroup accepts the	June 2011		Code Deleted	TRUE	Deleted from CPT
75962	Transluminal balloon angioplasty,	Open and Percutaneous	January 2016	15			ACR, SIR, SVS	Deleted from CPT	High Volume Growth1 / Codes	April 2010							FALSE			TRUE	The Workgroup accepted the	October 2015	24	Complete	TRUE	Deleted from CPT
75964	Transluminal balloon angioplasty, each	Open and Percutaneous	January 2016	15			ACR, SIR, SVS	Deleted from CPT	High Volume Growth1								FALSE			TRUE	In February 2010, the CPT	October 2015	24	Complete	TRUE	Deleted from CPT
75966	Transluminal balloon angioplasty, renal	Open and Percutaneous	January 2016	15			ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or More-	January 2015							FALSE			TRUE	In January 2015, the Joint	October 2015	24	Complete	TRUE	Deleted from CPT
75968	Transluminal balloon angioplasty, each	Open and Percutaneous	January 2016	15			ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or More-	January 2015							FALSE			TRUE	In January 2015, the Joint	October 2015	24	Complete	TRUE	Deleted from CPT
75978	Transluminal balloon angioplasty,	Open and Percutaneous	January 2016	15			ACR, SIR, SVS	Deleted from CPT	CMS-Other - Utilization over 250,000 /	April 2013							FALSE			TRUE	CPT code 75978 was identified	October 2015	24	Complete	TRUE	Deleted from CPT
75980	Percutaneous transhepatic biliary	Percutaneous Biliary	October 2015	06		RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% or More-	October 2012							FALSE			TRUE	The Joint Workgroup	February 2015	16	Complete	TRUE	Deleted from CPT
75982	Percutaneous placement of drainage	Percutaneous Biliary	October 2015	06		RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% or More-	October 2012							FALSE			TRUE	The Joint Workgroup	February 2015	16	Complete	TRUE	Deleted from CPT
75984	Change of percutaneous tube or	Introduction of Catheter	April 2019	17			ACR, SIR	0.83	Codes Reported Together 75% or More-	October 2012	XXX	0.83	NA	1.96	0.07	19,940	FALSE			FALSE		RAW will assess			TRUE	Increase
75992	Deleted from CPT	Transluminal	April 2008	57			SIR, ACR, SVS	Deleted from CPT	High Volume Growth1	February 2008							FALSE			TRUE	The RUC recommended that a	February 2010	07	Deleted-new	TRUE	Deleted from CPT
75993	Deleted from CPT	Transluminal	April 2008	57			SIR, ACR, SVS	Deleted from CPT	High Volume Growth1	February 2008							FALSE			TRUE	The RUC recommended that a	February 2010	07	Deleted-new	TRUE	Deleted from CPT
75994	Revised to Category III	Transluminal	April 2008	57			SIR, ACR, SVS	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recommended that a	February 2010	07	Category III	TRUE	Deleted from CPT
75995	Revised to Category III	Transluminal	April 2008	57			SIR, ACR, SVS	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recommended that a	February 2010	07	Category III	TRUE	Deleted from CPT
75996	Revised to Category III	Transluminal	April 2008	57			SIR, ACR, SVS	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recommended that a	February 2010	07	Category III	TRUE	Deleted from CPT
76000	Fluoroscopy (separate procedure), up	Fluoroscopy	April 2017	27			ACR, APMA	0.30	Low Value-Billed in Multiple Units /	October 2010	XXX	0.30	NA	0.94	0.04	95,065	FALSE			FALSE					TRUE	Increase
76001	Fluoroscopy, physician or other	Fluoroscopy	April 2017	27			ACR	Deleted from CPT	CMS-Other - Utilization over 100,000	October 2016							FALSE			TRUE	In April 2017 the specialty	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 30,000	October 2017	XXX	0.31	NA	0.94	0.03	70,486	FALSE			FALSE					TRUE	Increase
76100	Radiologic examination, single plane	Fluroscopy	April 2009	27			ACR, ISIS	New PE inputs	CMS Request - Practice Expense	April 2009	XXX	0.58	NA	2.06	0.04	6,731	FALSE			FALSE					TRUE	PE Only
76101	Radiologic examination, complex	Fluroscopy	April 2009	27			ACR, ISIS	New PE inputs. Deleted from CPT	CMS Request - Practice Expense	April 2009	XXX						FALSE			FALSE					TRUE	PE Only
76102	Radiologic examination, complex	Fluroscopy	April 2009	27			ACR, ISIS	New PE inputs. Deleted from CPT	CMS Request - Practice Expense	April 2009	XXX						FALSE			FALSE					TRUE	PE Only
76376	3D rendering with interpretation and	3D Rendering	April 2018	23			ACR, ASNR	0.20	Negative IWPUT	April 2017	XXX	0.20	NA	0.53	0.02	295,784	FALSE			FALSE					TRUE	Maintain
76377	3D rendering with interpretation and	3D Rendering with	October 2021	17			ACR, ASNR	0.79	CMS Request - Final Rule for 2020	July 2019	XXX	0.79	NA	1.48	0.07	181,386	FALSE			FALSE					TRUE	Maintain
76510	Ophthalmic ultrasound, diagnostic; B-	Opthalmic Ultrasound	October 2016	23		RUC	AAO, ASRS, AOA	0.70	CMS High Expenditure Procedural	April 2016	XXX	0.70	NA	1.34	0.02	13,552	FALSE			FALSE					TRUE	Decrease
76511	Ophthalmic ultrasound, diagnostic;	Opthalmic Ultrasound	October 2016	23		RUC	AAO, ASRS, AOA	0.64	CMS High Expenditure Procedural	April 2016	XXX	0.64	NA	1.05	0.02	4,389	FALSE			FALSE					TRUE	Decrease
76512	Ophthalmic ultrasound, diagnostic; B-	Opthalmic Ultrasound	October 2016	23		RUC	AAO, ASRS, AOA	0.56	CMS High Expenditure Procedural	July 2015	XXX	0.56	NA	0.86	0.02	212,142	FALSE			FALSE					TRUE	Decrease
76513	Ophthalmic ultrasound, diagnostic;	Ophthalmic Ultrasound	January 2020	17			AAO, AOA	0.60 and CPT Assistant article	High Volume Growth1 / CPT Assistant	February 2008	XXX	0.60	NA	1.63	0.02	15,437	TRUE	Apr 2013	Yes	TRUE	At the April 2019 RUC meeting,	September	28	yes	TRUE	Decrease
76514	Ophthalmic ultrasound, diagnostic;	Echo Exam of Eye	October 2017	12			AAO, AOA	0.17	Negative IWPUT	April 2017	XXX	0.14	NA	0.18	0.02	427,839	FALSE			FALSE					TRUE	Maintain
76516	Ophthalmic biometry by ultrasound	Opthalmic Biometry	April 2016	36			AAO, AOA	0.40	CMS High Expenditure Procedural	April 2016	XXX	0.40	NA	0.98	0.02	2,053	FALSE			FALSE					TRUE	Decrease
76519	Ophthalmic biometry by ultrasound	Opthalmic Biometry	April 2016	36			AAO, AOA	0.54	CMS High Expenditure Procedural	July 2015	XXX	0.54	NA	1.48	0.02	121,152	FALSE			FALSE					TRUE	Maintain
76536	Ultrasound, soft tissues of head and	Soft Tissue Ultrasound	April 2009	29			ACR, ASNR, TES,	0.56	CMS Fastest Growing	October 2008	XXX	0.56	NA	2.71	0.04	877,129	FALSE			FALSE					TRUE	Maintain
76604	Ultrasound, chest (includes	Ultrasound Exam - Chest	April 2018	24			ACR	0.59	CMS-Other - Utilization over 30,000	October 2017	XXX	0.59	NA	1.08	0.04	109,997	FALSE			FALSE					TRUE	Increase
76641	Ultrasound, breast, unilateral, real time	Breast Ultrasound	January 2014	13			ACR	0.73	CMS-Other - Utilization over 500,000	January 2014	XXX	0.73	NA	2.3	0.05	713,350	FALSE			FALSE		October 2013	26	Complete	TRUE	Increase
76642	Ultrasound, breast, unilateral, real time	Breast Ultrasound	January 2014	13			ACR	0.68	CMS-Other - Utilization over 500,000	January 2014	XXX	0.68	NA	1.82	0.05	722,609	FALSE			FALSE		October 2013	26	Complete	TRUE	Increase
76645	Ultrasound, breast(s) (unilateral or	Breast Ultrasound	January 2014	13			ACR	Deleted from CPT	CMS-Other - Utilization over 500,000	April 2011							FALSE			TRUE	Code 76645, Ultrasound,	October 2013	26	Complete	TRUE	Deleted from CPT
76700	Ultrasound, abdominal, real time with	Ultrasound	October 2013	13			ACR	0.81	MPC List	October 2010	XXX	0.81	NA	2.62	0.06	717,892	FALSE			FALSE					TRUE	Maintain
76705	Ultrasound, abdominal, real time with	Ultrasound	October 2013	13			ACR, ASBS	0.59	CMS-Other - Utilization over 500,000	April 2011	XXX	0.59	NA	1.98	0.04	981,467	FALSE			FALSE					TRUE	Maintain
76706	Ultrasound, abdominal aorta, real time	Abdominal Aorta	October 2015	12			ACR, SIR, SVS	0.55	Final Rule for 2015	May 2015	XXX	0.55	NA	2.61	0.04	140,144	TRUE	Jan 2017	Yes	FALSE		May 2015	23	Complete	TRUE	Decrease
76770	Ultrasound, retroperitoneal (eg, renal,	Ultrasound	October 2013	13			ACR	0.74	CMS-Other - Utilization over 500,000	April 2011	XXX	0.74	NA	2.46	0.05	1,196,617	FALSE			FALSE					TRUE	Maintain
76775	Ultrasound, retroperitoneal (eg, renal,	Ultrasound	October 2013	13			ACR	0.58	CMS-Other - Utilization over 500,000	April 2011	XXX	0.58	NA	1.17	0.04	426,120	FALSE			FALSE					TRUE	Maintain
76819	Fetal biophysical profile; without non-	RAW	October 2013	18				Remove from screen	High Volume Growth2	April 2013	XXX	0.77	NA	1.76	0.04	8,984	FALSE			FALSE					TRUE	Remove from Screen
76830	Ultrasound, transvaginal	Transvaginal and	April 2012	44			ACOG, ACR, AUA	0.69	CMS High Expenditure Procedural	September 2011	XXX	0.69	NA	2.84	0.05	378,661	FALSE			FALSE					TRUE	Maintain
76856	Ultrasound, pelvic (nonobstetric), real	Ultrasound	October 2013	13			ACR	0.69	CMS-Other - Utilization over 500,000	April 2011	XXX	0.69	NA	2.43	0.04	359,324	FALSE			FALSE					TRUE	Maintain
76857	Ultrasound, pelvic (nonobstetric), real	Ultrasound	October 2013	13			ACR	0.50	CMS-Other - Utilization over 250,000	April 2013	XXX	0.50	NA	0.95	0.03	192,721	FALSE			FALSE					TRUE	Decrease
76870	Ultrasound, scrotum and contents	Ultrasound Exam -	April 2017	28			ACR, AUA	0.64	CMS-Other - Utilization over 100,000	April 2016	XXX	0.64	NA	2.32	0.04	127,554	FALSE			FALSE					TRUE	Maintain
76872	Ultrasound, transrectal;	Prostate Biopsy Services	September 2024	08			ACOG, ACR, AUA	0.67	CMS High Expenditure Procedural	September 2011	XXX	0.69	NA	5.31	0.04	193,924	FALSE			TRUE	In April 2022, the Workgroup	May 2024	15	Complete	TRUE	Decrease
76880	Deleted from CPT	Lower Extremity	October 2009	26			APMA, ACR	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			TRUE	The RUC recommended a Joint	February 2010	37	Deleted	TRUE	Deleted from CPT
76881	Ultrasound, complete joint (ie, joint	Neuromuscular	January 2023	19			AAN, AANEM,	New PE Inputs. 0.90	CMS Fastest Growing / New	April 2010	XXX	0.90	NA	0.66	0.05	180,090	TRUE	Clinical	Yes	TRUE	In February 2010, the CPT	June 2017	13	yes	TRUE	Decrease
76882	Ultrasound, limited, joint or focal	Neuromuscular	January 2023	19			AAN, AANEM,	New PE Inputs. 0.69	CMS Fastest Growing / New	April 2010	XXX	0.69	NA	1.16	0.05	290,107	TRUE	Clinical	Yes	TRUE	In February 2010, the CPT	June 2017	13	yes	TRUE	Decrease
76883	Ultrasound, nerve(s) and accompanying	Neuromuscular	January 2023	19			AAN, AANEM,	New PE Inputs. 1.21	New Technology/New Services / CMS	October 2021	XXX	1.21	NA	0.86	0.07		FALSE			FALSE					TRUE	Increase
76930	Ultrasonic guidance for	Pericardiocentesis and	January 2019	04			ACC	Deleted from CPT	CMS Request - Final Rule for 2014	July 2013							FALSE			FALSE		September	14	Complete	TRUE	Deleted from CPT
76932	Ultrasonic guidance for endomyocardial	Ultrasound Guidance	April 2014	34			ACC	0.67	CMS Request - Final Rule for 2014	July 2013	YYY	0.00	NA	0	0.00	1,009	FALSE			FALSE					TRUE	Maintain
76936	Ultrasound guided compression repair	RAW	October 2013	18				Maintain	CMS Request - Final Rule for 2014	July 2013	XXX	1.99	NA	5.58	0.24	630	FALSE			FALSE					TRUE	Maintain
76937	Ultrasound guidance for vascular access	Ultrasound Guidance for	September 2022	07			ACR, SIR, SVS	0.30	Identified in RUC review of other	January 2018	ZZZ	0.30	NA	0.81	0.04	619,323	FALSE			FALSE					TRUE	Maintain
76940	Ultrasound guidance for, and	Ultrasound Guidance	January 2015	29			ACS, ACR, SIR	2.00	CMS Request - Final Rule for 2014	July 2013	YYY	0.00	NA	0	0.00	1,247	FALSE			FALSE					TRUE	Maintain
76942	Ultrasonic guidance for needle	Somatic Nerve Injections	October 2021	05			AAPM, AAPM&R,	0.67	CMS-Other - Utilization over 500,000 /	April 2011	XXX	0.67	NA	1.03	0.04	1,150,470	FALSE			TRUE	During the October 2018 RUC	May 2021	14	complete	TRUE	Maintain
76948	Ultrasonic guidance for aspiration of	Echo Guidance for Ova	January 2015	25			ACOG	0.85	CMS Request - Final Rule for 2014	July 2013	XXX	0.67	NA	1.73	0.02	6	FALSE			FALSE					TRUE	Increase
76950	Ultrasonic guidance for placement of	Ultrasound Guidance	April 2014	34				Deleted from CPT	Codes Reported Together 75% or More-	February 2010							FALSE			TRUE	At the April 2013 RUC meeting,	October 2013	28	Complete	TRUE	Deleted from CPT
76965	Ultrasonic guidance for interstitial	Ultrasound Guidance	September 2014	21			NO INTERESET	Maintain	CMS Request - Final Rule for 2014	July 2013	XXX	1.34	NA	1.43	0.06	4,938	FALSE			FALSE					TRUE	Maintain
76970	Ultrasound study follow-up (specify)	IMRT with Ultrasound	October 2019	17			ACS, ACR, AACE	Deleted from CPT	High Volume Growth1 / CMS-Other -	February 2008							FALSE			TRUE	In October 2018, the	February 2020	9	Complete	TRUE	Deleted from CPT
76978	Ultrasound, targeted dynamic	RAW	April 2023	15		RAW		Refer to CPT Assistant	New Technology/New Services List	January 2018	XXX	1.62	NA	4.93	0.10	978	TRUE	Aug 2023	Yes	FALSE					FALSE	
76979	Ultrasound, targeted dynamic	RAW	April 2023	15		RAW		Refer to CPT Assistant	New Technology/New Services List	January 2018	ZZZ	0.85	NA	3.38	0.05	32	TRUE	Aug 2023	Yes	FALSE					FALSE	
76984	Ultrasound, intraoperative thoracic	Intraoperative	September 2022	05			AATS, ACC, STS	0.60	CMS-Other - Utilization over 20,000	May 2022	XXX	0.00		0	0.00		FALSE			FALSE					TRUE	Decrease
76987	Intraoperative epicardial cardiac	Intraoperative	September 2022	05			AATS, ACC, STS	1.90	CMS-Other - Utilization over 20,000	May 2022	XXX	0.00		0	0.00		FALSE			FALSE					TRUE	Decrease
76988	Intraoperative epicardial cardiac	Intraoperative	September 2022	05			AATS, ACC, STS	1.20	CMS-Other - Utilization over 20,000	May 2022	XXX	0.00		0	0.00		FALSE			FALSE					TRUE	Decrease
76989	Intraoperative epicardial cardiac	Intraoperative	September 2022	05			AATS, ACC, STS	1.55	CMS-Other - Utilization over 20,000	May 2022	XXX	0.00		0	0.00		FALSE			FALSE					TRUE	Decrease
76998	Ultrasonic guidance, intraoperative	Intraoperative	September 2022	05			AATS, ACC, ACS,	1.20	CMS-Other - Utilization over 20,000	January 2019	XXX	0.00	NA	0	0.00	28,182	FALSE			TRUE	In October 2018, the	May 2022	20	complete	TRUE	Maintain
77001	Fluoroscopic guidance for central	PICC Line Procedures	January 2018	09		RUC	AANS, AANEM,	0.38	MPC List / CMS Request - Final Rule for	January 2012	ZZZ	0.38	NA	2.53	0.05	247,811	FALSE			TRUE	In the NPRM for 2015, CMS	October 2015		Complete	TRUE	Maintain
77002	Fluoroscopic guidance for needle	Somatic Nerve Injections	October 2021	05			AAPM, AAPM&R,	0.54	MPC List / CMS Request - Final Rule for	January 2012	ZZZ	0.54	NA	2.9	0.04	558,622	FALSE			TRUE	In the NPRM for 2015, CMS	October 2015		Complete	TRUE	Maintain

77003	Fluoroscopic guidance and localization	Somatic Nerve Injections	October 2021	05			AAPM, AAPM&R,	0.60	MPC List / CMS Request - Final Rule for	October 2010	ZZZ	0.60	NA	2.51	0.05	24,918	FALSE			TRUE	In the NPRM for 2015, CMS	October 2015		Complete	TRUE	Maintain
77011	Computed tomography guidance for	IMRT with CT Guidance	October 2010	15			ASTRO, ACRO	New PE inputs	CMS Request - Practice Expense		XXX	1.21	NA	5.34	0.09	4,084	FALSE			FALSE					TRUE	PE Only
77012	Computed tomography guidance for	CT Guidance Needle	September 2023	14			ACR, SIR	1.50	CMS-Other - Utilization over 100,000 /	April 2016	XXX	1.50	NA	2.57	0.10	134,199	FALSE			TRUE	In October 2017, maintaining	February 2019	11	complete	TRUE	Maintain
77014	Computed tomography guidance for	Radiation Oncology	September 2023	22	January 2025	RUC	ASTRO, ACR	Deleted at CPT	CMS Request - Practice Expense	October 2010	XXX	0.85	NA	2.69	0.05	2,520,778	FALSE			TRUE	In October 2020, the RUC	September	40	Deleted	FALSE	Deleted from CPT
77031	Stereotactic localization guidance for	Breast Biopsy	April 2013	04				Deleted from CPT	Codes Reported Together 75% or More-	January 2012							FALSE			FALSE		October 2012	08	Complete	TRUE	Deleted from CPT
77032	Mammographic guidance for needle	Breast Biopsy	April 2013	04				Deleted from CPT	Codes Reported Together 75% or More-	January 2012							FALSE			FALSE		October 2012	08	Complete	TRUE	Deleted from CPT
77046	Magnetic resonance imaging, breast,	Breast MRI with	October 2017	06			ACR	1.45	CMS High Expenditure Procedural	June 2017	XXX	1.45	NA	5.03	0.09	238	FALSE			FALSE		June 2017	14		TRUE	Decrease
77047	Magnetic resonance imaging, breast,	Breast MRI with	October 2017	06			ACR	1.60	CMS High Expenditure Procedural	June 2017	XXX	1.60	NA	5.05	0.10	3,300	FALSE			FALSE		June 2017	14		TRUE	Decrease
77048	Magnetic resonance imaging, breast,	Breast MRI with	October 2017	06			ACR	2.10	CMS High Expenditure Procedural	June 2017	XXX	2.10	NA	8.12	0.14	928	FALSE			FALSE		June 2017	14		TRUE	Increase
77049	Magnetic resonance imaging, breast,	Breast MRI with	October 2017	06			ACR	2.30	CMS High Expenditure Procedural	June 2017	XXX	2.30	NA	8.12	0.15	107,171	FALSE			FALSE		June 2017	14		TRUE	Increase
77051	Computer-aided detection (computer	Mammography-	January 2016	20			ACR	Deleted from CPT	CMS-Other - Utilization over 250,000 /								FALSE			FALSE		October 2015	38	Complete	TRUE	Deleted from CPT
77052	Computer-aided detection (computer	Mammography-	January 2016	20			ACR	Deleted from CPT	Low Value-High Volume	October 2010							FALSE			FALSE		October 2015	38	Complete	TRUE	Deleted from CPT
77055	Mammography; unilateral	Mammography-	January 2016	20			ACR	Deleted from CPT	CMS-Other - Utilization over 250,000 /	January 2014							FALSE			TRUE	In the NPRM for 2015, CMS	October 2015	38	Complete	TRUE	Deleted from CPT
77056	Mammography; bilateral	Mammography-	January 2016	20			ACR	Deleted from CPT	CMS-Other - Utilization over 250,000 /	January 2014							FALSE			TRUE	In the NPRM for 2015, CMS	October 2015	38	Complete	TRUE	Deleted from CPT
77057	Screening mammography, bilateral (2-	Mammography-	January 2016	20			ACR	Deleted from CPT	CMS-Other - Utilization over 250,000 /	January 2014							FALSE			TRUE	In the NPRM for 2015, CMS	October 2015	38	Complete	TRUE	Deleted from CPT
77058	Magnetic resonance imaging, breast,	Breast MRI with	October 2017	06			ACR	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			TRUE	In preparation to survey CPT	June 2017	14	yes	TRUE	Deleted from CPT
77059	Magnetic resonance imaging, breast,	Breast MRI with	October 2017	06			ACR	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			TRUE	In preparation to survey CPT	June 2017	14	yes	TRUE	Deleted from CPT
77065	Diagnostic mammography, including	Mammography-	January 2016	20			ACR	0.81	Final Rule for 2015	October 2015	XXX	0.81	NA	2.9	0.05	699,591	FALSE			FALSE		October 2015	38	Complete	TRUE	Increase
77066	Diagnostic mammography, including	Mammography-	January 2016	20			ACR	1.00	Final Rule for 2015	October 2015	XXX	1.00	NA	3.69	0.07	556,274	FALSE			FALSE		October 2015	38	Complete	TRUE	Increase
77067	Screening mammography, bilateral (2-	Mammography-	January 2016	20			ACR	0.76	Final Rule for 2015	October 2015	XXX	0.76	NA	3.03	0.05	5,666,028	FALSE			FALSE		October 2015	38	Complete	TRUE	Maintain
77073	Bone length studies	X-Ray Exam - Bone	April 2018	25			AAOS, ACR	0.26	CMS-Other - Utilization over 30,000	October 2017	XXX	0.26	NA	1.07	0.03	62,871	FALSE			FALSE					TRUE	Decrease
77074	Radiologic examination, osseous	X-Ray Exam - Bone	April 2018	25			ACR	0.44	CMS-Other - Utilization over 30,000	October 2017	XXX	0.44	NA	1.49	0.03	2,732	FALSE			FALSE					TRUE	Decrease
77075	Radiologic examination, osseous	X-Ray Exam - Bone	April 2018	25			ACR	0.55	CMS-Other - Utilization over 30,000	October 2017	XXX	0.55	NA	2.39	0.05	28,156	FALSE			FALSE					TRUE	Increase
77076	Radiologic examination, osseous	X-Ray Exam - Bone	April 2018	25			ACR	0.70	CMS-Other - Utilization over 30,000	October 2017	XXX	0.70	NA	2.46	0.06	15	FALSE			FALSE					TRUE	Maintain
77077	Joint survey, single view, 2 or more	X-Ray Exam - Bone	April 2018	25			ACR	0.33	CMS-Other - Utilization over 30,000	October 2017	XXX	0.33	NA	1.05	0.03	34,387	FALSE			FALSE					TRUE	Increase
77079	Computed tomography, bone mineral	CT Bone Density Study	February 2010	31			ACR, AAFP, ACP	Deleted from CPT	Different Performing Specialty from	October 2009							FALSE			TRUE	The Workgroup recommends	October 2010	22	Complete	TRUE	Deleted from CPT
77080	Dual-energy X-ray absorptiometry	Dual Energy X-Ray	October 2013	07			AACE, ACNM, ACR,	0.20	CMS Request - Final Rule for 2012 /	September 2011	XXX	0.20	NA	0.95	0.02	2,532,885	FALSE			TRUE	In Oct 2012, the Joint	May 2013		Complete	TRUE	Maintain
77081	Dual-energy X-ray absorptiometry	Dual-energy X-Ray	January 2018	25				0.20	Negative IWPUT	April 2017	XXX	0.20	NA	0.73	0.02	84,437	FALSE			FALSE					TRUE	Decrease
77082	Dual-energy X-ray absorptiometry	Dual Energy X-Ray	October 2013	07			AACE, ACNM, ACR,	Deleted from CPT	CMS Request - Final Rule for 2012 /	September 2011							FALSE			TRUE	In Oct 2012, the Joint	May 2013		Complete	TRUE	Deleted from CPT
77083	Radiographic absorptiometry (eg,	Radiographic	February 2010	31			ACR, ACP	Deleted from CPT	Different Performing Specialty from	October 2009							FALSE			TRUE	The Workgroup recommends	October 2010	22	Complete	TRUE	Deleted from CPT
77085	Dual-energy X-ray absorptiometry	Dual Energy X-Ray	October 2013	07			AACE, ACNM, ACR,	0.30	Codes Reported Together 75% or More-		XXX	0.30	NA	1.27	0.03	98,754	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
77086	Vertebral fracture assessment via dual-	Dual Energy X-Ray	October 2013	07			AACE, ACNM, ACR,	0.17	Codes Reported Together 75% or More-		XXX	0.17	NA	0.82	0.02	1,413	FALSE			FALSE		May 2013		Complete	TRUE	Maintain
77261	Therapeutic radiology treatment	Radiation Therapy	April 2016	37			ASTRO	1.30	CMS High Expenditure Procedural	July 2015	XXX	1.30	0.73	0.73	0.08	9,653	FALSE			FALSE					TRUE	Decrease
77262	Therapeutic radiology treatment	Radiation Therapy	April 2016	37			ASTRO	2.00	CMS High Expenditure Procedural	July 2015	XXX	2.00	1.10	1.1	0.13	2,999	FALSE			FALSE					TRUE	Decrease
77263	Therapeutic radiology treatment	Radiation Therapy	April 2016	37			ASTRO	3.14	CMS High Expenditure Procedural	July 2015	XXX	3.14	1.63	1.63	0.24	280,552	FALSE			FALSE					TRUE	Maintain
77280	Therapeutic radiology simulation-aided	Set Radiation Therapy	September 2024	14			ASTRO	0.70	Harvard Valued - Utilization over	April 2011	XXX	0.70	NA	7.34	0.04	406,305	FALSE			TRUE	ASTRO reviewed the process	October 2012	22	Complete	TRUE	Maintain
77285	Therapeutic radiology simulation-aided	Respiratory Motion	January 2013	14			ASTRO	1.05	Harvard Valued - Utilization over	September 2011	XXX	1.05	NA	12.12	0.06	5,544	FALSE			TRUE	ASTRO reviewed the process	October 2012	22	Complete	TRUE	Maintain
77290	Therapeutic radiology simulation-aided	Respiratory Motion	January 2013	14			ASTRO	1.56	MPC List / Harvard Valued - Utilization	October 2010	XXX	1.56	NA	11.77	0.10	171,643	FALSE			TRUE	ASTRO reviewed the process	October 2012	22	Complete	TRUE	Maintain
77293	Respiratory motion management	Respiratory Motion	January 2013	14			ASTRO	2.00	Harvard Valued - Utilization over		ZZZ	2.00	NA	10.14	0.11	34,246	FALSE			FALSE		October 2012	22	Complete	TRUE	Decrease
77295	3-dimensional radiotherapy plan,	Surface Radionuclide	January 2013	14			ASTRO	4.29	Harvard Valued - Utilization over	September 2011	XXX	4.29	NA	9.88	0.25	112,013	FALSE			TRUE	ASTRO reviewed the process	October 2012,	22,	Complete	TRUE	Decrease
77300	Basic radiation dosimetry calculation,	Surface Radionuclide	September 2024	14			ASTRO	Maintain. 0.62	MPC List / Codes Reported Together	October 2010	XXX	0.62	NA	1.32	0.04	1,171,954	FALSE			TRUE	On 8-21-12, the Joint	February 2014,	44,	complete	TRUE	Maintain
77301	Intensity modulated radiotherapy plan,	IMRT - PE Only	September 2024	14			ASTRO	Maintain. New PE Inputs. 7.99.	CMS Fastest Growing / CMS Request -	October 2008	XXX	7.99	NA	46.68	0.69	167,261	TRUE	Nov 2009	Yes	FALSE					TRUE	Maintain
77305	Teletherapy, isodose plan (whether	Isodose Calculation with	April 2014	20			ASTRO	Deleted from CPT	Codes Reported Together 75% or More-	October 2010							FALSE			TRUE	On 8-21-12, the Joint	February 2014	44	Complete	TRUE	Deleted from CPT
77306	Teletherapy isodose plan; simple (1 or 2	Isodose Calculation with	April 2014	20				1.40	Codes Reported Together 75% or More-	October 2010	XXX	1.40	NA	2.97	0.08	964	FALSE			FALSE					TRUE	Decrease
77307	Teletherapy isodose plan; complex	Isodose Calculation with	April 2014	20				2.90	Codes Reported Together 75% or More-	October 2010	XXX	2.90	NA	5.56	0.16	26,401	FALSE			FALSE					TRUE	Decrease
77310	Teletherapy, isodose plan (whether	Isodose Calculation with	April 2014	20			ASTRO	Deleted from CPT	Codes Reported Together 75% or More-	October 2010							FALSE			TRUE	On 8-21-12, the Joint	February 2014	44	Complete	TRUE	Deleted from CPT
77315	Teletherapy, isodose plan (whether	Isodose Calculation with	April 2014	20			ASTRO	Deleted from CPT	Codes Reported Together 75% or More-	October 2010							FALSE			TRUE	On 8-21-12, the Joint	February 2014	44	Complete	TRUE	Deleted from CPT
77316	Brachytherapy isodose plan; simple	Isodose Calculation with	April 2014	20				1.50	Codes Reported Together 75% or More-	October 2012	XXX	1.40	NA	5.88	0.11	4,136	FALSE			FALSE					TRUE	Decrease
77317	Brachytherapy isodose plan;	Isodose Calculation with	April 2014	20				1.83	Codes Reported Together 75% or More-	October 2012	XXX	1.83	NA	7.75	0.14	2,079	FALSE			FALSE					TRUE	Decrease
77318	Brachytherapy isodose plan; complex	Isodose Calculation with	October 2015	21				2.90	Codes Reported Together 75% or More-	October 2012	XXX	2.90	NA	10.67	0.21	4,319	FALSE			TRUE	On 8-21-12, the Joint	February 2014	44	Complete	TRUE	Decrease
77326	Brachytherapy isodose plan; simple	Isodose Calculation with	April 2014	20				Deleted from CPT	Codes Reported Together 75% or More-	October 2012							FALSE			TRUE	On 8-21-12, the Joint	February 2014	44	Complete	TRUE	Deleted from CPT
77327	Brachytherapy isodose plan;	Isodose Calculation with	April 2014	20			ASTRO	Deleted from CPT	Codes Reported Together 75% or More-	October 2010							FALSE			TRUE	On 8-21-12, the Joint	February 2014	44	Complete	TRUE	Deleted from CPT
77328	Brachytherapy isodose plan; complex	Isodose Calculation with	April 2014	20				Deleted from CPT	Codes Reported Together 75% or More-	October 2012							FALSE			TRUE	On 8-21-12, the Joint	February 2014	44	Complete	TRUE	Deleted from CPT
77332	Treatment devices, design and	RAW	January 2016	40		RUC	ASTRO	0.54	CMS High Expenditure Procedural	April 2015	XXX	0.45	NA	0.7	0.03	63,894	FALSE			FALSE					TRUE	Maintain
77333	Treatment devices, design and	RAW	January 2016	40		RUC	ASTRO	0.84	CMS High Expenditure Procedural	April 2015	XXX	0.75	NA	3.32	0.04	10,855	FALSE			FALSE					TRUE	Maintain
77334	Treatment devices, design and		January 2016	40		RUC	ASTRO	1.24	MPC List / RUC request / CMS High	October 2010	XXX	1.15	NA	2.56	0.06	698,395	FALSE			FALSE					TRUE	Maintain
77336	Continuing medical physics	Continuing Medical	April 2013	31			ASTRO	New PE Inputs	CMS Request - Final Rule for 2013	October 2012	XXX	0.00	NA	2.59	0.08	349,305	FALSE			FALSE					TRUE	PE Only
77338	Multi-leaf collimator (MLC) device(s) for	IMRT - PE Only	September 2024	14			ACRO, ASTRO	Maintain. New PE Inputs	Services with Stand-Alone PE	October 2012	XXX	4.29	NA	9.5	0.27	184,716	FALSE			FALSE					TRUE	PE Only
77371	Radiation treatment delivery,	Radiation Treatment	April 2009	30			ASTRO	New PE inputs	CMS Request - Practice Expense	NA	XXX	0.00	0.00	0	0.00	97	FALSE			FALSE					TRUE	PE Only
77372	Radiation treatment delivery,	Radiation Treatment	October 2013	18				New PE Inputs	Services with Stand-Alone PE	October 2012	XXX	0.00	NA	28.39	0.20	614	FALSE			FALSE					TRUE	PE Only
77373	Stereotactic body radiation therapy,	Radiation Treatment	October 2013	18			ACR, ASTRO, ACRO	New PE inputs	Services with Stand-Alone PE	July 2012	XXX	0.00	NA	29.6	0.25	40,662	FALSE			FALSE					TRUE	PE Only
77385	Intensity modulated radiation	Radiation Oncology	September 2023	22	January 2025	RUC	ACRO, ASTRO	Deleted at CPT	Services with Stand-Alone PE	January 2014	XXX	0.00	0.00	0	0.00		FALSE			TRUE	In October 2020, the RUC	September	40	Deleted	FALSE	Deleted from CPT
77386	Intensity modulated radiation	Radiation Oncology	September 2023	22	January 2025	RUC	ACRO, ASTRO	Deleted at CPT	Services with Stand-Alone PE	January 2014	XXX	0.00	0.00	0	0.00		FALSE			TRUE	In October 2020, the RUC	September	40	Deleted	FALSE	Deleted from CPT
77387	Guidance for localization of target	Radiation Oncology	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT. 0.58	Services with Stand-Alone PE	January 2014	XXX	0.00	0.00	0	0.00		FALSE			TRUE	In October 2020, the RUC	September	40	Yes	FALSE	Decrease
77401	Radiation treatment delivery, superficial	Superficial Radiation	September 2024	17	January 2025	RUC	AADA, ACRO, ASTRO	Deleted at CPT	High Volume Growth5 / Codes	October 2018	XXX	0.00	NA	1.24	0.01	284,336	FALSE			TRUE	In October 2018, this service	May 2019	08	Deleted from CPT	FALSE	Deleted from CPT
77402	Radiation treatment delivery, >=1 MeV;	Radiation Oncology	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT. PE Only, revised	Services with Stand-Alone PE	October 2012	XXX	0.00	0.00	0	0.00		FALSE			TRUE	At the April 2013 RUC meeting,	September	40	Yes	FALSE	PE Only
77403	Radiation treatment delivery, single	Radiation Treatment	January 2014	14			ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE	October 2012							FALSE			TRUE	At the April 2013 RUC meeting,	October 2013	28	Complete	TRUE	Deleted from CPT
77404	Radiation treatment delivery, single	Radiation Treatment	January 2014	14			ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE	October 2012							FALSE			TRUE	At the April 2013 RUC meeting,	October 2013	28	Complete	TRUE	Deleted from CPT
77406	Radiation treatment delivery, single	Radiation Treatment	January 2014	14			ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE	October 2012							FALSE			TRUE	At the April 2013 RUC meeting,	October 2013	28	Complete	TRUE	Deleted from CPT
77407	Radiation treatment delivery, >=1 MeV;	Radiation Oncology	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT. PE Only, revised	Services with Stand-Alone PE	October 2012	XXX	0.00	0.00	0	0.00		FALSE			TRUE	At the April 2013 RUC meeting,	September	40	Yes	FALSE	PE Only
77408	Radiation treatment delivery, 2	Radiation Treatment	January 2014	14			ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE	October 2012							FALSE			TRUE	At the April 2013 RUC meeting,	October 2013	28	Complete	TRUE	Deleted from CPT
77409	Radiation treatment delivery, 2	Radiation Treatment	January 2014	14			ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE	October 2012							FALSE			TRUE	At the April 2013 RUC meeting,	October 2013	28	Complete	TRUE	Deleted from CPT
77411	Radiation treatment delivery, 2	Radiation Treatment	January 2014	14			ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE	October 2012							FALSE			TRUE	At the April 2013 RUC meeting,	October 2013	28	Complete	TRUE	Deleted from CPT
77412	Radiation treatment delivery, >=1 MeV;	Radiation Oncology	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT. PE Only, revised	Services with Stand-Alone PE	October 2012	XXX	0.00	0.00	0	0.00		FALSE			TRUE	At the April 2013 RUC meeting,	September	40	Yes	FALSE	PE Only
77413	Radiation treatment delivery, 3 or more	Radiation Treatment	January 2014	14			ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE	October 2012							FALSE			TRUE	At the April 2013 RUC meeting,	October 2013	28	Complete	TRUE	Deleted from CPT
77414	Radiation treatment delivery, 3 or more	Radiation Treatment	January 2014	14			ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE	October 2012							FALSE			TRUE	At the April 2013 RUC meeting,	October 2013	28	Complete	TRUE	Deleted from CPT
77416	Radiation treatment delivery, 3 or more	Radiation Treatment	January 2014	14			ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE	October 2012							FALSE			TRUE	At the April 2013 RUC meeting,	October 2013	28	Complete	TRUE	Deleted from CPT
77417	Therapeutic radiology port image(s)	Radiation Oncology			January 2025	RUC	ACRO, ASTRO		CMS-Other - Utilization over 20,000	October 2012	XXX	0.00	NA	0.44	0.01	27,820	FALSE			FALSE				Complete	FALSE	
77418	Intensity modulated treatment delivery,	Radiation Treatment	January 2014	14			ACRO, ASTRO	Deleted from CPT	CMS Fastest Growing / Services with	October 2008							TRUE	Nov 2009 and	Yes	TRUE		October 2013	28	Complete	TRUE	Deleted from CPT
77421	Stereoscopic X-ray guidance for	Radiation Treatment	January 2014	14			ACRO, ASTRO	Deleted from CPT	Codes Reported Together 75% or More-	February 2010							FALSE			TRUE	In Jan 2012, the specialty	October 2013	28	Complete	TRUE	Deleted from CPT
77422	High energy neutron radiation	High Energy Neutron	April 2015	35		RUC	AAOS, ASPS, ASSH	Contractor Price	CMS Request - Final Rule for 2015	November 2014							FALSE			FALSE					TRUE	Deleted from CPT
77423	High energy neutron radiation	High Energy Neutron	April 2015	35		RUC	AAOS, ASPS, ASSH	Contractor Price	CMS Request - Final Rule for 2015	November 2014	XXX	0.00	0.00	0	0.00		FALSE			FALSE					TRUE	Maintain
77427	Radiation treatment management, 5	Radiation Treatment	January 2016	54			ASTRO	3.45. Remove from high E/M	Site of Service Anomaly / High Level	September 2007	XXX	3.37	2.07	2.07	0.26	914,002	FALSE			TRUE	In October 2008 the RUC	June 2009	21	Complete	TRUE	Decrease
77435	Stereotactic body radiation therapy,	RAW	January 2017	30				Remove from screen	High Volume Growth4	October 2016	XXX	11.87	6.34	6.34	0.95	44,169	FALSE			FALSE					TRUE	Remove from Screen
77470	Special treatment procedure (eg, total	Special Radiation	January 2016	41			ASTRO	2.03	CMS High Expenditure Procedural	July 2015	XXX	2.03	NA	2.12	0.11	82,000	FALSE			FALSE					TRUE	Decrease
77520	Proton treatment delivery; simple,	Proton Beam Treatment	April 2019	19			ASTRO	New PE Inputs	Contractor Priced High Volume1	October 2018	XXX	0.00	0.00	0	0.00	181	FALSE			FALSE					TRUE	PE Only
77522	Proton treatment delivery; simple, with	Proton Beam Treatment	April 2019	19			ASTRO	New PE Inputs	Contractor Priced High Volume1	January 2018	XXX	0.00	0.00	0	0.00	7,240	FALSE			FALSE					TRUE	PE Only
77523	Proton treatment delivery;	Proton Beam Treatment	April 2019	19			ASTRO	New PE Inputs	High Volume Growth4 / Contractor	October 2016	XXX	0.00	0.00	0	0.00	65,902	FALSE			FALSE					TRUE	PE Only
77525	Proton treatment delivery; complex	Proton Beam Treatment	April 2019	19			ASTRO	New PE Inputs	Contractor Priced High Volume1	October 2018	XXX	0.00	0.00	0	0.00	11,709	FALSE			FALSE					TRUE	PE Only
77600	Hyperthermia, externally generated;	Hyperthermia - PE Only	September 2024	14			AADA, ACRO, ASTRO	Maintain. New PE Inputs	Services with Stand-Alone PE	October 2012	XXX	1.31	NA	14.92	0.12	9,924	FALSE			FALSE					TRUE	PE Only
77767	Remote afterloading high dose rate	Surface Radionuclide	January 2015	16			ASTRO, ACRO	1.05	Codes Reported Together 75% or More-	October 2014	XXX	1.05	NA	6.36	0.09	4,607	FALSE			FALSE		October 2014	28/29	Complete	TRUE	Decrease
77768	Remote afterloading high dose rate	Surface Radionuclide	January 2015	16			ASTRO, ACRO	1.40	Codes Reported Together 75% or More-	October 2014	XXX	1.40	NA	9.46	0.13	5,488	FALSE			FALSE		October 2014	28/29	Complete	TRUE	Decrease
77770	Remote afterloading high dose rate	Surface Radionuclide	January 2015	16			ASTRO, ACRO	1.95	Codes Reported Together 75% or More-	October 2014	XXX	1.95	NA	8.36	0.14	15,451	FALSE			FALSE		October 2014	28/29	Complete	TRUE	Decrease
77771	Remote afterloading high dose rate	Surface Radionuclide	January 2015	16			ASTRO, ACRO	3.80	Codes Reported Together 75% or More-	October 2014	XXX	3.80	NA	14.1	0.27	10,180	FALSE			FALSE		October 2014	28/29	Complete	TRUE	Decrease
77772	Remote afterloading high dose rate	Surface Radionuclide	January 2015	16			ASTRO, ACRO	5.40	Codes Reported Together 75% or More-	October 2014	XXX	5.40	NA	21.33	0.41	3,159	FALSE			FALSE		October 2014	28/29	Complete	TRUE	Decrease
77776	Interstitial radiation source application;	Interstitial Radiation	April 2015	17			ACR, ASTRO	Deleted from CPT	Codes Reported Together 75% or More-	February 2015							FALSE			FALSE		February 2015	35	Complete	TRUE	Deleted from CPT
77777	Interstitial radiation source application;	Interstitial Radiation	April 2015	17			ACR, ASTRO	Deleted from CPT	Codes Reported Together 75% or More-	February 2015							FALSE			FALSE		February 2015	35	Complete	TRUE	Deleted from CPT
77778	Interstitial radiation source application,	Interstitial Radiation	October 2015	21			ACR, ASTRO	8.78	Codes Reported Together 75% or More-	October 2012	000	8.78	NA	18.32	0.53	3,250	FALSE			TRUE	The Joint Workgroup	February 2015	35	Complete	TRUE	Decrease
77781	Deleted from CPT	Brachytherapy	October 2008	26			ASTRO	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			TRUE	Deleted from CPT at February	February 2008	36	Code Deleted	TRUE	Deleted from CPT
77782	Deleted from CPT	Brachytherapy	February 2008	S			ASTRO	Deleted from CPT	High Volume Growth1 / CMS Fastest	February 2008							FALSE			TRUE	Deleted from CPT at February	February 2008	36	Code Deleted	TRUE	Deleted from CPT
77784	Deleted from CPT	Brachytherapy	February 2008	S			ASTRO	Deleted from CPT	CMS Fastest Growing	February 2008							FALSE			TRUE	Deleted from CPT at February	February 2008	36	Code Deleted	TRUE	Deleted from CPT
77785	Remote afterloading high dose rate	Surface Radionuclide	January 2015	16			ASTRO	Deleted from CPT	High Volume Growth1 / CMS Fastest								FALSE			TRUE	In October 2012, the Joint	October 2014	28/29	Complete	TRUE	Deleted from CPT
77786	Remote afterloading high dose rate	Surface Radionuclide	January 2015	16			ASTRO	Deleted from CPT	High Volume Growth1 / CMS Fastest								FALSE			TRUE	In October 2012, the Joint	October 2014	28/29	Complete	TRUE	Deleted from CPT
77787	Remote afterloading high dose rate	Surface Radionuclide	January 2015	16			ASTRO	Deleted from CPT	High Volume Growth1 / CMS Fastest	October 2012							FALSE			TRUE	In October 2012, the Joint	October 2014	28/29	Complete	TRUE	Deleted from CPT
77790	Supervision, handling, loading of	Interstitial Radiation	October 2015	21			ACR, ASTRO, SIR	0.00	Codes Reported Together 75% or More-	October 2012	XXX	0.00	NA	0.52	0.02	39	FALSE			TRUE	The Joint Workgroup	February 2015	35	Complete	TRUE	Decrease
77X05		Superficial Radiation			January 2025	RUC	AADA, ACRO, ASTRO		Codes Reported Together 75% or More-	September 2024							FALSE			FALSE					FALSE	
77X07		Superficial Radiation			January 2025	RUC	AADA, ACRO, ASTRO		Codes Reported Together 75% or More-	September 2024							FALSE			FALSE					FALSE	
77X08		Superficial Radiation			January 2025	RUC	AADA, ACRO, ASTRO		Codes Reported Together 75% or More-	September 2024							FALSE			FALSE					FALSE	
77X09		Superficial Radiation			January 2025	RUC	AADA, ACRO, ASTRO		Codes Reported Together 75% or More-	September 2024							FALSE			FALSE					FALSE	
78000	Thyroid uptake; single determination	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNM, SNM	Deleted from CPT	Harvard Valued - Utilization over								FALSE			TRUE	Identified with 78007. The	February 2012	13	Complete	TRUE	Deleted from CPT
78001	Thyroid uptake; multiple	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNM, SNM	Deleted from CPT	Harvard Valued - Utilization over								FALSE			TRUE	Identified with 78007. The	February 2012	13	Complete	TRUE	Deleted from CPT
78003	Thyroid uptake; stimulation,	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNM, SNM	Deleted from CPT	Harvard Valued - Utilization over								FALSE			TRUE	Identified with 78007. The	February 2012	13	Complete	TRUE	Deleted from CPT
78006	Thyroid imaging, with uptake; single	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNM, SNM	Deleted from CPT	Harvard Valued - Utilization over								FALSE			TRUE	Identified with 78007. The	February 2012	13	Complete	TRUE	Deleted from CPT
78007	Thyroid imaging, with uptake; multiple	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNM, SNM	Deleted from CPT	Harvard Valued - Utilization over	April 2011							FALSE			TRUE	Specialty requests referral to	February 2012	13	Complete	TRUE	Deleted from CPT
78010	Thyroid imaging; only	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNM, SNM	Deleted from CPT	Harvard Valued - Utilization over								FALSE			TRUE	Identified with 78007. The	February 2012	13	Complete	TRUE	Deleted from CPT
78011	Thyroid imaging; with vascular flow	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNM, SNM	Deleted from CPT	Harvard Valued - Utilization over								FALSE			TRUE	Identified with 78007. The	February 2012	13	Complete	TRUE	Deleted from CPT

78012	Thyroid uptake, single or multiple	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNM, SNM	0.19	Harvard Valued - Utilization over		XXX	0.19	NA	2.2	0.04	952	FALSE			TRUE	Identified with 78007 and RUC	February 2012	13	Complete	TRUE	Decrease
78013	Thyroid imaging (including vascular	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNM, SNM	0.37	Harvard Valued - Utilization over		XXX	0.37	NA	4.71	0.06	804	FALSE			TRUE	Identified with 78007 and RUC	February 2012	13	Complete	TRUE	Decrease
78014	Thyroid imaging (including vascular	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNM, SNM	0.50	Harvard Valued - Utilization over		XXX	0.50	NA	5.97	0.06	11,032	FALSE			TRUE	Identified with 78007 and RUC	February 2012	13	Complete	TRUE	Decrease
78070	Parathyroid planar imaging (including	Parathyroid Imaging	January 2016	54			ACR, ACNM, SNM	0.80	Harvard Valued - Utilization over	April 2011	XXX	0.80	NA	7.19	0.09	9,359	TRUE	Dec 2016	Yes	FALSE					TRUE	Maintain
78071	Parathyroid planar imaging (including	Parathyroid Imaging	January 2016	54			ACR, ACNM, SNM	1.20	Harvard Valued - Utilization over	April 2011	XXX	1.20	NA	8.3	0.11	6,434	TRUE	Dec 2016	Yes	FALSE					TRUE	Maintain
78072	Parathyroid planar imaging (including	Parathyroid Imaging	January 2016	54			ACR, ACNM, SNM	1.60	Harvard Valued - Utilization over	April 2011	XXX	1.60	NA	10.19	0.13	11,283	TRUE	Dec 2016	Yes	FALSE					TRUE	Maintain
78223	Hepatobiliary ductal system imaging,	Hepatobiliary Ductal	February 2011	12			ACR, SNM	Deleted from CPT	Harvard Valued - Utilization over	October 2009							FALSE			TRUE	The specialties will be	October 2010	21	Complete	TRUE	Deleted from CPT
78226	Hepatobiliary system imaging, including	Hepatobiliary System	February 2011	12			ACR, SNM, ACNM	0.74	Harvard Valued - Utilization over		XXX	0.74	NA	8.07	0.09	51,282	FALSE			FALSE					TRUE	Decrease
78227	Hepatobiliary system imaging, including	Hepatobiliary System	February 2011	12			ACR, SNM, ACNM	0.90	Harvard Valued - Utilization over		XXX	0.90	NA	10.93	0.11	37,289	FALSE			FALSE					TRUE	Decrease
78265	Gastric emptying imaging study (eg,	Colon Transit Imaging	April 2015	18			ACNM, ACR, SNMMI	CPT Assistant article published	New code for CPT 2016.	April 2015	XXX	0.98	NA	9.69	0.10	261	TRUE	Dec 2015	Yes	FALSE					TRUE	Not Part of RAW
78266	Gastric emptying imaging study (eg,	Colon Transit Imaging	April 2015	18			ACNM, ACR, SNMMI	CPT Assistant article published	New code for CPT 2016.	April 2015	XXX	1.08	NA	11.06	0.11	233	TRUE	Dec 2015	Yes	FALSE					TRUE	Not Part of RAW
78278	Acute gastrointestinal blood loss	Acute GI Blood Loss	September 2011	34			ACR, SNM, ACNM	0.99	Harvard Valued - Utilization over	April 2011	XXX	0.99	NA	8.46	0.11	15,876	FALSE			FALSE					TRUE	Maintain
78300	Bone and/or joint imaging; limited area	Bone Imaging	April 2016	38			ACNM, ACR, SNMMI	0.62	CMS High Expenditure Procedural	July 2015	XXX	0.62	NA	5.52	0.06	3,852	FALSE			FALSE					TRUE	Maintain
78305	Bone and/or joint imaging; multiple	Bone Imaging	April 2016	38			ACNM, ACR, SNMMI	0.83	CMS High Expenditure Procedural	July 2015	XXX	0.83	NA	6.57	0.08	679	FALSE			FALSE					TRUE	Maintain
78306	Bone and/or joint imaging; whole body	Bone Imaging	April 2016	38			ACNM, ACR, SNMMI	0.86	CMS High Expenditure Procedural	July 2015	XXX	0.86	NA	7.14	0.08	193,289	FALSE			FALSE					TRUE	Maintain
78429	Myocardial imaging, positron emission	Myocardial PET	January 2019	13			ACC, ACR, ACNM,	1.76	High Volume Growth4	May 2018	XXX	0.00	NA	0	0.00	1,025	FALSE			FALSE					TRUE	Increase
78430	Myocardial imaging, positron emission	Myocardial PET	January 2019	13			ACC, ACR, ACNM,	1.67	High Volume Growth4	May 2018	XXX	0.00	NA	0	0.00	478	FALSE			FALSE					TRUE	Increase
78431	Myocardial imaging, positron emission	Myocardial PET	January 2019	13			ACC, ACR, ACNM,	1.90	High Volume Growth4	May 2018	XXX	0.00	NA	0	0.00	87,173	FALSE			FALSE					TRUE	Increase
78432	Myocardial imaging, positron emission	Myocardial PET	January 2019	13			ACC, ACR, ACNM,	2.07	High Volume Growth4	May 2018	XXX	0.00	NA	0	0.00	26	FALSE			FALSE					TRUE	Increase
78433	Myocardial imaging, positron emission	Myocardial PET	January 2019	13			ACC, ACR, ACNM,	2.26	High Volume Growth4	May 2018	XXX	0.00	NA	0	0.00	1,876	FALSE			FALSE					TRUE	Increase
78434	Absolute quantitation of myocardial	Myocardial PET	January 2019	13			ACC, ACR, ACNM,	0.63	High Volume Growth4	May 2018	ZZZ	0.00	NA	0	0.00	72,932	FALSE			FALSE					TRUE	Increase
78451	Myocardial perfusion imaging,	Myocardial Perfusion	February 2009	16			SNM, ACR, ASNC,	1.40	Codes Reported Together 95% or More	NA	XXX	1.38	NA	7.91	0.10	22,908	FALSE			FALSE					TRUE	Increase
78452	Myocardial perfusion imaging,	Myocardial Perfusion	February 2009	16			SNM, ACR, ASNC,	1.75	Codes Reported Together 95% or More	NA	XXX	1.62	NA	11.24	0.14	1,326,697	FALSE			FALSE					TRUE	Decrease
78453	Myocardial perfusion imaging, planar	Myocardial Perfusion	February 2009	16			SNM, ACR, ASNC,	1.00	Codes Reported Together 95% or More	NA	XXX	1.00	NA	6.92	0.08	1,466	FALSE			FALSE					TRUE	Decrease
78454	Myocardial perfusion imaging, planar	Myocardial Perfusion	February 2009	16			SNM, ACR, ASNC,	1.34	Codes Reported Together 95% or More	NA	XXX	1.34	NA	10.47	0.14	5,291	FALSE			FALSE					TRUE	Decrease
78459	Myocardial imaging, positron emission	Myocardial PET	January 2019	13			ACC, ACR, ACNM,	1.61	High Volume Growth4	May 2018	XXX	0.00	NA	0	0.00	658	FALSE			FALSE					TRUE	Increase
78460	Deleted from CPT	Myocardial Perfusion	February 2009	16			SNM, ACR, ASNC,	Deleted from CPT	Codes Reported Together 95% or More								FALSE			FALSE		October 2008	23		TRUE	Deleted from CPT
78461	Deleted from CPT	Myocardial Perfusion	February 2009	16			SNM, ACR, ASNC,	Deleted from CPT	Codes Reported Together 95% or More								FALSE			FALSE		October 2008	23		TRUE	Deleted from CPT
78464	Deleted from CPT	Myocardial Perfusion	February 2009	16			SNM, ACR, ASNC,	Deleted from CPT	Codes Reported Together 95% or More								FALSE			FALSE		October 2008	23		TRUE	Deleted from CPT
78465	Deleted from CPT	Myocardial Perfusion	February 2009	16			SNM, ACR, ASNC,	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	Referred to the CPT Editorial	October 2008	23	Code Deleted	TRUE	Deleted from CPT
78472	Cardiac blood pool imaging, gated	Cardiac Blood Pool	September 2011	35			ACC, ACR, SNM,	0.98	Harvard Valued - Utilization over	April 2011	XXX	0.98	NA	5.25	0.08	9,798	FALSE			FALSE					TRUE	Maintain
78478	Deleted from CPT	Myocardial Perfusion	February 2009	16			SNM, ACR, ASNC,	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	Referred to the CPT Editorial	October 2008	23	Code Deleted	TRUE	Deleted from CPT
78480	Deleted from CPT	Myocardial Perfusion	February 2009	16			SNM, ACR, ASNC,	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	Referred to the CPT Editorial	October 2008	23	Code Deleted	TRUE	Deleted from CPT
78491	Myocardial imaging, positron emission	Myocardial PET	January 2019	13			ACC, ACR, ACNM,	1.56	High Volume Growth4	May 2018	XXX	0.00	NA	0	0.00	384	FALSE			FALSE					TRUE	Increase
78492	Myocardial imaging, positron emission	Myocardial PET	January 2019	13			ACC, ACR, ACNM,	1.80	High Volume Growth4	October 2016	XXX	0.00	NA	0	0.00	113,774	FALSE			TRUE	This service was identified by	May 2018	28	Yes	TRUE	Increase
78579	Pulmonary ventilation imaging (eg,	Pulmonary Imaging	February 2011	13			ACR, SNM	0.49	Harvard Valued - Utilization over	February 2010	XXX	0.49	NA	4.63	0.05	249	FALSE			TRUE		October 2010	23	Complete	TRUE	Decrease
78580	Pulmonary perfusion imaging (eg,	Pulmonary Imaging	April 2024	12			ACR, ACNM, SIR,	0.74	Harvard Valued - Utilization over	February 2010	XXX	0.74	NA	5.68	0.08	69,975	FALSE			TRUE	The specialties recommend a	October 2010	23	complete	TRUE	Maintain
78582	Pulmonary ventilation (eg, aerosol or	Pulmonary Imaging	February 2011	13			ACR, SNM	1.07	Harvard Valued - Utilization over	February 2010	XXX	1.07	NA	7.93	0.10	51,181	FALSE			TRUE		October 2010	23	Complete	TRUE	Decrease
78584	Pulmonary perfusion imaging,	Pulmonary Perfusion	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utilization over	February 2010							FALSE			TRUE	The specialties recommend a	October 2010	23	Code Deleted	TRUE	Deleted from CPT
78585	Pulmonary perfusion imaging,	Pulmonary Perfusion	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utilization over	October 2009							FALSE			TRUE	The specialties recommend a	October 2010	23	Code Deleted	TRUE	Deleted from CPT
78586	Pulmonary ventilation imaging, aerosol;	Pulmonary Perfusion	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utilization over	February 2010							FALSE			TRUE	The specialties recommend a	October 2010	23	Code Deleted	TRUE	Deleted from CPT
78587	Deleted from CPT	Pulmonary Perfusion	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utilization over	February 2010							FALSE			TRUE	The specialties recommend a	October 2010	23	Code Deleted	TRUE	Deleted from CPT
78588	Deleted from CPT	Pulmonary Perfusion	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utilization over	February 2010							FALSE			TRUE	The specialties recommend a	October 2010	23	Code Deleted	TRUE	Deleted from CPT
78591	Deleted from CPT	Pulmonary Perfusion	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utilization over	February 2010							FALSE			TRUE	The specialties recommend a	October 2010	23	Code Deleted	TRUE	Deleted from CPT
78593	Deleted from CPT	Pulmonary Perfusion	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utilization over	February 2010							FALSE			TRUE	The specialties recommend a	October 2010	23	Code Deleted	TRUE	Deleted from CPT
78594	Deleted from CPT	Pulmonary Perfusion	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utilization over	February 2010							FALSE			TRUE	The specialties recommend a	October 2010	23	Code Deleted	TRUE	Deleted from CPT
78596	Deleted from CPT	Pulmonary Perfusion	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utilization over	February 2010							FALSE			TRUE	The specialties recommend a	October 2010	23	Code Deleted	TRUE	Deleted from CPT
78597	Quantitative differential pulmonary	Pulmonary Imaging	February 2011	13			ACR, SNM	0.75	Harvard Valued - Utilization over	February 2010	XXX	0.75	NA	4.7	0.06	2,183	FALSE			FALSE		October 2010	23		TRUE	Decrease
78598	Quantitative differential pulmonary	Pulmonary Imaging	February 2011	13			ACR, SNM	0.85	Harvard Valued - Utilization over	February 2010	XXX	0.85	NA	7.33	0.08	1,266	FALSE			TRUE		October 2010	23	Complete	TRUE	Decrease
78803	Radiopharmaceutical localization of	RAW	January 2019	14			ACR, ACNM, SNM	1.20	Harvard Valued - Utilization over	January 2016	XXX	1.09	NA	9.23	0.10	35,894	TRUE	Dec 2016	Yes	FALSE					TRUE	Increase
78815	Positron emission tomography (PET)		February 2011	41			ACR, SNM	Reaffirmed RUC	MPC List	October 2010	XXX	0.00	NA	0	0.00	626,249	FALSE			FALSE					TRUE	Maintain
79101	Radiopharmaceutical therapy, by	Radiopharmaceutical	February 2010	31			SNM, ACR	Article published Feb 2012	Different Performing Specialty from	October 2009	XXX	1.96	NA	2.31	0.09	11,274	TRUE	Feb 2012	Yes	FALSE					TRUE	Maintain
80500	Clinical pathology consultation; limited,	Pathology Clinical Consult	January 2021	20			CAP	Deleted from CPT	CMS-Other - Utilization over 20,000	January 2019	XXX						FALSE			TRUE	In October 2018, the	October 2020	50	complete	TRUE	Deleted from CPT
80502	Clinical pathology consultation;	Pathology Clinical Consult	January 2021	20			CAP	Deleted from CPT	CMS-Other - Utilization over 20,000	January 2021	XXX						FALSE			FALSE		October 2020	50	complete	TRUE	Deleted from CPT
80503	Pathology clinical consultation; for a	Pathology Clinical Consult	January 2021	20			CAP	0.50	CMS-Other - Utilization over 20,000	January 2021	XXX	0.43	0.20	0.35	0.02	22,690	FALSE			FALSE		October 2020	50	complete	TRUE	Decrease
80504	Pathology clinical consultation; for a	Pathology Clinical Consult	January 2021	20			CAP	0.91	CMS-Other - Utilization over 20,000	January 2021	XXX	0.91	0.44	0.62	0.05	3,676	FALSE			FALSE		October 2020	50	complete	TRUE	Decrease
80505	Pathology clinical consultation; for a	Pathology Clinical Consult	January 2021	20			CAP	1.80	CMS-Other - Utilization over 20,000	January 2021	XXX	1.71	0.82	1.04	0.10	2,772	FALSE			FALSE		October 2020	50	complete	TRUE	Decrease
80506	Pathology clinical consultation;	Pathology Clinical Consult	January 2021	20			CAP	0.80	CMS-Other - Utilization over 20,000	January 2021	ZZZ	0.80	NA	0.42	0.04	1,890	FALSE			FALSE		October 2020	50	complete	TRUE	Decrease
85060	Blood smear, peripheral, interpretation	Blood Smear	April 2017	30			CAP	0.45	CMS-Other - Utilization over 100,000	April 2016	XXX	0.45	0.22		0.03	160,824	FALSE			FALSE					TRUE	Maintain
85097	Bone marrow, smear interpretation	Bone Marrow	April 2017	31			CAP	1.00	CMS-Other - Utilization over 100,000	April 2016	XXX	0.94	0.42	1.09	0.05	129,491	FALSE			FALSE					TRUE	Increase
85390	Fibrinolysins or coagulopathy screen,	Fibrinolysins Screen	January 2018	26				0.75	Negative IWPUT	April 2017	XXX	0.00	0.00	0	0.00	26,869	FALSE			FALSE					TRUE	Increase
88104	Cytopathology, fluids, washings or	Cytopathology	April 2015	36			AUR, ASC, CAP	New PE Inputs. 0.56	Harvard Valued - Utilization over	October 2009	XXX	0.56	NA	1.68	0.03	33,535	FALSE			FALSE					TRUE	Maintain
88106	Cytopathology, fluids, washings or	Cytopathology	April 2015	36			AUR, ASC, CAP	New PE Inputs. 0.56	Harvard Valued - Utilization over	February 2010	XXX	0.37	NA	1.74	0.03	1,246	FALSE			FALSE					TRUE	Maintain
88107	Deleted from CPT	Cytopathology	October 2010	17			AUR, ASC, CAP	Deleted from CPT	Harvard Valued - Utilization over	February 2010							FALSE			TRUE	This service was brought	October 2010	30	Complete	TRUE	Deleted from CPT
88108	Cytopathology, concentration	Cytopathology	April 2015	36		RUC	ACR, CAP	New PE Inputs. 0.56	Harvard Valued - Utilization over	February 2010	XXX	0.44	NA	1.6	0.02	178,673	FALSE			FALSE					TRUE	Maintain
88112	Cytopathology, selective cellular	Cytopathology	April 2015	36		RUC	ACR, CAP	New PE Inputs. 0.56	CMS High Expenditure Procedural	September 2011	XXX	0.56	NA	1.46	0.02	743,800	FALSE			FALSE					TRUE	Decrease
88120	Cytopathology, in situ hybridization (eg,	RAW review	October 2017	19				Utilization shift is appropriate.	CMS Request - Final Rule for 2013	November 2012	XXX	1.20	NA	16.14	0.05	42,054	FALSE			FALSE					TRUE	Maintain
88121	Cytopathology, in situ hybridization (eg,	RAW review	October 2017	19				Utilization shift is appropriate.	CMS Request - Final Rule for 2013	November 2012	XXX	1.00	NA	11.54	0.04	20,338	FALSE			FALSE					TRUE	Maintain
88141	Cytopathology, cervical or vaginal (any	Cytopathology	April 2018	26			CAP	0.42	CMS-Other - Utilization over 30,000	October 2017	XXX	0.26	0.45	0.45	0.01	43,300	FALSE			FALSE					TRUE	Maintain
88160	Cytopathology, smears, any other	Cytopathology	April 2015	36				New PE Inputs	CMS Request - Final Rule for 2015	April 2015	XXX	0.50	NA	1.86	0.03	4,853	FALSE			FALSE					TRUE	PE Only
88161	Cytopathology, smears, any other	Cytopathology	April 2015	36				New PE Inputs	CMS Request - Final Rule for 2015	April 2015	XXX	0.50	NA	1.91	0.03	3,844	FALSE			FALSE					TRUE	PE Only
88162	Cytopathology, smears, any other	Cytopathology	April 2015	36				New PE Inputs	CMS Request - Final Rule for 2015	April 2015	XXX	0.76	NA	3.06	0.04	566	FALSE			FALSE					TRUE	PE Only
88184	Flow cytometry, cell surface,	Flow Cytometry	January 2016				CAP	New PE Inputs. Removed from	CMS High Expenditure Procedural	July 2015	XXX	0.00	NA	2.32	0.02	94,171	FALSE			FALSE					TRUE	PE Only
88185	Flow cytometry, cell surface,	Flow Cytometry	January 2016				CAP	New PE Inputs. Removed from	CMS High Expenditure Procedural	July 2015	ZZZ	0.00	NA	0.71	0.00	1,966,902	FALSE			FALSE					TRUE	PE Only
88187	Flow cytometry, interpretation; 2 to 8	Flow Cytometry	January 2016	42			CAP	0.74	CMS High Expenditure Procedural	July 2015	XXX	0.74	0.28	0.28	0.03	27,897	FALSE			FALSE					TRUE	Decrease
88188	Flow cytometry, interpretation; 9 to 15	Flow Cytometry	January 2016	42			CAP	1.40	CMS High Expenditure Procedural	July 2015	XXX	1.20	0.55	0.55	0.06	38,457	FALSE			FALSE					TRUE	Decrease
88189	Flow cytometry, interpretation; 16 or	Flow Cytometry	January 2016	42			CAP	1.70	CMS High Expenditure Procedural	July 2015	XXX	1.70	0.67	0.67	0.08	236,357	FALSE			FALSE					TRUE	Decrease
88300	Level I - Surgical pathology, gross	Pathology Consultations	January 2012	24			AAD, AGA, CAP,	0.08 and new PE inputs	Havard Valued - Utilization over 1	February 2009	XXX	0.08	NA	0.39	0.02	166,076	FALSE			FALSE					TRUE	Maintain
88302	Level II - Surgical pathology, gross and	Pathology Consultations	January 2012	24			AAD, AGA, CAP,	0.13 and new PE inputs	Havard Valued - Utilization over 1	February 2009	XXX	0.13	NA	0.85	0.02	58,536	FALSE			FALSE					TRUE	Maintain
88304	Level III - Surgical pathology, gross and	Pathology Consultations	January 2012	24			AAD, AGA, CAP,	0.22 and new PE inputs	Havard Valued - Utilization over 1	October 2008	XXX	0.22	NA	1.05	0.02	779,959	FALSE			FALSE					TRUE	Maintain
88305	Level IV - Surgical pathology, gross and	Pathology Consultations	January 2012	24			AAD, AGA, CAP,	0.75 and new PE inputs	Havard Valued - Utilization over 1	October 2008	XXX	0.75	NA	1.38	0.02	15,836,017	FALSE			FALSE					TRUE	Maintain
88307	Level V - Surgical pathology, gross and	Pathology Consultations	January 2012	24			AAD, AGA, CAP,	1.59 and new PE inputs	Havard Valued - Utilization over 1	February 2009	XXX	1.59	NA	6.98	0.07	897,943	FALSE			FALSE					TRUE	Maintain
88309	Level VI - Surgical pathology, gross and	Pathology Services	January 2012	24			AAD, AGA, CAP,	2.80 and new PE inputs	Havard Valued - Utilization over 1	February 2009	XXX	2.80	NA	10.09	0.09	131,272	FALSE			FALSE					TRUE	Maintain
88312	Special stain including interpretation	Special Stains	January 2012	33			CAP	0.54	Havard Valued - Utilization over 1	October 2008	XXX	0.54	NA	2.82	0.02	1,163,061	FALSE			TRUE	At the February 2010 RUC	June 2010	12	Complete	TRUE	Maintain
88313	Special stain including interpretation	Special Stains	February 2011	33			CAP	0.24	Havard Valued - Utilization over 1	October 2008	XXX	0.24	NA	2.23	0.02	1,236,949	FALSE			TRUE	At the February 2010 RUC	June 2010	12	Complete	TRUE	Maintain
88314	Special stain including interpretation	Special Stains	February 2011	33			CAP	0.45	Havard Valued - Utilization over 1	February 2009	XXX	0.45	NA	2.18	0.03	21,903	FALSE			TRUE	At the February 2010 RUC	June 2010	12	Complete	TRUE	Maintain
88318	Deleted from CPT	Special Stains	February 2010	22			CAP, AAD	Deleted from CPT	Havard Valued - Utilization over 1								FALSE			TRUE	At the February 2010 RUC	June 2010	12	Complete	TRUE	Deleted from CPT
88319	Special stain including interpretation	Special Stains	February 2011	33			CAP	0.53	Havard Valued - Utilization over 1		XXX	0.53	NA	3.54	0.03	12,731	FALSE			TRUE	At the February 2010 RUC	June 2010	12	Complete	TRUE	Maintain
88321	Consultation and report on referred	Microslide Consultation	January 2016	43			CAP, ASC	1.63	CMS High Expenditure Procedural	July 2015	XXX	1.63	0.73	1.18	0.08	163,519	FALSE			FALSE					TRUE	Maintain
88323	Consultation and report on referred	Microslide Consultation	January 2016	43			CAP, ASC	1.83	CMS High Expenditure Procedural	July 2015	XXX	1.83	NA	1.59	0.03	33,571	FALSE			FALSE					TRUE	Maintain
88325	Consultation, comprehensive, with	Microslide Consultation	January 2016	43			CAP, ASC	2.85	CMS High Expenditure Procedural	July 2015	XXX	2.85	0.95	1.66	0.12	11,300	FALSE			FALSE					TRUE	Increase
88329	Pathology consultation during surgery;	Pathology Consultation	October 2010	18			CAP	0.67	Harvard Valued - Utilization over	February 2010	XXX	0.67	0.32	0.94	0.04	22,555	FALSE			FALSE					TRUE	Maintain
88331	Pathology consultation during surgery;	Pathology Consultation	October 2010	18			CAP	1.19	Harvard Valued - Utilization over	October 2009	XXX	1.19	NA	1.81	0.03	333,252	FALSE			FALSE					TRUE	Maintain
88332	Pathology consultation during surgery;	Pathology Consultation	October 2010	18			CAP	0.59	Harvard Valued - Utilization over	October 2009	XXX	0.59	NA	1.02	0.02	122,479	FALSE			FALSE					TRUE	Maintain
88333	Pathology consultation during surgery;	Pathology Consultation	April 2016	39			ASC, CAP	1.20	CMS Request - Final Rule for 2016	July 2015	XXX	1.20	NA	1.51	0.03	58,951	FALSE			FALSE					TRUE	Maintain
88334	Pathology consultation during surgery;	Pathology Consultation	April 2016	39			ASC, CAP	0.73	CMS Request - Final Rule for 2016	July 2015	ZZZ	0.73	NA	0.92	0.01	28,643	FALSE			FALSE					TRUE	Maintain
88341	Immunohistochemistry or	Morphometric Analysis	April 2014	21			CAP	0.65	CMS Request - Final Rule for 2014	November 2013	ZZZ	0.56	NA	2.15	0.01	3,299,705	FALSE			FALSE					TRUE	Decrease
88342	Immunohistochemistry or	Morphometric Analysis	April 2014	21			CAP	0.70	CMS-Other - Utilization over 500,000 /	April 2011	XXX	0.70	NA	2.46	0.02	2,105,463	FALSE			TRUE	In Jan 2012, the specialty	May 2012		Complete	TRUE	Decrease
88343	Immunohistochemistry or	Morphometric Analysis	April 2014	21			CAP	Deleted from CPT	CMS Request - Final Rule for 2014	November 2013							FALSE			FALSE					TRUE	Deleted from CPT
88344	Immunohistochemistry or	Morphometric Analysis	April 2014	21			CAP	0.77	CMS Request - Final Rule for 2014	November 2013	XXX	0.77	NA	4.4	0.02	165,839	FALSE			FALSE					TRUE	Decrease
88346	Immunofluorescence, per specimen;	Immunofluorescent	January 2015	17			CAP, ASC	0.74	CMS-Other - Utilization over 250,000	April 2013	XXX	0.74	NA	3.73	0.03	52,971	FALSE			TRUE	In April 2013, the RUC	October 2014	45	Complete	TRUE	Decrease
88347	Immunofluorescent study, each	Immunofluorescent	January 2015	17			CAP, ASC	Deleted from CPT	CMS-Other - Utilization over 250,000	October 2013							FALSE			TRUE	In April 2013, the RUC	October 2014	45	Complete	TRUE	Deleted from CPT
88348	Electron microscopy, diagnostic	Electron Microscopy-PE	October 2013	14			CAP	New PE Inputs	Services with Stand-Alone PE	October 2012	XXX	1.51	NA	12.91	0.11	14,060	FALSE			FALSE					TRUE	PE Only
88349	Electron microscopy; scanning	Electron Microscopy-PE	October 2013	14			CAP	Deleted from CPT	Services with Stand-Alone PE	October 2012							FALSE			TRUE	Refer to CPT to delete.	Oct 2013		Complete	TRUE	Deleted from CPT
88350	Immunofluorescence, per specimen;	Immunofluorescent	January 2015	17			CAP, ASC	0.70	CMS-Other - Utilization over 250,000	October 2014	ZZZ	0.59	NA	2.81	0.02	230,286	FALSE			FALSE		October 2014	45	Complete	TRUE	Decrease
88356	Morphometric analysis; nerve	RAW	April 2014	37			ASCP, CAP	2.80	High Volume Growth2	April 2013	XXX	2.80	NA	4.18	0.08	20,476	FALSE			FALSE					TRUE	Decrease
88360	Morphometric analysis, tumor	Tumor	April 2016	40			ASC, CAP	0.85	CMS High Expenditure Procedural	July 2015	XXX	0.85	NA	2.74	0.02	623,440	FALSE			FALSE					TRUE	Decrease
88361	Morphometric analysis, tumor	Tumor	April 2016	40			ASC, CAP	0.95	CMS High Expenditure Procedural	July 2015	XXX	0.95	NA	2.61	0.02	145,417	FALSE			FALSE					TRUE	Decrease
88364	In situ hybridization (eg, FISH), per	Morphometric Analysis	April 2014	21			CAP, ASCP, ASC	0.88	CMS Request - Final Rule for 2014	November 2013	ZZZ	0.70	NA	3.28	0.02	36,647	FALSE			FALSE					TRUE	Decrease
88365	In situ hybridization (eg, FISH), per	Morphometric Analysis	April 2014	21			CAP	0.88	CMS Request - Final Rule for 2012 /	September 2011	XXX	0.88	NA	4.41	0.03	57,466	TRUE	Dec 2011 & May	Yes	TRUE	In April 2013, the College of	May 2013		Complete	TRUE	Decrease
88366	In situ hybridization (eg, FISH), per	Morphometric Analysis	April 2014	21			CAP, ASCP, ASC	1.24	CMS Request - Final Rule for 2012 /	May 2013	XXX	1.24	NA	6.87	0.04	2,587	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
88367	Morphometric analysis, in situ	Morphometric Analysis	September 2014	18			CAP, ASCP, ASC	0.86	CMS Request - Final Rule for 2012 /	September 2011	XXX	0.73	NA	2.6	0.02	3,964	TRUE	Dec 2011 & May	Yes	TRUE	In April 2013, the College of	May 2013		Complete	TRUE	Decrease
88368	Morphometric analysis, in situ	Morphometric Analysis	September 2014	18			CAP, ASCP, ASC	0.88	CMS Request - Final Rule for 2012 /	September 2011	XXX	0.88	NA	3.53	0.03	16,333	TRUE	Dec 2011 & May	Yes	TRUE	In April 2013, the College of	May 2013		Complete	TRUE	Decrease
88373	Morphometric analysis, in situ	Morphometric Analysis	April 2014	21			CAP, ASCP, ASC	0.86	CMS Request - Final Rule for 2014	November 2013	ZZZ	0.58	NA	1.44	0.01	5,203	FALSE			FALSE					TRUE	Decrease
88374	Morphometric analysis, in situ	Morphometric Analysis	April 2014	21			CAP, ASCP, ASC	1.04	CMS Request - Final Rule for 2014		XXX	0.93	NA	7.68	0.02	142,874	FALSE			FALSE					TRUE	Decrease
88377	Morphometric analysis, in situ	Morphometric Analysis	October 2020	24			CAP, ASCP, ASC	1.40	CMS Request - Final Rule for 2012 /	May 2013	XXX	1.40	NA	10.42	0.04	121,925	FALSE			FALSE		May 2013		Complete	TRUE	Decrease

88381	Microdissection (ie, sample preparation	RAW	September 2022	13	April 2025	RAW	ASC, AP	Review action plan	High Volume Growth8	April 2022	XXX	0.53	NA	5.46	0.05	56,078	FALSE			FALSE					FALSE	
90460	Immunization administration through	Immunization	April 2021	19			AAFP, AAP, ACOG,	0.24	CMS Request-Final Rule for 2021	July 2020	XXX	0.24	NA	0.43	0.02	146	FALSE			FALSE					TRUE	Increase
90461	Immunization administration through	Immunization	April 2021	19			AAFP, AAP, ACOG,	0.18	CMS Request-Final Rule for 2021	July 2020	ZZZ	0.18	NA	0.07	0.01	30	FALSE			FALSE					TRUE	Increase
90465	Deleted from CPT	Immunization	February 2008	R			AAP	New PE inputs	CMS Request - Practice Expense	NA							FALSE			FALSE					TRUE	Deleted from CPT
90467	Deleted from CPT	Immunization	February 2008	R			AAP	New PE inputs	CMS Request - Practice Expense	NA							FALSE			FALSE					TRUE	Deleted from CPT
90471	Immunization administration (includes	Immunization	April 2021	19			AAFP, AAP, ACOG,	0.17	CMS Request - Practice Expense	February 2008	XXX	0.17	NA	0.44	0.01	344,382	FALSE			FALSE					TRUE	Maintain
90472	Immunization administration (includes	Immunization	April 2021	19			AAFP, AAP, ACOG,	0.15	CMS Request - Practice Expense	February 2008	ZZZ	0.15	NA	0.28	0.01	29,042	FALSE			FALSE					TRUE	Maintain
90473	Immunization administration by	Immunization	April 2021	19			AAFP, AAP, ACOG,	0.17	CMS Request - Practice Expense	NA	XXX	0.17	NA	0.32	0.01	1	FALSE			FALSE					TRUE	Maintain
90474	Immunization administration by	Immunization	April 2021	19			AAFP, AAP, ACOG,	0.15	CMS Request - Practice Expense	NA	ZZZ	0.15	NA	0.2	0.01		FALSE			FALSE					TRUE	Maintain
90785	Interactive complexity (List separately in	Psychotherapy for Crisis	April 2024	12			AACAP, APA	0.33	CMS High Expenditure Procedural	April 2013	ZZZ	0.33	0.05	0.1	0.01	333,763	FALSE			TRUE	CPT February 2012 - created	October 2020	55	Complete	TRUE	Increase
90791	Psychiatric diagnostic evaluation	Psychotherapy	April 2012	26			APA, APA (HCPAC),	3.00	CMS High Expenditure Procedural	April 2013	XXX	3.84	0.49	1.23	0.10	690,443	FALSE			TRUE	CPT February 2012 - created	February 2012	93	Complete	TRUE	Increase
90792	Psychiatric diagnostic evaluation with	Psychotherapy	April 2012	26			APA, APA (HCPAC),	3.25	CMS High Expenditure Procedural	April 2013	XXX	4.16	0.75	1.49	0.17	520,437	FALSE			TRUE	CPT February 2012 - created	February 2012	93	Complete	TRUE	Increase
90801	Psychiatric diagnostic interview	RAW review	January 2012	30				Deleted from CPT	CMS High Expenditure Procedural	September 2011							FALSE			TRUE	January 2012, the RAW noted	February 2012	93	Complete	TRUE	Deleted from CPT
90805	Individual psychotherapy, insight	RAW review	January 2012	30				Deleted from CPT	CMS High Expenditure Procedural	September 2011							FALSE			TRUE	January 2012, the RAW noted	February 2012	93	Complete	TRUE	Deleted from CPT
90806	Individual psychotherapy, insight	RAW review	January 2012	30				Deleted from CPT	CMS High Expenditure Procedural	September 2011							FALSE			TRUE	January 2012, the RAW noted	February 2012	93	Complete	TRUE	Deleted from CPT
90808	Individual psychotherapy, insight	RAW review	January 2012	30				Deleted from CPT	CMS High Expenditure Procedural	September 2011							FALSE			TRUE	January 2012, the RAW noted	February 2012	93	Complete	TRUE	Deleted from CPT
90818	Individual psychotherapy, insight	RAW review	January 2012	30				Deleted from CPT	CMS High Expenditure Procedural	September 2011							FALSE			TRUE	January 2012, the RAW noted	February 2012	93	Complete	TRUE	Deleted from CPT
90832	Psychotherapy, 30 minutes with patient	Psychotherapy	April 2012	26			APA, APA (HCPAC),	1.50	CMS High Expenditure Procedural	April 2013	XXX	1.78	0.22	0.52	0.05	1,966,574	FALSE			TRUE	CPT February 2012 - created	February 2012	93	Complete	TRUE	Increase
90833	Psychotherapy, 30 minutes with patient	Psychotherapy	April 2012	26			APA, APA (HCPAC),	1.50	CMS High Expenditure Procedural	April 2013	ZZZ	1.57	0.28	0.52	0.07	1,371,093	FALSE			TRUE	CPT February 2012 - created	February 2012	93	Complete	TRUE	Increase
90834	Psychotherapy, 45 minutes with patient	Psychotherapy	April 2012	26			APA, APA (HCPAC),	2.00	CMS High Expenditure Procedural	April 2013	XXX	2.35	0.30	0.69	0.06	3,755,636	FALSE			TRUE	CPT February 2012 - created	February 2012	93	Complete	TRUE	Increase
90836	Psychotherapy, 45 minutes with patient	Psychotherapy	April 2012	26			APA, APA (HCPAC),	1.90	CMS High Expenditure Procedural	April 2013	ZZZ	1.99	0.36	0.66	0.08	423,970	FALSE			TRUE	CPT February 2012 - created	February 2012	93	Complete	TRUE	Increase
90837	Psychotherapy, 60 minutes with patient	Psychotherapy	April 2012	26			APA, APA (HCPAC),	3.00	CMS High Expenditure Procedural	April 2013	XXX	3.47	0.44	1.01	0.09	6,073,697	FALSE			TRUE	CPT February 2012 - created	February 2012	93	Complete	TRUE	Increase
90838	Psychotherapy, 60 minutes with patient	Psychotherapy	April 2012	26			APA, APA (HCPAC),	2.50	CMS High Expenditure Procedural	April 2013	ZZZ	2.62	0.49	0.89	0.11	94,952	FALSE			TRUE	CPT February 2012 - created	February 2012	93	Complete	TRUE	Increase
90839	Psychotherapy for crisis; first 60	Psychotherapy for Crisis	April 2013	35			APA, APA (HCPAC),	3.13	CMS High Expenditure Procedural	April 2013	XXX	3.28	0.49	1.02	0.10	18,399	FALSE			TRUE	CPT February 2012 - created	February 2012	93	Complete	TRUE	Increase
90840	Psychotherapy for crisis; each	Psychotherapy for Crisis	April 2013	35			APA, APA (HCPAC),	1.50	CMS High Expenditure Procedural	April 2013	ZZZ	1.57	0.29	0.53	0.08	6,138	FALSE			TRUE	CPT February 2012 - created	February 2012	93	Complete	TRUE	Increase
90845	Psychoanalysis	Psychotherapy	October 2011					2.10	CMS High Expenditure Procedural	April 2013	XXX	2.20	0.33	0.67	0.07	7,261	FALSE			FALSE					TRUE	Increase
90846	Family psychotherapy (without the	Psychotherapy	April 2012	26			APA, APA (HCPAC),	2.40	CMS High Expenditure Procedural	April 2013	XXX	2.51	0.34	0.35	0.07	22,452	FALSE			TRUE	CPT February 2012 - created	February 2012	93	Complete	TRUE	Increase
90847	Family psychotherapy (conjoint	Psychotherapy	April 2012	26			APA, APA (HCPAC),	2.50	CMS High Expenditure Procedural	April 2013	XXX	2.62	0.36	0.38	0.07	116,686	FALSE			TRUE	CPT February 2012 - created	February 2012	93	Complete	TRUE	Increase
90853	Group psychotherapy (other than of a	Psychotherapy	April 2012	26			APA, APA (HCPAC),	0.59	CMS High Expenditure Procedural	April 2013	XXX	0.62	0.08	0.19	0.02	421,146	FALSE			TRUE	CPT February 2012 - created	February 2012	93	Complete	TRUE	Maintain
90862	Pharmacologic management, including	RAW review	January 2012	30				Deleted from CPT	CMS High Expenditure Procedural	September 2011							FALSE			TRUE	January 2012, the RAW noted	February 2012	93	Complete	TRUE	Deleted from CPT
90863	Pharmacologic management, including	Pharmacologic	April 2013	40			APA (HCPAC)	0.48	CMS High Expenditure Procedural	April 2013	XXX	0.48	0.19	0.24	0.03		FALSE			TRUE	CPT February 2012 - created	February 2012	93	Complete	TRUE	Increase
90868	Therapeutic repetitive transcranial	RAW	September 2022	13			APA (psychiatry)	Maintain	Contractor Priced High Volume /	January 2018	000	0.00	0.00	0	0.00	240,106	FALSE			FALSE					TRUE	Maintain
90870	Electroconvulsive therapy (includes	Electroconvulsive	April 2010	41			APA	2.50	Harvard Valued - Utilization over	October 2009	000	2.50	0.52	2.58	0.10	89,143	FALSE			FALSE					TRUE	Increase
90901	Biofeedback training by any modality	Biofeedback Training	April 2024	09	April 2025	RUC	ACOG, APTA, AUA	Refer to CPT	High Volume Growth9	April 2023	000	0.41	0.14	0.8	0.02	48,132	FALSE			TRUE	In April 2023, the Relativity	Feb 2025; Sep	Feb20		FALSE	
90911	Biofeedback training, perineal muscles,	Biofeedback Training	January 2019	15			ACOG, AUA	Deleted from CPT	Negative IWPUT	April 2017							FALSE			TRUE	At the April 2018 meeting, the	September	34	complete	TRUE	Deleted from CPT
90912	Biofeedback training, perineal muscles,	Biofeedback Training	April 2024	09	April 2025	RUC	ACOG, APTA, AUA	Refer to CPT 0.90	Negative IWPUT	September 2018	000	0.90	0.31	1.47	0.05	24,229	FALSE			TRUE	In April 2023, the Relativity	Feb 2025; Sep	Sep20		FALSE	Increase
90913	Biofeedback training, perineal muscles,	Biofeedback Training	April 2024	09	April 2025	RUC	ACOG, APTA, AUA	Refer to CPT. 0.50	Negative IWPUT	September 2018	ZZZ	0.50	0.18	0.43	0.03	14,465	FALSE			TRUE	In April 2023, the Relativity	Feb 2025; Sep	Sep20		FALSE	Increase
90935	Hemodialysis procedure with single	Hemodialysis-Dialysis	October 2009	30			RPA	1.48	Havard Valued - Utilization over 1	October 2008	000	1.48	0.53		0.09	696,670	FALSE			FALSE					TRUE	Increase
90937	Hemodialysis procedure requiring	Hemodialysis-Dialysis	October 2009	30			RPA	2.11	Havard Valued - Utilization over 1	February 2009	000	2.11	0.78		0.13	30,666	FALSE			FALSE					TRUE	Maintain
90945	Dialysis procedure other than	Hemodialysis-Dialysis	October 2009	30			RPA	1.56	Havard Valued - Utilization over 1	February 2009	000	1.56	0.88		0.10	123,896	FALSE			FALSE					TRUE	Increase
90947	Dialysis procedure other than	Hemodialysis-Dialysis	October 2009	30			RPA	2.52	Havard Valued - Utilization over 1	February 2009	000	2.52	0.92		0.18	10,059	FALSE			FALSE					TRUE	Increase
90951	End-stage renal disease (ESRD) related	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	23.92	9.18	9.18	1.64	61	FALSE			FALSE					TRUE	PE Only
90952	End-stage renal disease (ESRD) related	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	0.00	0.00	0	0.00	8	FALSE			FALSE					TRUE	PE Only
90953	End-stage renal disease (ESRD) related	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	0.00	0.00	0	0.00	17	FALSE			FALSE					TRUE	PE Only
90954	End-stage renal disease (ESRD) related	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	20.86	7.57	7.57	1.35	422	FALSE			FALSE					TRUE	PE Only
90955	End-stage renal disease (ESRD) related	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	10.32	4.49	4.49	0.68	111	FALSE			FALSE					TRUE	PE Only
90956	End-stage renal disease (ESRD) related	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	6.64	3.29	3.29	0.40	72	FALSE			FALSE					TRUE	PE Only
90957	End-stage renal disease (ESRD) related	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	15.46	6.35	6.35	0.99	1,196	FALSE			FALSE					TRUE	PE Only
90958	End-stage renal disease (ESRD) related	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	9.87	4.35	4.35	0.62	406	FALSE			FALSE					TRUE	PE Only
90959	End-stage renal disease (ESRD) related	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	6.19	3.09	3.09	0.40	283	FALSE			FALSE					TRUE	PE Only
90960	End-stage renal disease (ESRD) related	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	6.77	3.32	3.32	0.41	1,402,405	FALSE			FALSE					TRUE	PE Only
90961	End-stage renal disease (ESRD) related	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	5.52	2.86	2.86	0.34	494,092	FALSE			FALSE					TRUE	PE Only
90962	End-stage renal disease (ESRD) related	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	3.57	2.23	2.23	0.22	155,332	FALSE			FALSE					TRUE	PE Only
90963	End-stage renal disease (ESRD) related	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	12.09	5.14	5.14	0.77	132	FALSE			FALSE					TRUE	PE Only
90964	End-stage renal disease (ESRD) related	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	10.25	4.52	4.52	0.66	682	FALSE			FALSE					TRUE	PE Only
90965	End-stage renal disease (ESRD) related	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	9.80	4.39	4.39	0.62	1,031	FALSE			FALSE					TRUE	PE Only
90966	End-stage renal disease (ESRD) related	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	5.52	2.86	2.86	0.34	323,474	FALSE			FALSE					TRUE	PE Only
91038	Esophageal function test,	Gastroenterological Tests	February 2010	23			AGA, ASGE	New PE Inputs	CMS Request - Practice Expense	February 2010	000	1.10	NA	10.91	0.07	3,794	FALSE			FALSE					TRUE	PE Only
91110	Gastrointestinal tract imaging,	Gastrointestinal Tract	January 2016	44			ACG, AGA, ASGE	2.49	CMS High Expenditure Procedural	July 2015	XXX	2.24	NA	19.58	0.08	42,423	FALSE			FALSE					TRUE	Decrease
91111	Gastrointestinal tract imaging,	Gastrointestinal Tract	January 2016	44			ACG, AGA, ASGE	1.00	CMS High Expenditure Procedural	July 2015	XXX	0.90	NA	25.3	0.04	142	FALSE			FALSE					TRUE	Maintain
91120	Rectal sensation, tone, and compliance	Colon Motility Services	September 2024	10			ACG, AGA, ASCRS,	Deleted from CPT	Codes Reported Together 75% or More-	April 2023	XXX	0.97	NA	13.97	0.06	9,330	FALSE			TRUE	In April 2023, the RAW	May 2024	34	Deleted	TRUE	Deleted from CPT
91122	Anorectal manometry	Colon Motility Services	September 2024	10			ACG, AGA, ASCRS,	Deleted from CPT	Codes Reported Together 75% or More-	April 2023	000	1.77	NA	6.39	0.12	17,726	FALSE			TRUE	In April 2023, the RAW	May 2024	34	Deleted	TRUE	Deleted from CPT
91132	Electrogastrography, diagnostic,	Electrogastrography	February 2010	24			AGA, ACG, ASGE	New PE Inputs	CMS Request - Practice Expense		XXX	0.52	NA	12.57	0.03	89	FALSE			FALSE					TRUE	PE Only
91133	Electrogastrography, diagnostic,	Electrogastrography	February 2010	24			AGA, ACG, ASGE	New PE Inputs	CMS Request - Practice Expense		XXX	0.66	NA	13.1	0.03	64	FALSE			FALSE					TRUE	PE Only
91XX1		Colon Motility Services	September 2024	10			ACG, AGA, ASCRS,	3.05	Codes Reported Together 75% or More-	May 2024	XXX						FALSE			FALSE		May 2024	34	Complete	TRUE	Increase
91XX2		Colon Motility Services	September 2024	10			ACG, AGA, ASCRS,	2.70	Codes Reported Together 75% or More-	May 2024	XXX						FALSE			FALSE		May 2024	34	Complete	TRUE	Increase
92065	Orthoptic training; performed by a	Orthoptic Training	April 2021	10			AAO, AOA	0.71	Harvard Valued - Utilization over	October 2019	XXX	0.71	0.27	0.47	0.01	28,649	FALSE			TRUE	This service was identified in	February 2021	35	Complete	TRUE	Increase
92066	Orthoptic training; under supervision of	Orthoptic Training	April 2021	10			AAO, AOA	New PE Inputs	Harvard Valued - Utilization over	February 2021	XXX	0.00	NA	0.78	0.01		FALSE			FALSE					TRUE	PE Only
92081	Visual field examination, unilateral or	Visual Field Examination	April 2010	42			AAO, AOA	0.30	Harvard Valued - Utilization over	October 2009	XXX	0.30	NA	0.68	0.02	77,430	FALSE			FALSE					TRUE	Decrease
92082	Visual field examination, unilateral or	Visual Field Examination	April 2010	42			AAO, AOA	0.40	Harvard Valued - Utilization over	October 2009	XXX	0.40	NA	0.99	0.02	102,781	FALSE			FALSE					TRUE	Decrease
92083	Visual field examination, unilateral or	Visual Field Examination	April 2012	46			AAO, AOA	0.50	MPC List / CMS High Expenditure	October 2010	XXX	0.50	NA	1.38	0.02	2,653,897	FALSE			FALSE					TRUE	Maintain
92100	Serial tonometry (separate procedure)	Serial Tonometry	September 2011	36			AAO, AOA	0.61	Harvard Valued - Utilization over	April 2011	XXX	0.61	0.32	1.92	0.02	23,374	FALSE			FALSE					TRUE	Decrease
92133	Scanning computerized ophthalmic	Computerized Scanning	April 2010	23			AAO, AOA (eye)	0.50	CMS Fastest Growing	October 2009	XXX	0.40	NA	0.67	0.02	2,647,877	FALSE			FALSE		October 2009	44		TRUE	Decrease
92134	Scanning computerized ophthalmic	Computerized Scanning	September 2022	13			AAO, AOA (eye)	0.50	CMS Fastest Growing / Codes Reported	October 2008	XXX	0.45	NA	0.74	0.02	7,625,266	FALSE			FALSE		October 2009	44		TRUE	Decrease
92135	Deleted from CPT	Ophthalmic Diagnostic	October 2009	31			AAO, AOA	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			TRUE	Revise to specify optic nerve	October 2009	44	Code Deleted	TRUE	Deleted from CPT
92136	Ophthalmic biometry by partial	Ophthalmic Biometry	April 2016	36			AAO	0.54	CMS Fastest Growing / CMS High	October 2008	XXX	0.54	NA	0.85	0.02	1,553,667	FALSE			FALSE					TRUE	Maintain
92140	Provocative tests for glaucoma, with	Glaucoma Provacative	April 2016	41			AAO, AOA	Deleted from CPT	Harvard Valued - Utilization over	October 2015							FALSE			TRUE	The specialty societies noted	May 2016	26	Complete	TRUE	Deleted from CPT
92201	Ophthalmoscopy, extended; with	Ophthalmoscopy	April 2018	05			AAO, AOA	0.40	Negative IWPUT	February 2018	XXX	0.40	0.25	0.32	0.02	470,308	FALSE			FALSE		February 2018	22		TRUE	Decrease
92202	Ophthalmoscopy, extended; with	Ophthalmoscopy	April 2018	05			AAO, AOA	0.26	Negative IWPUT	February 2018	XXX	0.26	0.16	0.19	0.01	692,251	FALSE			FALSE		February 2018	22		TRUE	Decrease
92225	Ophthalmoscopy, extended, with	Ophthalmoscopy	April 2018	05			AAO, AOA	Deleted from CPT	Negative IWPUT	April 2017							FALSE			TRUE	A RUC member requested that	February 2018	22	complete	TRUE	Deleted from CPT
92226	Ophthalmoscopy, extended, with	Ophthalmoscopy	April 2018	05			AAO, AOA	Deleted from CPT	Negative IWPUT	February 2018							FALSE			FALSE		February 2018	22		TRUE	Deleted from CPT
92227	Imaging of retina for detection or	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.00	NA	0.52	0.01	1,025	FALSE			FALSE					TRUE	Remove from Screen
92228	Imaging of retina for detection or	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.32	NA	0.55	0.02	5,758	FALSE			FALSE					TRUE	Remove from Screen
92229	Imaging of retina for detection or	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.00	NA	1.22	0.01	1,426	FALSE			FALSE					TRUE	Remove from Screen
92235	Fluorescein angiography (includes	Ophthalmoscopic	January 2016	21		RUC	AAO, ASRS	0.75	Harvard Valued - Utilization over	April 2011	XXX	0.75	NA	4.1	0.02	292,734	FALSE			TRUE	In January 2015, the Joint	October 2015	55	Complete	TRUE	Decrease
92240	Indocyanine-green angiography	Ophthalmoscopic	January 2016	21		RUC	AAO, ASRS	0.80	Codes Reported Together 75% or More-	January 2015	XXX	0.80	NA	4.76	0.08	7,696	FALSE			TRUE	In January 2015, the Joint	October 2015	55	Complete	TRUE	Decrease
92242	Fluorescein angiography and	Ophthalmoscopic	January 2016	21		RUC	AAO, ASRS	0.95	Codes Reported Together 75% or More-	October 2015	XXX	0.95	NA	7.44	0.04	30,533	FALSE			TRUE	In January 2015, the Joint	October 2015	55	Complete	TRUE	Decrease
92250	Fundus photography with	Fundus Photography	January 2016	45			AAO, ASRS, AOA	0.40	MPC List / CMS High Expenditure	October 2010	XXX	0.40	NA	0.69	0.02	3,262,549	FALSE			FALSE					TRUE	Decrease
92270	Electro-oculography with interpretation	Electro-oculography	October 2017	19			AAO-HNS	CPT Assistant article published.	High Volume Growth1 / High Volume	February 2008	XXX	0.81	NA	2.68	0.03	1,556	TRUE	Aug 2008 and	Yes	TRUE	The specialties indicated that	February 2014	87	Complete	TRUE	Maintain
92273	Electroretinography (ERG), with	Electroretinography	January 2024	16	April 2028	RAW	AAO, AOA	Refer to CPT Assistant. 0.80	CMS High Expenditure Procedural	September 2017	XXX	0.69	NA	3.06	0.03	95,837	TRUE	Aug 2024	Yes	FALSE					FALSE	Decrease
92274	Electroretinography (ERG), with	Electroretinography	January 2024	16	April 2028	RAW	AAO, AOA	Refer to CPT Assistant. 0.72	CMS High Expenditure Procedural	September 2017	XXX	0.61	NA	2.05	0.02	3,580	TRUE	Aug 2024	Yes	FALSE					FALSE	Decrease
92275	Electroretinography with interpretation	Electroretinography	January 2018	17			AAO, ASRS, AOA	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			TRUE	In January 2016, the specialty	June 2017	24	yes	TRUE	Deleted from CPT
92284	Diagnostic dark adaptation examination	Dark Adaptation	April 2024	05			AAO, AOA	0.32	Harvard Valued - Utilization over	October 2020	XXX	0.00	NA	1.11	0.01	39,431	TRUE	Jan 2026	Yes	TRUE	In October 2020, CPT code	February 2024	30	Complete	TRUE	Decrease
92285	External ocular photography with	Ocular Photography	October 2009	32			AAO, AOA	0.05 and new PE inputs	CMS Fastest Growing, Harvard Valued -	October 2008	XXX	0.05	NA	0.63	0.02	394,233	FALSE			TRUE	The specialty noted that	February 2010		Complete	TRUE	Decrease
92286	Anterior segment imaging with	Anterior Segment	April 2012	28			AAO, AOA	0.40	Harvard Valued - Utilization over	April 2011	XXX	0.40	NA	0.75	0.02	98,478	FALSE			TRUE	The specialty societies	October 2011	20	Complete	TRUE	Decrease
92287	Anterior segment imaging with	Anterior Segment	April 2021	21			AAO, ASRS	0.40	Harvard Valued - Utilization over		XXX	0.40	NA	3.86	0.02	4,594	TRUE	Mar 2013	Yes	TRUE	The specialty societies	October 2011	20	Complete	TRUE	Decrease
922X1		Dark Adaptation	April 2024	05	April 2024	RUC	AAO, AOA	0.17	Harvard Valued - Utilization over	February 2024							FALSE			FALSE		February 2024	30	Complete	TRUE	Decrease
92504	Binocular microscopy (separate	Binocular Microscopy	April 2010	43			AAO-HNS	0.18	Harvard Valued - Utilization over	October 2009	XXX	0.18	0.08	0.68	0.01	234,114	FALSE			FALSE					TRUE	Maintain
92506	Evaluation of speech, language, voice,	Speech Language	February 2010	28			ASHA	Deleted from CPT	CMS Request/Speech Language								FALSE			TRUE	The specialty society after	October 2012	28	Complete	TRUE	Deleted from CPT
92507	Treatment of speech, language, voice,	Speech Language	September 2024	14	April 2025	RUC	ASHA	Refer to CPT. 1.30 work RVU and	CMS Request/Speech Language	October 2015	XXX	1.30	NA	0.96	0.03	550,374	FALSE			TRUE	In April 2024, this service was	February 2025			FALSE	Decrease
92508	Treatment of speech, language, voice,	Speech Language	February 2010	28			ASHA	0.43 work RVU and clinical staff	CMS Request/Speech Language		XXX	0.33	NA	0.39	0.01	3,031	FALSE			FALSE					TRUE	Decrease
92521	Evaluation of speech fluency (eg,	Speech Evaluation	January 2013	32			ASHA	1.75	CMS Request/Speech Language		XXX	2.24	NA	1.69	0.06	293	FALSE			FALSE		October 2012	28	Complete	TRUE	Increase
92522	Evaluation of speech sound production	Speech Evaluation	January 2013	32			ASHA	1.50	CMS Request/Speech Language		XXX	1.92	NA	1.35	0.07	4,003	FALSE			FALSE		October 2012	28	Complete	TRUE	Increase
92523	Evaluation of speech sound production	Speech Evaluation	April 2023	15	September	RAW	ASHA	Refer to CPT Assistant. 3.36	CMS Request/Speech Language		XXX	3.84	NA	2.9	0.10	30,789	TRUE	Apr 2024	Yes	FALSE		October 2012	28	Complete	TRUE	Increase
92524	Behavioral and qualitative analysis of	Speech Evaluation	January 2013	32			ASHA	1.75	CMS Request/Speech Language		XXX	1.92	NA	1.3	0.07	19,542	FALSE			FALSE		October 2012	28	Complete	TRUE	Increase
92526	Treatment of swallowing dysfunction	Speech Language	October 2020	23			ASHA, AAO-HNS	Maintain	CMS Request/Speech Language	NA	XXX	1.34	NA	1.17	0.03	202,921	FALSE			FALSE					TRUE	Decrease
92537	Caloric vestibular test with recording,	Vestibular Caloric	January 2015	18			AAA, AAN, AAO-	0.80	CMS-Other - Utilization over 250,000	October 2014	XXX	0.60	NA	0.57	0.02	51,886	FALSE			FALSE		October 2014	54	Complete	TRUE	Increase
92538	Caloric vestibular test with recording,	Vestibular Caloric	January 2015	18			AAA, AAN, AAO-	0.55	CMS-Other - Utilization over 250,000	October 2014	XXX	0.30	NA	0.35	0.02	5,720	FALSE			FALSE		October 2014	54	Complete	TRUE	Increase
92540	Basic vestibular evaluation, includes	EOG VNG	September 2024	14	September	RAW	AAN, ASHA, AAO-	Review in 2029. 1.50	Codes Reported Together 95% or More	February 2014	XXX	1.50	NA	1.67	0.03	69,977	FALSE			FALSE					FALSE	Decrease
92541	Spontaneous nystagmus test, including	EOG VNG	April 2014	24			AAN, ASHA, AAO-	0.40	Codes Reported Together 95% or More	February 2008	XXX	0.40	NA	0.33	0.02	11,381	FALSE			TRUE	Referred to the CPT Editorial	February 2009	54	Complete	TRUE	Maintain
92542	Positional nystagmus test, minimum of	EOG VNG	April 2014	24			AAN, ASHA, AAO-	0.48	Codes Reported Together 95% or More	February 2008	XXX	0.48	NA	0.36	0.02	15,961	FALSE			TRUE	Referred to the CPT Editorial	February 2009	54	Complete	TRUE	Increase
92543	Caloric vestibular test, each irrigation	Vestibular Caloric	January 2015	18			AAA, AAN, AAO-	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	The RUC discussed the	October 2014	54	Complete	TRUE	Deleted from CPT
92544	Optokinetic nystagmus test,	EOG VNG	April 2014	24			AAN, ASHA, AAO-	0.27	Codes Reported Together 95% or More	February 2008	XXX	0.27	NA	0.24	0.02	2,964	FALSE			TRUE	Referred to the CPT Editorial	February 2009	54	Complete	TRUE	Increase
92545	Oscillating tracking test, with recording	EOG VNG	April 2014	24			AAN, ASHA, AAO-	0.25	Codes Reported Together 95% or More	February 2008	XXX	0.25	NA	0.23	0.02	4,274	FALSE			TRUE	Referred to the CPT Editorial	February 2009	54	Complete	TRUE	Increase
92546	Sinusoidal vertical axis rotational testing	EOG VNG	September 2024	14	April 2025	RUC	AAA, AAO-HNS,	Refer to CPT.	CMS-Other - Utilization over 250,000 /	February 2014	XXX	0.29	NA	3.66	0.03	36,034	FALSE			TRUE	In April 2024, the Relativity	February 2025			FALSE	Maintain
92547	Use of vertical electrodes (List	EOG VNG	April 2014	24				Editorial change only	CMS-Other - Utilization over 250,000	February 2014	ZZZ	0.00	NA	0.32	0.00	22,811	FALSE			TRUE	Referred to the CPT Editorial	February 2014	87	Complete	TRUE	Maintain

92548	Computerized dynamic posturography	Computerized Dynamic	January 2019	16			AAA, AAN, ASHA	0.76	CMS-Other - Utilization over 250,000 /	February 2014	XXX	0.67	NA	0.71	0.03	29,891	FALSE			TRUE	In 2014 the RUC referred this	September	35	complete	TRUE	Increase
92549	Computerized dynamic posturography	Computerized Dynamic	January 2019	16		RUC		0.96	CMS-Other - Utilization over 250,000 /	September 2018	XXX	0.87	NA	1.04	0.02	6,326	FALSE			FALSE		September	35	complete	TRUE	Increase
92550	Tympanometry and reflex threshold	Bundled Audiology Tests	September 2024	14			ASHA, AAO-HNS,	Remove from screen. 0.35	Codes Reported Together 95% or More		XXX	0.35	NA	0.29	0.01	183,937	FALSE			FALSE					TRUE	Decrease
92557	Comprehensive audiometry threshold	Bundled Audiology Tests	September 2024	14			ASHA, AAO-HNS,	Remove from screen. 0.60 work	Codes Reported Together 95% or More	February 2008	XXX	0.60	0.32	0.47	0.02	1,158,835	FALSE			TRUE	Referred to the CPT Editorial	February 2009	54	Complete	TRUE	Decrease
92558	Evoked otoacoustic emissions,	Otoacoustic Emissions	April 2011	35			ASHA	0.17	CMS Fastest Growing	February 2011	XXX	0.17	0.07	0.1	0.01		FALSE			FALSE		February 2011			TRUE	Increase
92567	Tympanometry (impedance testing)	Bundled Audiology Tests	September 2024	14			ASHA, AAO-HNS,	Remove from screen. 0.20 work	Codes Reported Together 95% or More	February 2008	XXX	0.20	0.11	0.28	0.01	876,262	FALSE			TRUE	Referred to the CPT Editorial	February 2009	54	Complete	TRUE	Decrease
92568	Acoustic reflex testing, threshold	Bundled Audiology Tests	April 2009	22			ASHA, AAO-HNS,	0.29 work RVU and clinical staff	Codes Reported Together 95% or More	February 2008	XXX	0.29	0.14	0.15	0.01	2,572	FALSE			TRUE	Referred to the CPT Editorial	February 2009	54	Complete	TRUE	Decrease
92569	Deleted from CPT	Bundled Audiology Tests	April 2009	22			ASHA, AAO-HNS,	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	Referred to the CPT Editorial	February 2009	54	Code Deleted	TRUE	Deleted from CPT
92570	Acoustic immittance testing, includes	Bundled Audiology Tests	October 2015	21			ASHA, AAO-HNS,	0.55	Codes Reported Together 95% or More		XXX	0.55	0.29	0.39	0.02	28,837	FALSE			FALSE					TRUE	Decrease
92584	Electrocochleography	Auditory Evoked	April 2019	06			AAA, AAO-HNS,	1.00	CMS-Other - Utilization over 30,000	February 2019	XXX	1.00	NA	2.28	0.04	9,735	FALSE			FALSE					TRUE	Increase
92585	Auditory evoked potentials for evoked	Auditory Evoked	April 2019	06			AAA, AAO-HNS,	Deleted from CPT	CMS-Other - Utilization over 30,000	October 2017							FALSE			TRUE	In October 2017, the RAW	February 2019	19	complete	TRUE	Deleted from CPT
92586	Auditory evoked potentials for evoked	Auditory Evoked	April 2019	06			AAA, AAO-HNS,	Deleted from CPT	CMS-Other - Utilization over 30,000	February 2019							FALSE			FALSE		February 2019	19	complete	TRUE	Deleted from CPT
92587	Distortion product evoked otoacoustic	Otoacoustic Emissions	April 2011	35			ASHA	0.45	CMS Fastest Growing	October 2008	XXX	0.35	NA	0.27	0.02	40,518	FALSE			TRUE	The specialty noted that this is	October 2010	41	Complete	TRUE	Increase
92588	Distortion product evoked otoacoustic	Otoacoustic Emissions	April 2011	35			ASHA	0.60	CMS Fastest Growing		XXX	0.55	NA	0.42	0.02	80,237	FALSE			FALSE		February 2011			TRUE	Increase
92597	Evaluation for use and/or fitting of	Speech Language	February 2009	30			ASHA	1.48 work RVU and clinical staff	CMS Request/Speech Language	NA	XXX	1.26	NA	0.87	0.04	1,865	FALSE			FALSE					TRUE	Decrease
92605	Evaluation for prescription of non-	Eval of Rx for Non-	April 2011	35			ASHA	1.75	CMS Request/Speech Language		XXX	1.75	0.68	0.85	0.11		FALSE			TRUE	The specialty society after	February 2011	58	Complete	TRUE	Increase
92606	Therapeutic service(s) for the use of	Speech Language	February 2010	28			ASHA	1.40 work RVU and clinical staff	CMS Request/Speech Language		XXX	1.40	0.54	0.87	0.08		FALSE			FALSE					TRUE	Decrease
92607	Evaluation for prescription for speech-	Speech Language	February 2010	28			ASHA	1.85 work RVU and clinical staff	CMS Request/Speech Language		XXX	1.85	NA	1.82	0.05	512	FALSE			FALSE					TRUE	Decrease
92608	Evaluation for prescription for speech-	Speech Language	February 2010	28			ASHA	0.70 work RVU and clinical staff	CMS Request/Speech Language		ZZZ	0.70	NA	0.74	0.02	243	FALSE			FALSE					TRUE	Decrease
92609	Therapeutic services for the use of	Speech Language	February 2010	28			ASHA	1.50 work RVU and clinical staff	CMS Request/Speech Language		XXX	1.50	NA	1.56	0.04	13,105	FALSE			FALSE					TRUE	Decrease
92610	Evaluation of oral and pharyngeal	Speech Language	October 2020	23			ASHA, AAO-HNS	Maintain	CMS Request/Speech Language	NA	XXX	1.30	0.76	1.22	0.04	28,330	FALSE			FALSE					TRUE	Decrease
92611	Motion fluoroscopic evaluation of	Speech Language	April 2009	39			ASHA	1.34 work RVU and clinical staff	CMS Request/Speech Language	NA	XXX	1.34	NA	1.35	0.07	9,955	FALSE			FALSE					TRUE	Decrease
92618	Evaluation for prescription of non-	Eval of Rx for Non-	April 2011	35			ASHA	0.65	CMS Request/Speech Language		ZZZ	0.65	0.25	0.26	0.04		FALSE			FALSE		February 2011	58		TRUE	Increase
92620	Evaluation of central auditory function,	Audiology Services	October 2008	17			ASHA, AAO-HNS	1.50	CMS Request - Audiology Services	NA	XXX	1.50	0.79	1.09	0.05	852	FALSE			FALSE					TRUE	Decrease
92621	Evaluation of central auditory function,	Audiology Services	October 2008	17			ASHA, AAO-HNS	0.35	CMS Request - Audiology Services	NA	ZZZ	0.35	0.19	0.29	0.01	42	FALSE			FALSE					TRUE	Decrease
92625	Assessment of tinnitus (includes pitch,	Audiology Services	October 2008	17			ASHA, AAO-HNS	1.15	CMS Request - Audiology Services	NA	XXX	1.15	0.61	0.82	0.04	7,606	FALSE			FALSE					TRUE	Decrease
92626	Evaluation of auditory function for	Audiology Services	October 2018	30			AAA, ASHA	1.40	CMS Request - Audiology Services /	NA	XXX	1.40	0.76	1.14	0.04	19,283	TRUE	July 2014	Yes	TRUE	In October 2016, this service	May 2018	34	Yes	TRUE	Decrease
92627	Evaluation of auditory function for	Audiology Services	October 2018	30			ASHA, AAO-HNS	0.33	CMS Request - Audiology Services	NA	ZZZ	0.33	0.18	0.27	0.01	5,334	FALSE			FALSE					TRUE	Decrease
92640	Diagnostic analysis with programming	Audiology Services	October 2008	17			ASHA, AAO-HNS	1.76	CMS Request - Audiology Services	NA	XXX	1.76	0.96	1.44	0.04	11	FALSE			FALSE					TRUE	Decrease
92650	Auditory evoked potentials; screening	Auditory Evoked	April 2019	06			AAA, AAO-HNS,	0.25	CMS-Other - Utilization over 30,000	February 2019	XXX	0.25	NA	0.54	0.02		FALSE			FALSE		February 2019	19	complete	TRUE	Decrease
92651	Auditory evoked potentials; for hearing	Auditory Evoked	April 2019	06			AAA, AAO-HNS,	1.00	CMS-Other - Utilization over 30,000	February 2019	XXX	1.00	NA	1.43	0.05	790	FALSE			FALSE		February 2019	19	complete	TRUE	Increase
92652	Auditory evoked potentials; for	Auditory Evoked	April 2019	06			AAA, AAO-HNS,	1.50	CMS-Other - Utilization over 30,000	February 2019	XXX	1.50	NA	1.78	0.08	5,069	FALSE			FALSE		February 2019	19	complete	TRUE	Increase
92653	Auditory evoked potentials;	Auditory Evoked	April 2019	06			AAA, AAN, AAO-	1.05	CMS-Other - Utilization over 30,000	February 2019	XXX	1.05	NA	1.38	0.06	22,574	FALSE			FALSE		February 2019	19	complete	TRUE	Increase
92920	Percutaneous transluminal coronary	Percutaneous Coronary	January 2012	10			ACC	9.00	MPC List	October 2010	000	9.85	3.37		2.23	19,059	FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92921	Percutaneous transluminal coronary	Percutaneous Coronary	January 2012	10			ACC	4.00	MPC List	October 2010	ZZZ	0.00	0.00	0	0.00		FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92924	Percutaneous transluminal coronary	Percutaneous Coronary	January 2012	10			ACC	11.00	MPC List	October 2010	000	11.74	4.02		2.67	1,613	FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92925	Percutaneous transluminal coronary	Percutaneous Coronary	January 2012	10			ACC	5.00	MPC List	October 2010	ZZZ	0.00	0.00	0	0.00		FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92928	Percutaneous transcatheter placement	Percutaneous Coronary	January 2012	10			ACC	10.49	MPC List	October 2010	000	10.96	3.75		2.48	192,605	FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92929	Percutaneous transcatheter placement	Percutaneous Coronary	January 2012	10			ACC	4.44	MPC List	October 2010	ZZZ	0.00	0.00	0	0.00	1	FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92933	Percutaneous transluminal coronary	Percutaneous Coronary	January 2012	10			ACC	12.32	MPC List	October 2010	000	12.29	4.20		2.79	14,719	FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92934	Percutaneous transluminal coronary	Percutaneous Coronary	January 2012	10			ACC	5.50	MPC List	October 2010	ZZZ	0.00	0.00	0	0.00		FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92937	Percutaneous transluminal	Percutaneous Coronary	January 2012	10			ACC	10.49	MPC List	October 2010	000	10.95	3.75		2.49	12,338	FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92938	Percutaneous transluminal	Percutaneous Coronary	January 2012	10			ACC	6.00	MPC List	October 2010	ZZZ	0.00	0.00	0	0.00		FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92941	Percutaneous transluminal	Percutaneous Coronary	January 2012	10			ACC	12.32	MPC List	October 2010	000	12.31	4.21		2.78	30,763	FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92943	Percutaneous transluminal	Percutaneous Coronary	January 2012	10			ACC	12.32	MPC List	October 2010	000	12.31	4.20		2.79	7,473	FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92944	Percutaneous transluminal	Percutaneous Coronary	January 2012	10			ACC	6.00	MPC List	October 2010	ZZZ	0.00	0.00	0	0.00		FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92960	Cardioversion, elective, electrical	Cardioversion	October 2010	19			ACC	2.25	Harvard Valued - Utilization over	October 2009	000	2.00	1.03	2.44	0.15	199,137	FALSE			FALSE					TRUE	Maintain
92973	Percutaneous transluminal coronary	RAW	October 2017	19				Remove from screen	High Volume Growth2	April 2013	ZZZ	3.28	1.13		0.74	2,209	FALSE			FALSE					TRUE	Maintain
92980	Transcatheter placement of an	Percutaneous Coronary	January 2012	10			ACC	Deleted from CPT	MPC List	October 2010							FALSE			TRUE	Specialty society is planning to	October 2011	21	Deleted from CPT	TRUE	Deleted from CPT
92981	Transcatheter placement of an	Percutaneous Coronary	January 2012	10			ACC	Deleted from CPT	MPC List	October 2010							FALSE			TRUE	Specialty society is planning to	October 2011	21	Deleted from CPT	TRUE	Deleted from CPT
92982	Percutaneous transluminal coronary	Percutaneous Coronary	January 2012	10			ACC	Deleted from CPT	MPC List / Harvard-Valued Annual	October 2010							FALSE			TRUE	Specialty society is planning to	October 2011	21	Deleted from CPT	TRUE	Deleted from CPT
92984	Percutaneous transluminal coronary	Percutaneous Coronary	January 2012	10			ACC	Deleted from CPT	MPC List	October 2010							FALSE			TRUE	Specialty society is planning to	October 2011	21	Deleted from CPT	TRUE	Deleted from CPT
92986	Percutaneous balloon valvuloplasty;	Valvuloplasty	October 2008	26			ACC	Deleted from CPT	CMS Fastest Growing	October 2008	090	22.60	11.22		5.16	2,014	FALSE			FALSE					TRUE	Remove from Screen
92992	Atrial septectomy or septostomy;	Atrial Septostomy	January 2020	13				Deleted from CPT	CMS Request - Final Rule for 2019	October 2018							FALSE			TRUE	In January 2019, the RUC	September	16	yes	TRUE	Deleted from CPT
92993	Atrial septectomy or septostomy; blade	Atrial Septostomy	January 2020	13				Deleted from CPT	CMS Request - Final Rule for 2019	October 2018							FALSE			TRUE	In January 2019, the RUC	September	16	yes	TRUE	Deleted from CPT
92995	Percutaneous transluminal coronary	Percutaneous Coronary	January 2012	10			ACC	Deleted from CPT	MPC List	October 2010							FALSE			TRUE	Specialty society is planning to	October 2011	21	Deleted from CPT	TRUE	Deleted from CPT
92996	Percutaneous transluminal coronary	Percutaneous Coronary	January 2012	10			ACC	Deleted from CPT	MPC List	October 2010							FALSE			TRUE	Specialty society is planning to	October 2011	21	Deleted from CPT	TRUE	Deleted from CPT
93000	Electrocardiogram, routine ECG with at	Complete	April 2019	20			ACC	0.17	CMS High Expenditure Procedural	September 2011	XXX	0.17	NA	0.24	0.02	10,199,595	FALSE			FALSE					TRUE	Maintain
93005	Electrocardiogram, routine ECG with at	Complete	April 2019	20			ACC	0.00	High Volume Growth1 / CMS High	February 2008	XXX	0.00	NA	0.18	0.01	410,510	FALSE			FALSE					TRUE	PE Only
93010	Electrocardiogram, routine ECG with at	Complete	April 2019	20			ACC	0.17	MPC List / CMS High Expenditure	October 2010	XXX	0.17	0.06	0.06	0.01	15,687,869	FALSE			FALSE					TRUE	Maintain
93012	Deleted from CPT	External Cardiovascular	April 2010	25			ACC	Deleted from CPT	Harvard Valued - Utilization over	October 2009							FALSE			FALSE		February 2010	57		TRUE	Deleted from CPT
93014	Deleted from CPT	External Cardiovascular	April 2010	25			ACC	Deleted from CPT	Harvard Valued - Utilization over	October 2009							FALSE			FALSE		February 2010	57		TRUE	Deleted from CPT
93015	Cardiovascular stress test using maximal	Cardiovascular Stress	April 2012	47			ACC	0.75. CPT Assistant published.	Codes Reported Together 75% or More-	February 2010	XXX	0.75	NA	1.37	0.04	815,131	TRUE	Jan 2010	Yes	TRUE	The RUC accepted the	October 2010	42	Complete	TRUE	Maintain
93016	Cardiovascular stress test using maximal	Cardiovascular Stress	September 2024	14			ACC	Remove from screen. 0.45	Codes Reported Together 75% or More-	February 2010	XXX	0.45	0.16	0.16	0.01	772,953	FALSE			FALSE					TRUE	Maintain
93017	Cardiovascular stress test using maximal	Cardiovascular Stress	April 2010	45			ACC	New PE inputs	High Volume Growth1 / CMS Request -	February 2008	XXX	0.00	NA	1.11	0.02	74,416	FALSE			FALSE					TRUE	PE Only
93018	Cardiovascular stress test using maximal	Cardiovascular Stress	September 2024	14			ACC	Review action plan. 0.30	Codes Reported Together 75% or More-	February 2010	XXX	0.30	0.10	0.1	0.01	918,865	TRUE	Jan 2010	Yes	TRUE	The RUC accepted the	October 2010	42	Complete	TRUE	Maintain
93025	Microvolt T-wave alternans for	Microvolt T-Wave	October 2008	18			ACC	New PE Inputs	CMS Request - Practice Expense	NA	XXX	0.75	NA	2.96	0.04	78	FALSE			FALSE					TRUE	PE Only
93040	Rhythm ECG, 1-3 leads; with	Rhythm EKG	October 2009	34			ACC	0.15	Havard Valued - Utilization over 1	February 2009	XXX	0.15	NA	0.22	0.02	76,436	FALSE			FALSE					TRUE	Decrease
93041	Rhythm ECG, 1-3 leads; tracing only	Rhythm EKG	October 2009	34			ACC	0.00 (PE only)	Havard Valued - Utilization over 1	February 2009	XXX	0.00	NA	0.18	0.01	11,534	FALSE			FALSE					TRUE	Maintain
93042	Rhythm ECG, 1-3 leads; interpretation	Rhythm EKG	October 2009	34			ACC, ACEP	0.15	Havard Valued - Utilization over 1	October 2008	XXX	0.15	0.04	0.04	0.01	280,815	FALSE			FALSE					TRUE	Decrease
93050	Arterial pressure waveform analysis for	RAW	April 2023	15				Remove from screen	Different Performing Specialty from	April 2023	XXX	0.17	NA	0.29	0.02	10,496	FALSE			FALSE					TRUE	Remove from Screen
93150	Therapy activation of implanted phrenic	Phrenic Nerve	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	XXX	0.85	0.35	2.08	0.06		FALSE			FALSE					FALSE	
93151	Interrogation and programming	Phrenic Nerve	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	XXX	0.80	0.33	1.75	0.06		FALSE			FALSE					FALSE	
93152	Interrogation and programming of	Phrenic Nerve	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	XXX	1.82	0.83	2.77	0.13		FALSE			FALSE					FALSE	
93153	Interrogation without programming of	Phrenic Nerve	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	XXX	0.43	0.17	1.08	0.04		FALSE			FALSE					FALSE	
93224	External electrocardiographic recording	External Cardiovascular	September 2023	22			ACC	0.52	Harvard Valued - Utilization over	October 2009	XXX	0.39	NA	1.74	0.03	163,054	FALSE			TRUE	The ACC and the Heart Rhythm	February 2010	57	Revised	TRUE	Maintain
93225	External electrocardiographic recording	External Cardiovascular	September 2023	22			ACC	N/A no physician work	Harvard Valued - Utilization over	October 2009	XXX	0.00	NA	0.54	0.01	62,060	FALSE			FALSE		February 2010	57		TRUE	Maintain
93226	External electrocardiographic recording	External Cardiovascular	September 2023	22			ACC	N/A no physician work	Harvard Valued - Utilization over	October 2009	XXX	0.00	NA	1.06	0.01	107,862	FALSE			FALSE		February 2010	57		TRUE	Maintain
93227	External electrocardiographic recording	External Cardiovascular	September 2023	22			ACC	0.52	Harvard Valued - Utilization over	October 2009	XXX	0.39	0.14	0.14	0.01	213,030	FALSE			TRUE	The ACC and the Heart Rhythm	Feburary 2010	57	Revised	TRUE	Remove from Screen
93228	External mobile cardiovascular	External Cardiovascular	October 2020	20			ACC, HRS	0.52	Harvard Valued - Utilization over	October 2009	XXX	0.48	0.23	0.23	0.03	249,275	FALSE			FALSE					TRUE	Maintain
93229	External mobile cardiovascular	External Cardiovascular	April 2024	12			ACC, HRS	PE Only	Harvard Valued - Utilization over	October 2009	XXX	0.00	NA	24.33	0.09	335,158	FALSE			FALSE					TRUE	PE Only
93230	Deleted from CPT	Cardiac Device	April 2009	31			ACC	Deleted from CPT	CMS Request - 2009 Final Rule, Harvard	NA							FALSE			TRUE	CMS stated that 93230 and	February 2010	57	Deleted	TRUE	Deleted from CPT
93231	Deleted from CPT	External Cardiovascular	April 2010	25				Deleted from CPT	Harvard Valued - Utilization over	October 2009							FALSE			FALSE		February 2010	57		TRUE	Deleted from CPT
93232	Deleted from CPT	External Cardiovascular	April 2010	25				Deleted from CPT	Harvard Valued - Utilization over	October 2009							FALSE			FALSE		February 2010	57		TRUE	Deleted from CPT
93233	Deleted from CPT	Cardiac Device	April 2009	31			ACC	Deleted from CPT	CMS Request - 2009 Final Rule, Harvard	NA							FALSE			TRUE	CMS stated that 93230 and	February 2010	57	Deleted	TRUE	Deleted from CPT
93235	Deleted from CPT	External Cardiovascular	April 2010	25				Deleted from CPT	Harvard Valued - Utilization over	October 2009							FALSE			FALSE		February 2010	57		TRUE	Deleted from CPT
93236	Deleted from CPT	Cardiovascular Stress	April 2009	38			ACC	Deleted from CPT	Harvard Valued - Utilization over	February 2008							FALSE			TRUE	In February 2008 the	February 2010	57	Deleted	TRUE	Deleted from CPT
93237	Deleted from CPT	Wearable Cardiac Device	February 2010	31			ACC	Deleted from CPT	Harvard Valued - Utilization over	October 2009							FALSE			TRUE	The ACC and the Heart Rhythm	February 2010	57	Complete	TRUE	Deleted from CPT
93241	External electrocardiographic recording	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.50	NA	7.21	0.04	17,555	FALSE			FALSE					TRUE	Remove from Screen
93242	External electrocardiographic recording	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.00	NA	0.35	0.01	115,087	FALSE			FALSE					TRUE	Remove from Screen
93243	External electrocardiographic recording	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.00	NA	6.7	0.01	199,314	FALSE			FALSE					TRUE	Remove from Screen
93244	External electrocardiographic recording	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.50	0.16	0.16	0.02	193,172	FALSE			FALSE					TRUE	Remove from Screen
93245	External electrocardiographic recording	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.55	NA	7.56	0.04	7,680	FALSE			FALSE					TRUE	Remove from Screen
93246	External electrocardiographic recording	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.00	NA	0.35	0.01	118,970	FALSE			FALSE					TRUE	Remove from Screen
93247	External electrocardiographic recording	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.00	NA	7.03	0.01	291,116	FALSE			FALSE					TRUE	Remove from Screen
93248	External electrocardiographic recording	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.55	0.18	0.18	0.02	253,207	FALSE			FALSE					TRUE	Remove from Screen
93268	External patient and, when performed,	External Cardiovascular	April 2010	25			ACC	0.52	Harvard Valued - Utilization over	October 2009	XXX	0.52	NA	4.69	0.04	10,036	FALSE			FALSE		February 2010	57		TRUE	Maintain
93270	External patient and, when performed,	External Cardiovascular	April 2010	25			ACC	New PE inputs	Harvard Valued - Utilization over	October 2009	XXX	0.00	NA	0.24	0.01	30,235	FALSE			FALSE		February 2010	57		TRUE	PE Only
93271	External patient and, when performed,	External Cardiovascular	April 2024	12			ACC, HRS	PE Only	Harvard Valued - Utilization over	October 2009	XXX	0.00	NA	4.28	0.01	38,931	FALSE			FALSE		February 2010	57		TRUE	PE Only
93272	External patient and, when performed,	External Cardiovascular	April 2010	25			ACC	0.52	Harvard Valued - Utilization over	October 2009	XXX	0.52	0.17	0.17	0.02	84,804	FALSE			FALSE		February 2010	57		TRUE	Maintain
93279	Programming device evaluation (in	Cardiac	October 2016	25			ACC, HRS	0.65	CMS High Expenditure Procedural	July 2015	XXX	0.65	NA	1.33	0.03	106,695	FALSE			TRUE	In the NPRM for 2016 CMS re-	February 2017	Advis	yes	TRUE	Maintain
93280	Programming device evaluation (in	Cardiac	October 2016	25			ACC, HRS	0.77	CMS High Expenditure Procedural	July 2015	XXX	0.77	NA	1.55	0.03	756,768	FALSE			TRUE	In the NPRM for 2016 CMS re-	February 2017	Advis	yes	TRUE	Maintain
93281	Programming device evaluation (in	Cardiac	October 2016	25			ACC, HRS	0.85	CMS High Expenditure Procedural	July 2015	XXX	0.85	NA	1.61	0.04	67,605	FALSE			TRUE	In the NPRM for 2016 CMS re-	February 2017	Advis	yes	TRUE	Decrease
93282	Programming device evaluation (in	Cardiac	October 2016	25			ACC, HRS	0.85	CMS High Expenditure Procedural	July 2015	XXX	0.85	NA	1.48	0.04	72,442	FALSE			TRUE	In the NPRM for 2016 CMS re-	February 2017	Advis	yes	TRUE	Maintain
93283	Programming device evaluation (in	Cardiac	October 2016	25			ACC, HRS	1.15	CMS High Expenditure Procedural	July 2015	XXX	1.15	NA	1.71	0.05	148,782	FALSE			TRUE	In the NPRM for 2016 CMS re-	February 2017	Advis	yes	TRUE	Maintain
93284	Programming device evaluation (in	Cardiac	October 2016	25			ACC, HRS	1.25	CMS High Expenditure Procedural	July 2015	XXX	1.25	NA	1.84	0.05	182,819	FALSE			TRUE	In the NPRM for 2016 CMS re-	February 2017	Advis	yes	TRUE	Maintain
93285	Programming device evaluation (in	Cardiac	October 2016	25			ACC, HRS	0.52	CMS High Expenditure Procedural	July 2015	XXX	0.52	NA	1.24	0.03	36,157	FALSE			TRUE	In the NPRM for 2016 CMS re-	February 2017	Advis	yes	TRUE	Maintain
93286	Peri-procedural device evaluation (in	Cardiac	October 2016	25			ACC, HRS	0.30	CMS High Expenditure Procedural	July 2015	XXX	0.30	NA	1.03	0.02	27,841	FALSE			TRUE	In the NPRM for 2016 CMS re-	February 2017	Advis	yes	TRUE	Maintain
93287	Peri-procedural device evaluation (in	Cardiac	October 2016	25			ACC, HRS	0.45	CMS High Expenditure Procedural	July 2015	XXX	0.45	NA	1.09	0.02	13,647	FALSE			TRUE	In the NPRM for 2016 CMS re-	February 2017	Advis	yes	TRUE	Maintain
93288	Interrogation device evaluation (in	Cardiac	October 2016	25			ACC, HRS	0.43	CMS High Expenditure Procedural	July 2015	XXX	0.43	NA	1.23	0.02	166,997	FALSE			TRUE	In the NPRM for 2016 CMS re-	February 2017	Advis	yes	TRUE	Maintain
93289	Interrogation device evaluation (in	Cardiac	October 2016	25			ACC, HRS	0.75	CMS High Expenditure Procedural	July 2015	XXX	0.75	NA	1.36	0.04	61,363	FALSE			TRUE	In the NPRM for 2016 CMS re-	February 2017	Advis	yes	TRUE	Decrease
93290	Interrogation device evaluation (in	Cardiac	October 2016	25			ACC, HRS	0.43	CMS High Expenditure Procedural	July 2015	XXX	0.43	NA	1.13	0.03	78,882	FALSE			TRUE	In the NPRM for 2016 CMS re-	February 2017	Advis	yes	TRUE	Maintain
93291	Interrogation device evaluation (in	Cardiac	October 2016	25			ACC, HRS	0.37	CMS High Expenditure Procedural	July 2015	XXX	0.37	NA	1.07	0.02	56,650	FALSE			TRUE	In the NPRM for 2016 CMS re-	February 2017	Advis	yes	TRUE	Decrease
93292	Interrogation device evaluation (in	Cardiac	October 2016	25			ACC, HRS	0.43	CMS High Expenditure Procedural	July 2015	XXX	0.43	NA	1.07	0.03	1,159	FALSE			TRUE	In the NPRM for 2016 CMS re-	February 2017	Advis	yes	TRUE	Maintain
93293	Transtelephonic rhythm strip	Cardiac	January 2017	23			ACC, HRS	0.31	CMS High Expenditure Procedural	July 2015	XXX	0.31	NA	0.99	0.02	12,341	FALSE			TRUE	In the NPRM for 2016 CMS re-	February 2017	Advis	yes	TRUE	Decrease
93294	Interrogation device evaluation(s)	Cardiac	January 2017	23			ACC, HRS	0.60	CMS High Expenditure Procedural	July 2015	XXX	0.60	0.23	0.23	0.04	1,612,239	FALSE			FALSE					TRUE	Decrease

93295	Interrogation device evaluation(s)	Cardiac	January 2017	23			ACC, HRS	0.74	CMS High Expenditure Procedural	July 2015	XXX	0.74	0.29	0.29	0.05	693,545	FALSE			FALSE					TRUE	Decrease
93296	Interrogation device evaluation(s)	Cardiac	October 2016	25			ACC, HRS	New PE inputs and Refer to CPT	CMS High Expenditure Procedural	July 2015	XXX	0.00	NA	0.63	0.01	1,706,050	FALSE			TRUE	In the NPRM for 2016 CMS re-	February 2017	Advis	yes	TRUE	PE Only
93297	Interrogation device evaluation(s),	Remote Interrogation	January 2023	20			ACC, HRS	0.52 and PE Inputs	CMS High Expenditure Procedural	July 2015	XXX	0.52		1.26	0.03	595,700	FALSE			FALSE					TRUE	Maintain
93298	Interrogation device evaluation(s),	Remote Interrogation	January 2023	20			ACC, HRS	0.52 and PE Inputs	CMS High Expenditure Procedural	July 2015	XXX	0.52		2.49	0.04	1,057,416	FALSE			FALSE					TRUE	Maintain
93299	Interrogation device evaluation(s),	Cardiac	October 2018	22			ACC, HRS	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			TRUE	In October 2018, the RUC	February 2019	20	complete	TRUE	Deleted from CPT
93306	Echocardiography, transthoracic, real-	Complete Transthoracic	April 2019	21			ACC, ASE	1.46	CMS High Expenditure Procedural	July 2015	XXX	1.46	NA	4.35	0.08	6,556,291	FALSE			FALSE					TRUE	Decrease
93307	Echocardiography, transthoracic, real-	Transthoracic	April 2016	42			ACC	0.92	CMS Request - Practice Expense	NA	XXX	0.92	NA	3.12	0.05	22,997	FALSE			FALSE					TRUE	Maintain
93308	Echocardiography, transthoracic, real-	Transthoracic	April 2016	42			ACC	0.53	CMS Fastest Growing, Harvard Valued -	October 2008	XXX	0.53	NA	2.39	0.04	518,514	FALSE			FALSE					TRUE	Maintain
93320	Doppler echocardiography, pulsed	Doppler	January 2014	30			ACC	0.38	CMS Request - Practice Expense	February 2009	ZZZ	0.38	NA	1.12	0.02	315,122	FALSE			FALSE					TRUE	Maintain
93321	Doppler echocardiography, pulsed	Doppler	January 2014	30			ACC	0.15	CMS-Other - Utilization over 250,000	October 2013	ZZZ	0.15	NA	0.59	0.01	294,668	FALSE			FALSE					TRUE	Maintain
93325	Doppler echocardiography color flow	Doppler	January 2014	30			ACC	0.07	CMS Request - Practice Expense	February 2009	ZZZ	0.07	NA	0.63	0.00	602,818	FALSE			FALSE					TRUE	Maintain
93350	Echocardiography, transthoracic, real-	Stress Transthoracic	October 2016	26		RUC	ACC, ASE	1.46; CPT Assistant article	Other - Identified by RUC / Codes	April 2008	XXX	1.46	NA	4.03	0.07	66,435	TRUE	Jan 2010	Yes	TRUE	The RUC accepted the	October 2010	42	Complete	TRUE	Decrease
93351	Echocardiography, transthoracic, real-	Stress Transthoracic	October 2016	26		RUC	ACC, ASE	1.75	CMS High Expenditure Procedural	July 2015	XXX	1.75	NA	5.11	0.10	180,025	FALSE			FALSE					TRUE	Maintain
93451	Right heart catheterization including	Diagnostic Cardiac	April 2018	33			ACC	Remove from Modifier -51	Codes Reported Together 95% or More		000	2.47	NA	22.57	0.46	42,202	FALSE			FALSE		October 2009	13		TRUE	Decrease
93452	Left heart catheterization including	Diagnostic Cardiac	April 2011	28			ACC	4.32	Codes Reported Together 95% or More		000	4.50	NA	21.12	0.90	3,229	FALSE			FALSE		October 2009	13		TRUE	Decrease
93453	Combined right and left heart	Diagnostic Cardiac	April 2011	28			ACC	5.98	Codes Reported Together 95% or More		000	5.99	NA	26.66	1.19	1,886	FALSE			FALSE		October 2009	13		TRUE	Decrease
93454	Catheter placement in coronary	Diagnostic Cardiac	April 2011	28			ACC	4.95	Codes Reported Together 95% or More		000	4.54	NA	21.29	0.91	106,882	FALSE			FALSE		October 2009	13		TRUE	Decrease
93455	Catheter placement in coronary	Diagnostic Cardiac	April 2011	28			ACC	6.15	Codes Reported Together 95% or More		000	5.29	NA	23.45	1.06	19,948	FALSE			FALSE		October 2009	13		TRUE	Decrease
93456	Catheter placement in coronary	Diagnostic Cardiac	April 2018	33			ACC	Remove from Modifier -51	Codes Reported Together 95% or More		000	5.90	NA	26.19	1.18	20,099	FALSE			FALSE		October 2009	13		TRUE	Decrease
93457	Catheter placement in coronary	Diagnostic Cardiac	April 2011	28			ACC	7.66	Codes Reported Together 95% or More		000	6.64	NA	28.31	1.31	3,345	FALSE			FALSE		October 2009	13		TRUE	Decrease
93458	Catheter placement in coronary	Diagnostic Cardiac	April 2011	28			ACC	6.51	Codes Reported Together 95% or More		000	5.60	NA	24.04	1.12	388,146	FALSE			FALSE		October 2009	13		TRUE	Decrease
93459	Catheter placement in coronary	Diagnostic Cardiac	April 2011	28			ACC	7.34	Codes Reported Together 95% or More		000	6.35	NA	25.47	1.27	59,598	FALSE			FALSE		October 2009	13		TRUE	Decrease
93460	Catheter placement in coronary	Diagnostic Cardiac	April 2011	28			ACC	7.88	Codes Reported Together 95% or More		000	7.10	NA	28.21	1.40	72,649	FALSE			FALSE		October 2009	13		TRUE	Decrease
93461	Catheter placement in coronary	Diagnostic Cardiac	April 2011	28			ACC	9.00	Codes Reported Together 95% or More		000	7.85	NA	31.09	1.56	10,155	FALSE			FALSE		October 2009	13		TRUE	Decrease
93462	Left heart catheterization by transseptal	Diagnostic Cardiac	April 2011	28			ACC	3.73	Codes Reported Together 95% or More		ZZZ	3.73	1.48	1.48	0.85	7,108	FALSE			FALSE		October 2009	13		TRUE	Decrease
93463	Pharmacologic agent administration (eg,	Diagnostic Cardiac	April 2011	28			ACC	2.00	Codes Reported Together 95% or More		ZZZ	2.00	0.70	0.7	0.16	5,281	FALSE			FALSE		October 2009	13		TRUE	Decrease
93464	Physiologic exercise study (eg, bicycle	Diagnostic Cardiac	April 2011	28			ACC	1.80	Codes Reported Together 95% or More		ZZZ	1.80	NA	4.61	0.12	1,210	FALSE			FALSE		October 2009	13		TRUE	Decrease
93501	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	Referred to the CPT Editorial	October 2009	13	Deleted	TRUE	Deleted from CPT
93503	Insertion and placement of flow	Insertion of Catheter	April 2018	33			ACR, ASA	2.00	CMS High Expenditure Procedural	July 2015	000	2.00	0.39		0.18	51,189	FALSE			FALSE					TRUE	Decrease
93508	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	Referred to the CPT Editorial	October 2009	13	Deleted	TRUE	Deleted from CPT
93510	Deleted from CPT	Cardiac Catheterization	February 2009	31			ACC	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			TRUE	Referred to the CPT Editorial	October 2009	13	Deleted	TRUE	Deleted from CPT
93511	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	Referred to the CPT Editorial	October 2009	13	Deleted	TRUE	Deleted from CPT
93514	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	Referred to the CPT Editorial	October 2009	13	Deleted	TRUE	Deleted from CPT
93524	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	Referred to the CPT Editorial	October 2009	13	Deleted	TRUE	Deleted from CPT
93526	Deleted from CPT	Cardiac Catheterization	February 2008	S			ACC	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	Referred to the CPT Editorial	October 2009	13	Deleted	TRUE	Deleted from CPT
93527	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	Referred to the CPT Editorial	October 2009	13	Deleted	TRUE	Deleted from CPT
93528	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	Referred to the CPT Editorial	October 2009	13	Deleted	TRUE	Deleted from CPT
93529	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	Referred to the CPT Editorial	October 2009	13	Deleted	TRUE	Deleted from CPT
93539	Deleted from CPT	Cardiac Catheterization	February 2008	S			ACC	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	Referred to the CPT Editorial	October 2009	13	Deleted	TRUE	Deleted from CPT
93540	Deleted from CPT	Cardiac Catheterization	February 2008	S			ACC	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	Referred to the CPT Editorial	October 2009	13	Deleted	TRUE	Deleted from CPT
93541	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	Referred to the CPT Editorial	October 2009	13	Deleted	TRUE	Deleted from CPT
93542	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	Referred to the CPT Editorial	October 2009	13	Deleted	TRUE	Deleted from CPT
93543	Deleted from CPT	Cardiac Catheterization	February 2009	31			ACC	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	Referred to the CPT Editorial	October 2009	13	Deleted	TRUE	Deleted from CPT
93544	Deleted from CPT	Cardiac Catheterization	February 2008	S			ACC	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	Referred to the CPT Editorial	October 2009	13	Deleted	TRUE	Deleted from CPT
93545	Deleted from CPT	Cardiac Catheterization	February 2009	31			ACC	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	Referred to the CPT Editorial	October 2009	13	Deleted	TRUE	Deleted from CPT
93555	Deleted from CPT	Cardiac Catheterization	February 2009	31			ACC	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	Referred to the CPT Editorial	October 2009	13	Deleted	TRUE	Deleted from CPT
93556	Deleted from CPT	Cardiac Catheterization	February 2009	31			ACC	Deleted from CPT	Codes Reported Together 95% or More	February 2008							FALSE			TRUE	Referred to the CPT Editorial	October 2009	13	Deleted	TRUE	Deleted from CPT
93561	Indicator dilution studies such as dye or	Cardiac Output	January 2018	27				0.77. Deleted from CPT for 2022.	Negative IWPUT	October 2017	ZZZ						FALSE			FALSE					TRUE	Deleted from CPT
93562	Indicator dilution studies such as dye or	Cardiac Output	January 2018	27				0.95. Deleted from CPT for 2022.	Negative IWPUT	October 2017	ZZZ						FALSE			FALSE					TRUE	Deleted from CPT
93563	Injection procedure during cardiac	Diagnostic Cardiac	April 2011	28			ACC	2.00	Codes Reported Together 95% or More		ZZZ	1.00	0.35	0.35	0.16	110	FALSE			FALSE		October 2009	13		TRUE	Decrease
93564	Injection procedure during cardiac	Pulmonary Angiography	October 2021	08	October 2025	RAW	ACC, SCAI	Review action plan	Codes Reported Together 95% or More	October 2021	ZZZ	1.03	0.35	0.35	0.24	2	FALSE			FALSE		October 2009	13		FALSE	Decrease
93565	Injection procedure during cardiac	Diagnostic Cardiac	April 2011	28			ACC	1.90	Codes Reported Together 95% or More		ZZZ	0.50	0.17	0.17	0.12	52	FALSE			FALSE		October 2009	13		TRUE	Decrease
93566	Injection procedure during cardiac	Diagnostic Cardiac	April 2011	28			ACC	0.96	Codes Reported Together 95% or More		ZZZ	0.50	0.17	0.17	0.09	177	FALSE			FALSE		October 2009	13		TRUE	Decrease
93567	Injection procedure during cardiac	Diagnostic Cardiac	April 2011	28			ACC	0.97	Codes Reported Together 95% or More		ZZZ	0.70	0.24	0.24	0.16	16,125	FALSE			FALSE		October 2009	13		TRUE	Decrease
93568	Injection procedure during cardiac	Diagnostic Cardiac	April 2011	28			ACC	0.98	Codes Reported Together 95% or More		ZZZ	0.88	0.30	0.3	0.18	1,204	FALSE			TRUE		October 2009	13	Complete	TRUE	Decrease
93571	Intravascular Doppler velocity and/or	Coronary Flow Reserve	October 2017	13			ACC, SCAI	1.50	High Volume Growth4	October 2016	ZZZ	0.00	NA		0.00	62,078	FALSE			FALSE					TRUE	Decrease
93572	Intravascular Doppler velocity and/or	Coronary Flow Reserve	October 2017	13			ACC, SCAI	1.00	High Volume Growth4	October 2017	ZZZ	0.00	NA		0.00	11,878	FALSE			FALSE					TRUE	Decrease
93613	Intracardiac electrophysiologic 3-	Cardiac Ablation Services	April 2021	07			ACC, HRS	5.23	CMS Fastest Growing / High Volume	October 2008	ZZZ	5.23	2.08		1.21	7,909	FALSE			FALSE					TRUE	Decrease
93620	Comprehensive electrophysiologic	Intracardiac Catheter	April 2010	45			ACC	11.57	Codes Reported Together 75% or More-	February 2010	000	0.00	NA	0	0.00	6,224	FALSE			TRUE	The Workgroup recommends	October 2011	22	Complete	TRUE	Maintain
93621	Comprehensive electrophysiologic	Cardiac Ablation Services	April 2021	07			ACC, HRS	1.75	High Volume Growth6	October 2019	ZZZ	0.00	NA	0	0.00	3,608	FALSE			FALSE					TRUE	Decrease
93623	Programmed stimulation and pacing	Pacing Heart Stimulation	April 2019	22			ACC, HRS	Referral to CPT for parenthetical.	CMS-Other - Utilization over 30,000-	October 2018	ZZZ	0.00	NA	0	0.00	38,431	FALSE			TRUE	In April 2019, the specialty	May 2019	EC-N	Complete	TRUE	Decrease
93641	Electrophysiologic evaluation of single	Insertion/Removal of	September 2014	21			ACC	Maintain work RVU and adjust	Codes Reported Together 75% or More-	February 2010	000	0.00	NA	0	0.00	7,279	FALSE			TRUE	33213 - This code, when	February 2011	13	Complete	TRUE	Maintain
93651	Intracardiac catheter ablation of	Bundling EPS with	January 2012	11			ACC, HRS	Deleted from CPT	Codes Reported Together 75% or More-	February 2010							FALSE			TRUE	The Workgroup recommends	October 2011	22	Complete	TRUE	Deleted from CPT
93652	Intracardiac catheter ablation of	Bundling EPS with	January 2012	11			ACC, HRS	Deleted from CPT	CMS Fastest Growing/Codes Reported	October 2008							FALSE			TRUE	The Workgroup recommends	October 2011	22	Complete	TRUE	Deleted from CPT
93653	Comprehensive electrophysiologic	Cardiac Ablation Services	April 2021	07			ACC, HRS	15.00	Codes Reported Together 75% or More-	October 2011	000	15.00	6.00		3.42	27,100	FALSE			TRUE	The Workgroup recommends	October 2011	22	Complete	TRUE	Decrease
93654	Comprehensive electrophysiologic	Cardiac Ablation Services	April 2021	07			ACC, HRS	18.10	Codes Reported Together 75% or More-	October 2011	000	18.10	7.20		4.12	7,891	FALSE			TRUE	The Workgroup recommends	October 2011	22	Complete	TRUE	Decrease
93655	Intracardiac catheter ablation of a	Cardiac Ablation Services	April 2021	07			ACC, HRS	7.00	Codes Reported Together 75% or More-	October 2011	ZZZ	5.50	2.20		1.25	44,633	FALSE			TRUE	The Workgroup recommends	October 2011	22	Complete	TRUE	Decrease
93656	Comprehensive electrophysiologic	Cardiac Ablation Services	April 2021	07			ACC, HRS	17.00	Codes Reported Together 75% or More-	October 2011	000	17.00	6.82		3.87	67,640	FALSE			TRUE	The Workgroup recommends	October 2020	61	complete	TRUE	Decrease
93657	Additional linear or focal intracardiac	Cardiac Ablation Services	April 2021	07			ACC, HRS	7.00	Codes Reported Together 75% or More-	October 2011	ZZZ	5.50	2.21		1.25	37,851	FALSE			TRUE	The Workgroup recommends	October 2011	22	Complete	TRUE	Decrease
93662	Intracardiac echocardiography during	Cardiac Ablation Services	April 2021	07			ACC, HRS	2.53	High Volume Growth1 / High Volume	February 2008	ZZZ	0.00	NA	0	0.00	26,679	FALSE			FALSE					TRUE	Decrease
93668	Peripheral arterial disease (PAD)	Peripheral Artery Disease	January 2018	28				New PE Inputs	CMS Request - Final Rule for 2018	July 2017	XXX	0.00	NA	0.43	0.01	1,183	FALSE			FALSE					TRUE	PE Only
93701	Bioimpedance-derived physiologic		February 2011	41				Remove from screen	Low Value-High Volume	October 2010	XXX	0.00	NA	0.8	0.01	3,819	FALSE			FALSE					TRUE	Remove from Screen
93731	Deleted from CPT	Cardiology Services	October 2008	26			ACC	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			FALSE					TRUE	Deleted from CPT
93732	Deleted from CPT	Cardiology Services	October 2008	26			ACC	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			FALSE					TRUE	Deleted from CPT
93733	Deleted from CPT	Cardiology Services	October 2008	26			ACC	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			FALSE					TRUE	Deleted from CPT
93743	Deleted from CPT	Cardiology Services	October 2008	26			ACC	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			FALSE					TRUE	Deleted from CPT
93744	Deleted from CPT	Cardiology Services	October 2008	26			ACC	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			FALSE					TRUE	Deleted from CPT
93750	Interrogation of ventricular assist	Ventricular Assist Device	April 2019	24			AATS, ACC, STS	0.85	High Volume Growth5	October 2018	XXX	0.75	0.31	0.65	0.12	78,765	FALSE			FALSE					TRUE	Decrease
93792	Patient/caregiver training for initiation	Home INR Monitoring	January 2022	20	January 2025	RAW		Review in 3 years. 0.00 PE Only	High Volume Growth3 / Work	September 2016	XXX	0.00	NA	2.08	0.03	890	FALSE			FALSE		September	08	yes	TRUE	PE Only
93793	Anticoagulant management for a	Home INR Monitoring	January 2022	20	January 2025	RAW		Review in 3 years. 0.18	High Volume Growth3 / Work	September 2016	XXX	0.18	NA	0.15	0.01	1,483,382	FALSE			FALSE		September	08	yes	TRUE	Maintain
93875	Deleted from CPT	Noninvasive Vascular	April 2010	45			AAN, ACC, ACR, SIR,	Deleted from CPT	Codes Reported Together 75% or More-	February 2010							TRUE	SS in process of	Yes	TRUE	The Workgroup recommends:	October 2010	43	Complete	TRUE	Deleted from CPT
93880	Duplex scan of extracranial arteries;	Duplex Scans	April 2014	33			ACR, ACC, SVS	0.80	Codes Reported Together 75% or More-	February 2010	XXX	0.80	NA	4.8	0.10	1,698,816	TRUE	Addressed in	Yes	TRUE	The Workgroup recommends:	October 2010	43	Complete	TRUE	Increase
93882	Duplex scan of extracranial arteries;	Duplex Scans	April 2014	33			ACC, ACR, SVS	0.50	CMS High Expenditure Procedural	January 2012	XXX	0.50	NA	3.16	0.08	26,072	FALSE			FALSE					TRUE	Increase
93886	Transcranial Doppler study of the	Transcranial Doppler	September 2023	09			AAN, ACR, ASNR	0.90	Codes Reported Together 75% or More-	February 2010	XXX	0.91	NA	7.24	0.08	81,451	FALSE			TRUE	In April 2022, the Workgroup	May 2023	38	Yes	TRUE	Decrease
93888	Transcranial Doppler study of the	Transcranial Doppler	September 2023	09			AAN, ACC, ACR, SVS	0.73	Codes Reported Together 75% or More-	February 2010	XXX	0.50	NA	4.24	0.05	8,259	FALSE			TRUE	The Workgroup recommends:	October 2010	CCI	Complete	TRUE	Increase
93890	Transcranial Doppler study of the	Transcranial Doppler	September 2023	09			AAN, ACR, ASNR	Deleted from CPT 2025.	High Volume Growth6 / Codes	October 2019	XXX	1.00	NA	7.44	0.08	39,570	FALSE			TRUE	In April 2022, the Workgroup	May 2023	38	Yes	TRUE	Deleted from CPT
93892	Transcranial Doppler study of the	Transcranial Doppler	September 2023	09			AAN, ACR, ASNR	1.15	High Volume Growth6 / Codes	October 2019	XXX	1.15	NA	8.57	0.10	41,305	FALSE			TRUE	In April 2022, the Workgroup	May 2023	38	Yes	TRUE	Maintain
93893	Transcranial Doppler study of the	Transcranial Doppler	September 2023	09			AAN, ACR, ASNR	1.15	Codes Reported Together 75% or More-	May 2023	XXX	1.15	NA	10.82	0.12	1,835	FALSE			FALSE					TRUE	Maintain
93895	Quantitative carotid intima media	Carotid Intima-Media	April 2015	37			No Interest	Rescind April 2014	New Code in CPT 2015	April 2014	XXX	0.00	NA	0	0.00		FALSE			FALSE					TRUE	Not Part of RAW
93896	Vasoreactivity study performed with	Transcranial Doppler	September 2023	09			AAN, ACR, ASNR	0.81	Codes Reported Together 75% or More-	May 2023							FALSE			FALSE					TRUE	Decrease
93897	Emboli detection without intravenous	Transcranial Doppler	September 2023	09			AAN, ACR, ASNR	0.73	Codes Reported Together 75% or More-	May 2023							FALSE			FALSE					TRUE	Decrease
93898	Venous-arterial shunt detection with	Transcranial Doppler	September 2023	09			AAN, ACR, ASNR	0.85	Codes Reported Together 75% or More-	May 2023							FALSE			FALSE					TRUE	Decrease
93922	Limited bilateral noninvasive	Extremity Non-Invasive	April 2010	27			SVS, ACR, ACC	0.25	CMS Fastest Growing	October 2008	XXX	0.25	NA	2.17	0.05	582,728	FALSE			TRUE	The Workgroup accepted the	February 2010	58	Revised	TRUE	Maintain
93923	Complete bilateral noninvasive	Extremity Non-Invasive	April 2010	27			SVS, ACR, ACC	0.45	CMS Fastest Growing	February 2009	XXX	0.45	NA	3.37	0.09	324,949	FALSE			TRUE	The Workgroup accepted the	February 2010	58	Revised	TRUE	Maintain
93924	Noninvasive physiologic studies of	Extremity Non-Invasive	April 2010	27			SVS, ACR, ACC	0.50	CMS Fastest Growing	February 2009	XXX	0.50	NA	4.21	0.09	40,889	FALSE			TRUE	The Workgroup accepted the	February 2010	58	Revised	TRUE	Maintain
93925	Duplex scan of lower extremity arteries	Duplex Scans	April 2014	33			ACC, ACR, SVS	0.80	CMS-Other - Utilization over 500,000 /	April 2011	XXX	0.80	NA	6.3	0.11	600,464	FALSE			FALSE					TRUE	Maintain
93926	Duplex scan of lower extremity arteries	Duplex Scans	April 2014	33			ACC, ACR, SVS	0.60	CMS-Other - Utilization over 500,000 /	April 2011	XXX	0.50	NA	3.74	0.08	217,657	FALSE			FALSE					TRUE	Increase
93930	Duplex scan of upper extremity arteries	Duplex Scans	April 2014	33			AAN, ACC, ACR, SIR,	0.80	CMS Request - Final Rule for 2014	November 2013	XXX	0.80	NA	5.03	0.11	21,965	FALSE			FALSE					TRUE	Increase
93931	Duplex scan of upper extremity arteries	Duplex Scans	April 2014	33			AAN, ACC, ACR, SIR,	0.50	Codes Reported Together 75% or More-	February 2010	XXX	0.50	NA	3.14	0.07	41,366	FALSE			TRUE	The Workgroup recommends:	October 2010	CCI	Complete	TRUE	Increase
93965	Noninvasive physiologic studies of	Non-invasive Physiologic	January 2016	47			ACC, ACR, SCAI, SVS	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			TRUE	In January 2016, the specialty	May 2016	28	Complete	TRUE	Deleted from CPT
93970	Duplex scan of extremity veins including	Duplex Scans	April 2014	33			ACC, ACR, SVS	0.70	CMS-Other - Utilization over 500,000 /	April 2011	XXX	0.70	NA	4.82	0.09	1,476,860	FALSE			FALSE					TRUE	Maintain
93971	Duplex scan of extremity veins including	Duplex Scans	April 2014	33			ACR, SVS, ACC	0.45	Low Value-High Volume / CMS Request	October 2010	XXX	0.45	NA	3.07	0.05	1,491,961	FALSE			FALSE					TRUE	Maintain
93975	Duplex scan of arterial inflow and	Duplex Scans	April 2014	33			ACR, SVS, ACC	1.30	CMS Request - Final Rule for 2014	November 2013	XXX	1.16	NA	6.64	0.13	202,616	FALSE			FALSE					TRUE	Decrease
93976	Duplex scan of arterial inflow and	Duplex Scans	April 2014	33			ACR	1.00	CMS Fastest Growing / CMS Request -	October 2008	XXX	0.80	NA	3.89	0.07	148,998	FALSE			FALSE					TRUE	Decrease
93978	Duplex scan of aorta, inferior vena cava,	Duplex Scans	April 2014	33				0.97	CMS-Other - Utilization over 250,000 /	April 2013	XXX	0.80	NA	4.48	0.13	242,324	FALSE			FALSE					TRUE	Increase
93979	Duplex scan of aorta, inferior vena cava,	Duplex Scans	April 2014	33				0.70	CMS-Other - Utilization over 250,000 /	October 2013	XXX	0.50	NA	2.96	0.08	53,565	FALSE			FALSE					TRUE	Increase
93982	Noninvasive physiologic study of	Endovascular Repair	January 2017	10			SVS, SIR, STS, AATS	Deleted from CPT	Codes Reported Together 75%or More-	January 2017							FALSE			FALSE					TRUE	Deleted from CPT
93985	Duplex scan of arterial inflow and	Duplex Scan Arterial	January 2019	17				0.80	CMS-Other - Utilization over 30,000-	October 2018	XXX	0.80	NA	6.47	0.16	18,144	FALSE			FALSE		September	36		TRUE	Increase
93986	Duplex scan of arterial inflow and	Duplex Scan Arterial	January 2019	17				0.50	CMS-Other - Utilization over 30,000-	October 2018	XXX	0.50	NA	3.77	0.10	6,266	FALSE			FALSE		September	36		TRUE	Increase
93990	Duplex scan of hemodialysis access	Doppler Flow Testing	April 2014	40			ACR, SVS	0.60	CMS Fastest Growing / High Volume	October 2008	XXX	0.50	NA	3.8	0.11	95,663	FALSE			FALSE					TRUE	Increase
94010	Spirometry, including graphic record,	Spirometry	October 2019	12			ATS, CHEST	0.17	Low Value-High Volume	October 2010	XXX	0.17	NA	0.63	0.02	795,524	FALSE			FALSE					TRUE	Maintain
94014	Patient-initiated spirometric recording	Pulmonary Tests	February 2009	38			ACCP/ATS	Remove from screen - RUC	High Volume Growth1	February 2008	XXX	0.52	NA	1.13	0.03	183	FALSE			FALSE					TRUE	Remove from Screen
94015	Patient-initiated spirometric recording	Pulmonary Tests	February 2009	38			ACCP/ATS	Remove from screen - RUC	High Volume Growth1	February 2008	XXX	0.00	NA	0.95	0.01	55	FALSE			FALSE					TRUE	Remove from Screen
94016	Patient-initiated spirometric recording	Pulmonary Tests	February 2009	38			ACCP/ATS	Remove from screen - RUC	High Volume Growth1	April 2008	XXX	0.52	0.18	0.18	0.02	6,674	FALSE			FALSE					TRUE	Remove from Screen
94060	Bronchodilation responsiveness,	Spirometry	October 2019	12			ATS, CHEST	0.22	MPC List / CPT Assistant Analysis 2018	October 2010	XXX	0.22	NA	0.93	0.02	770,176	TRUE	Mar 2014	Yes	FALSE					TRUE	Decrease
94200	Maximum breathing capacity, maximal	Lung Function Test	April 2018	28			ATS, CHEST	0.05	CMS-Other - Utilization over 30,000	October 2017	XXX	0.05	NA	0.38	0.02	49,239	FALSE			FALSE					TRUE	Decrease

94240	Deleted from CPT	Pulmonary Tests	April 2010	45			ACCP, ATS	Deleted from CPT	Codes Reported Together 75% or More-	February 2010							FALSE			TRUE	The RUC accepted the	October 2010	44	Complete	TRUE	Deleted from CPT
94250	Expired gas collection, quantitative,	RAW	October 2019	17				Deleted from CPT	CMS-Other - Utilization over 20,000	January 2019							FALSE			FALSE					TRUE	Deleted from CPT
94260	Deleted from CPT	Pulmonary Tests	April 2010	45			ACCP, ATS	Deleted from CPT	Codes Reported Together 75% or More-	February 2010							FALSE			TRUE	The RUC accepted the	October 2010	44	Complete	TRUE	Deleted from CPT
94350	Deleted from CPT	Pulmonary Tests	April 2010	45			ACCP, ATS	Deleted from CPT	Codes Reported Together 75% or More-	February 2010							FALSE			TRUE	The RUC accepted the	October 2010	44	Complete	TRUE	Deleted from CPT
94360	Deleted from CPT	Pulmonary Tests	April 2010	45			ACCP, ATS	Deleted from CPT	Codes Reported Together 75% or More-	February 2010							FALSE			TRUE	The RUC accepted the	October 2010	44	Complete	TRUE	Deleted from CPT
94370	Determination of airway closing	Pulmonary Tests	April 2010	45			ACCP, ATS	Deleted from CPT	Codes Reported Together 75% or More-	February 2010							FALSE			TRUE	The RUC accepted the	October 2010	44	Complete	TRUE	Deleted from CPT
94400	Breathing response to CO2 (CO2	Evaluation of Wheezing	April 2019	25			ATS, CHEST	Deleted from CPT	Codes Reported Together 75% or More-								TRUE	Mar 2014	Yes	TRUE	In January 2019, the RUC	September	49	yes	TRUE	Deleted from CPT
94450	Breathing response to hypoxia (hypoxia	Pulmonary Tests	February 2009	38			ACCP/ATS	Remove from screen - RUC	High Volume Growth1	February 2008	XXX	0.40	NA	1.96	0.03	515	FALSE			FALSE					TRUE	Remove from Screen
94617	Exercise test for bronchospasm,	Pulmonary Diagnostic	October 2016	05			ATS, CHEST	0.70	CMS High Expenditure Procedural	February 2016	XXX	0.70	NA	1.93	0.04	7,524	FALSE			FALSE		February 2016	39	Complete	TRUE	Decrease
94618	Pulmonary stress testing (eg, 6-minute	Pulmonary Diagnostic	October 2016	05			ATS, CHEST	0.48	CMS High Expenditure Procedural	February 2016	XXX	0.48	NA	0.51	0.03	240,300	FALSE			FALSE		February 2016	39	Complete	TRUE	Decrease
94620	Pulmonary stress testing; simple (eg, 6-	Pulmonary Diagnostic	October 2016	05			ATS, CHEST	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			TRUE	In January 2016, the specialty	February 2016	39	Complete	TRUE	Deleted from CPT
94621	Cardiopulmonary exercise testing,	Pulmonary Diagnostic	October 2016	05			ATS, CHEST	1.42	CMS High Expenditure Procedural	January 2016	XXX	1.42	NA	3.11	0.11	16,346	FALSE			TRUE	In January 2016, the specialty	February 2016	39	Complete	TRUE	Maintain
94625	Physician or other qualified health care	Outpatient Pulmonary	September 2024	14	April 2026	RAW	ACP, ATS, CHEST	Maintain. Review on new	Work Neutrality 2022 / Different	April 2024	XXX	0.36	0.15	1.82	0.04	28,811	FALSE			FALSE					FALSE	
94626	Physician or other qualified health care	Outpatient Pulmonary	September 2024	14	April 2026	RAW	ACP, ATS, CHEST	Maintain. Review on new	Work Neutrality 2022	April 2024	XXX	0.56	0.20	1.80	0.05	4,551	FALSE			FALSE					FALSE	
94640	Pressurized or nonpressurized	Evaluation of Wheezing	April 2019	25			AAFP, ATS, CHEST,	New PE Inputs	Codes Reported Together 75% or More-		XXX	0.00	NA	0.23	0.01	166,120	TRUE	Mar 2014	Yes	FALSE					TRUE	PE Only
94667	Manipulation chest wall, such as	Evaluation of Wheezing	April 2019	25			ATS, CHEST	New PE Inputs	CPT Assistant Analysis 2018	April 2019	XXX	0.00	NA	0.73	0.02	3,277	FALSE			FALSE					TRUE	PE Only
94668	Manipulation chest wall, such as	Evaluation of Wheezing	April 2019	25			AAFP, ATS, CHEST,	New PE Inputs CPT Assistant	Codes Reported Together 75% or More-		XXX	0.00	NA	1.15	0.03	6,247	TRUE	Mar 2014	Yes	FALSE					TRUE	PE Only
94669	Mechanical chest wall oscillation to	Evaluation of Wheezing	April 2019	25			ATS, CHEST	New PE Inputs	CPT Assistant Analysis 2018	April 2019	XXX	0.00	NA	0.6	0.02	130	FALSE			FALSE					TRUE	PE Only
94681	Oxygen uptake, expired gas analysis;	Pulmonary Tests	September 2011	51			AACE, TES,	Remove from screen	High Volume Growth1 / CMS Fastest	February 2008	XXX	0.20	NA	1.21	0.03	3,429	FALSE			FALSE					TRUE	Remove from Screen
94720	Carbon monoxide diffusing capacity (eg,	Pulmonary Tests	April 2010	45			ACCP, ATS	Deleted from CPT	Codes Reported Together 75% or More-	February 2010							FALSE			TRUE	The RUC accepted the	October 2010	44	Complete	TRUE	Deleted from CPT
94725	Membrane diffusion capacity	Pulmonary Tests	April 2010	45			ACCP, ATS	Deleted from CPT	Codes Reported Together 75% or More-	February 2010							FALSE			TRUE	The RUC accepted the	October 2010	44	Complete	TRUE	Deleted from CPT
94726	Plethysmography for determination of	Pulmonary Function	April 2011	19			ACCP, ATS	0.31	Codes Reported Together 75% or More-	February 2010	XXX	0.26	NA	1.39	0.03	587,560	FALSE			FALSE		February 2011			TRUE	Decrease
94727	Gas dilution or washout for	Pulmonary Function	April 2011	19			ACCP, ATS	0.31	Codes Reported Together 75% or More-	February 2010	XXX	0.26	NA	1.06	0.02	259,358	FALSE			FALSE		February 2011			TRUE	Decrease
94728	Airway resistance by oscillometry	Pulmonary Function	April 2011	19			ACCP, ATS	0.31	Codes Reported Together 75% or More-	February 2010	XXX	0.26	NA	1.05	0.02	3,318	FALSE			FALSE		February 2011			TRUE	Decrease
94729	Diffusing capacity (eg, carbon	Pulmonary Function	April 2011	19			ACCP, ATS	0.19	Codes Reported Together 75% or More-	February 2010	ZZZ	0.19	NA	1.49	0.02	922,733	FALSE			FALSE		February 2011			TRUE	Decrease
94750	Pulmonary compliance study (eg,	RAW	October 2019	17				Deleted from CPT	CMS-Other - Utilization over 20,000	January 2019							FALSE			FALSE					TRUE	Deleted from CPT
94760	Noninvasive ear or pulse oximetry for	Measure Blood Oxygen	February 2009	32			ACCP, ATS	New PE inputs	CMS Request - Practice Expense	NA	XXX	0.00	NA	0.07	0.01	11,156	FALSE			FALSE					TRUE	PE Only
94761	Noninvasive ear or pulse oximetry for	Measure Blood Oxygen	February 2009	32			ACCP, ATS	New PE inputs	CMS Request - Practice Expense	NA	XXX	0.00	NA	0.11	0.01	2,493	FALSE			FALSE					TRUE	PE Only
94762	Noninvasive ear or pulse oximetry for	Measure Blood Oxygen	February 2009	32			ACCP, ATS	New PE inputs	CMS Fastest Growing, CMS Request -	October 2008	XXX	0.00	NA	0.75	0.01	139,776	FALSE			FALSE					TRUE	PE Only
94770	Carbon dioxide, expired gas	Evaluation of Wheezing	April 2019	25			ATS, CHEST	Deleted from CPT	High Volume Growth1 / Codes	February 2008							TRUE	Mar 2014	Yes	TRUE	In April 2019, when reviewing	September	49	yes	TRUE	Deleted from CPT
95004	Percutaneous tests (scratch, puncture,	Percutaneous Allergy	October 2016	27		RUC	AAAAI, AAOA, ACAAI	0.01	Low Value-Billed in Multiple Units /	October 2010	XXX	0.01	NA	0.09	0.01	8,192,459	FALSE			FALSE					TRUE	Maintain
95010	Percutaneous tests (scratch, puncture,	Percutaneous Allergy	April 2011	31			JCAAI, ACAAI, AAAAI	Deleted from CPT	Low Value-Billed in Multiple Units	October 2010							FALSE			TRUE	The specialty societies	February 2012	15	Complete	TRUE	Deleted from CPT
95012	Nitric oxide expired gas determination	Exhaled Nitric Oxide	April 2019	26			AAAAI, ACAAI, ATS,	New PE Inputs	High Volume Growth5	October 2018	XXX	0.00	NA	0.56	0.01	84,141	FALSE			FALSE					TRUE	PE Only
95015	Intracutaneous (intradermal) tests,	Intracutaneous Allgery	April 2011	31			JCAAI, ACAAI, AAAAI	Deleted from CPT	Low Value-Billed in Multiple Units	October 2010							FALSE			TRUE	The specialty societies	February 2012	15	Complete	TRUE	Deleted from CPT
95017	Allergy testing, any combination of	Percutaneous Allergy	April 2012	29			JCAAI	0.07	Low Value-Billed in Multiple Units	October 2010	XXX	0.07	0.03	0.18	0.01	16,575	FALSE			TRUE	Deleted codes 95010 and	February 2012	15	Complete	TRUE	Decrease
95018	Allergy testing, any combination of	Percutaneous Allergy	April 2012	29			JCAAI	0.14	Low Value-Billed in Multiple Units	October 2010	XXX	0.14	0.06	0.45	0.01	90,311	FALSE			TRUE	Deleted codes 95010 and	February 2012	15	Complete	TRUE	Decrease
95024	Intracutaneous (intradermal) tests with	Intracutaneous Allgery	October 2017	19			JCAAI, ACAAI,	New PE Inputs.	Low Value-Billed in Multiple Units /	October 2010	XXX	0.01	0.01	0.22	0.01	1,386,947	FALSE			FALSE					TRUE	PE Only
95027	Intracutaneous (intradermal) tests,	Intracutaneous Allgery	February 2011	41			JCAAI, ACAAI, AAAAI	0.01	Low Value-Billed in Multiple Units	October 2010	XXX	0.01	NA	0.13	0.01	116,083	FALSE			FALSE					TRUE	Maintain
95115	Professional services for allergen	Immunotherapy	April 2012	48			JCAAI, AAOA	New PE Inputs	CMS High Expenditure Procedural	January 2012	XXX	0.00	NA	0.3	0.01	767,020	FALSE			FALSE					TRUE	PE Only
95117	Professional services for allergen	Immunotherapy	April 2012	48			JCAAI, AAOA	New PE Inputs	CMS High Expenditure Procedural	September 2011	XXX	0.00	NA	0.36	0.01	2,410,492	FALSE			FALSE					TRUE	PE Only
95144	Professional services for the	Antigen Therapy Services	January 2016	49			AAOHNS, AAOA,	0.06	Low Value-Billed in Multiple Units /	October 2010	XXX	0.06	0.03	0.43	0.01	169,071	FALSE			FALSE					TRUE	Maintain
95148	Professional services for the		October 2010	73				0.06	Low Value-Billed in Multiple Units	October 2010	XXX	0.06	0.02	2.83	0.01	19,653	FALSE			FALSE					TRUE	Maintain
95165	Professional services for the	Antigen Therapy Services	January 2016	49			AAOHNS, AAOA,	0.06	MPC List / CMS High Expenditure	October 2010	XXX	0.06	0.03	0.37	0.01	6,237,888	FALSE			FALSE					TRUE	Maintain
95249	Ambulatory continuous glucose	Continuous Glucose	January 2023	24			AACE, ES, ACP	PE Only	High Volume Growth2		XXX	0.00	NA	1.92	0.04	14,565	TRUE	June 2018	Yes	TRUE	The RUC recommends referral	June 2017	EC	yes	TRUE	PE Only
95250	Ambulatory continuous glucose	Continuous Glucose	January 2023	24			AACE, ES	New PE inputs	High Volume Growth2 / Work	October 2013	XXX	0.00	NA	4.39	0.04	39,326	FALSE			TRUE	In May 2014, the CPT Editorial	October 2015 &	38	yes	TRUE	PE Only
95251	Ambulatory continuous glucose	Continuous Glucose	January 2023	24			AACE, ES	0.70.	High Volume Growth / Work Neutrality	April 2013	XXX	0.70	0.29	0.29	0.04	553,918	FALSE			TRUE	In October 2016, at the	February 2017	38	yes	TRUE	Decrease
95700	Electroencephalogram (EEG)	Long-Term EEG	April 2024	12			AAN, ACNS	PE Only	High Volume Growth4 / Contractor	May 2018	XXX	0.00	0.00	0	0.00	14,831	FALSE			FALSE					TRUE	PE Only
95705	Electroencephalogram (EEG), without	Long-Term EEG	October 2018	13			AAN, ACNS	PE Only	High Volume Growth4	May 2018	XXX	0.00	0.00	0	0.00	308	FALSE			FALSE					TRUE	PE Only
95706	Electroencephalogram (EEG), without	Long-Term EEG	October 2018	13			AAN, ACNS	PE Only	High Volume Growth4	May 2018	XXX	0.00	0.00	0	0.00	272	FALSE			FALSE					TRUE	PE Only
95707	Electroencephalogram (EEG), without	Long-Term EEG	October 2018	13			AAN, ACNS	PE Only	High Volume Growth4	May 2018	XXX	0.00	0.00	0	0.00	162	FALSE			FALSE					TRUE	PE Only
95708	Electroencephalogram (EEG), without	Long-Term EEG	October 2018	13			AAN, ACNS	PE Only	High Volume Growth4	May 2018	XXX	0.00	0.00	0	0.00	7,458	FALSE			FALSE					TRUE	PE Only
95709	Electroencephalogram (EEG), without	Long-Term EEG	October 2018	13			AAN, ACNS	PE Only	High Volume Growth4	May 2018	XXX	0.00	0.00	0	0.00	1,465	FALSE			FALSE					TRUE	PE Only
95710	Electroencephalogram (EEG), without	Long-Term EEG	October 2018	13			AAN, ACNS	PE Only	High Volume Growth4	May 2018	XXX	0.00	0.00	0	0.00	126	FALSE			FALSE					TRUE	PE Only
95711	Electroencephalogram with video	Long-Term EEG	October 2018	13			AAN, ACNS	PE Only	High Volume Growth4	May 2018	XXX	0.00	0.00	0	0.00	147	FALSE			FALSE					TRUE	PE Only
95712	Electroencephalogram with video	Long-Term EEG	October 2018	13			AAN, ACNS	PE Only	High Volume Growth4	May 2018	XXX	0.00	0.00	0	0.00	1,022	FALSE			FALSE					TRUE	PE Only
95713	Electroencephalogram with video	Long-Term EEG	October 2018	13			AAN, ACNS	PE Only	High Volume Growth4	May 2018	XXX	0.00	0.00	0	0.00	2,393	FALSE			FALSE					TRUE	PE Only
95714	Electroencephalogram with video	Long-Term EEG	October 2018	13			AAN, ACNS	PE Only	High Volume Growth4	May 2018	XXX	0.00	0.00	0	0.00	3,239	FALSE			FALSE					TRUE	PE Only
95715	Electroencephalogram with video	Long-Term EEG	April 2024	12			AAN, ACNS	PE Only	High Volume Growth4 / Contractor	May 2018	XXX	0.00	0.00	0	0.00	17,499	FALSE			FALSE					TRUE	PE Only
95716	Electroencephalogram with video	Long-Term EEG	October 2018	13			AAN, ACNS	PE Only	High Volume Growth4	May 2018	XXX	0.00	0.00	0	0.00	2,244	FALSE			FALSE					TRUE	PE Only
95717	Electroencephalogram (EEG),	Long-Term EEG	October 2018	13			AAN, ACNS	2.00	High Volume Growth4	May 2018	XXX	2.00	0.97	1.02	0.16	3,762	FALSE			FALSE					TRUE	Decrease
95718	Electroencephalogram (EEG),	Long-Term EEG	October 2018	13			AAN, ACNS	2.50	High Volume Growth4	May 2018	XXX	2.50	1.26	1.33	0.21	32,988	FALSE			FALSE					TRUE	Decrease
95719	Electroencephalogram (EEG),	Long-Term EEG	October 2018	13			AAN, ACNS	3.00	High Volume Growth4	May 2018	XXX	3.00	1.50	1.58	0.24	6,235	FALSE			FALSE					TRUE	Decrease
95720	Electroencephalogram (EEG),	Long-Term EEG	October 2018	13			AAN, ACNS	3.86	High Volume Growth4	May 2018	XXX	3.86	1.93	2.04	0.32	126,680	FALSE			FALSE					TRUE	Decrease
95721	Electroencephalogram (EEG),	Long-Term EEG	October 2018	13			AAN, ACNS	3.86	High Volume Growth4	May 2018	XXX	3.86	1.93	2.05	0.31	2,557	FALSE			FALSE					TRUE	Decrease
95722	Electroencephalogram (EEG),	Long-Term EEG	October 2018	13			AAN, ACNS	4.70	High Volume Growth4	May 2018	XXX	4.70	2.31	2.45	0.39	2,086	FALSE			FALSE					TRUE	Decrease
95723	Electroencephalogram (EEG),	Long-Term EEG	October 2018	13			AAN, ACNS	4.75	High Volume Growth4	May 2018	XXX	4.75	2.29	2.43	0.36	2,407	FALSE			FALSE					TRUE	Decrease
95724	Electroencephalogram (EEG),	Long-Term EEG	October 2018	13			AAN, ACNS	6.00	High Volume Growth4	May 2018	XXX	6.00	2.86	3.03	0.45	3,920	FALSE			FALSE					TRUE	Decrease
95725	Electroencephalogram (EEG),	Long-Term EEG	October 2018	13			AAN, ACNS	5.40	High Volume Growth4	May 2018	XXX	5.40	2.71	2.92	0.43	194	FALSE			FALSE					TRUE	Decrease
95726	Electroencephalogram (EEG),	Long-Term EEG	October 2018	13			AAN, ACNS	7.58	High Volume Growth4	May 2018	XXX	7.58	3.75	3.99	0.60	577	FALSE			FALSE					TRUE	Decrease
95800	Sleep study, unattended, simultaneous	Sleep Testing	September 2024	14	April 2025	RUC	ACNS, AAN,	Refer to CPT. 1.05	CMS Fastest Growing / High Volume	October 2009	XXX	0.85	NA	3.18	0.05	103,574	FALSE			TRUE	In April 2024, this service was	February 2025			FALSE	Decrease
95801	Sleep study, unattended, simultaneous	Sleep Testing	April 2010	28			ACNS, AAN,	1.00	CMS Fastest Growing	October 2009	XXX	0.85	NA	2.02	0.05	198	FALSE			FALSE		October 2009			TRUE	Decrease
95803	Actigraphy testing, recording, analysis,	Sleep Testing	April 2010	28			ACNS, AAN,	0.90 and New PE inputs	CMS Request - Practice Expense	NA	XXX	0.90	NA	3.13	0.03	164	FALSE			FALSE					TRUE	Decrease
95805	Multiple sleep latency or maintenance	Sleep Testing	April 2010	28			ACNS, AAN,	1.20	CMS Fastest Growing	October 2009	XXX	1.20	NA	11.6	0.16	1,681	FALSE			FALSE		October 2009			TRUE	Decrease
95806	Sleep study, unattended, simultaneous	Sleep Testing	April 2010	28			ACNS, AAN,	1.28	CMS Fastest Growing	October 2009	XXX	0.93	NA	1.85	0.05	87,153	FALSE			FALSE		October 2009			TRUE	Decrease
95807	Sleep study, simultaneous recording of	Sleep Testing	April 2010	28			ACNS, AAN,	1.25	CMS Fastest Growing	October 2009	XXX	1.28	NA	10.86	0.16	927	FALSE			FALSE		October 2009			TRUE	Decrease
95808	Polysomnography; any age, sleep	Sleep Testing	April 2010	28			ACNS, AAN,	1.74	CMS Fastest Growing	October 2009	XXX	1.74	NA	13.44	0.19	614	FALSE			FALSE		October 2009			TRUE	Decrease
95810	Polysomnography; age 6 years or older,	Sleep Testing	April 2010	28			ACNS, AAN,	2.50	CMS Fastest Growing / MPC List	February 2010	XXX	2.50	NA	15.98	0.24	171,553	FALSE			FALSE		October 2009			TRUE	Decrease
95811	Polysomnography; age 6 years or older,	Sleep Testing	April 2010	28			ACNS, AAN,	2.60	CMS Fastest Growing	October 2009	XXX	2.60	NA	16.71	0.26	187,527	FALSE			FALSE		October 2009			TRUE	Decrease
95812	Electroencephalogram (EEG) extended	Long-Term EEG	October 2018	13			AAN, ACNS	1.08	CMS Request - Final Rule for 2016	July 2015	XXX	1.08	NA	9.35	0.09	19,969	FALSE			FALSE					TRUE	Maintain
95813	Electroencephalogram (EEG) extended	Long-Term EEG	October 2018	13			AAN, ACNS	1.63	CMS Request - Final Rule for 2016	July 2015	XXX	1.63	NA	11.55	0.12	23,283	FALSE			FALSE					TRUE	Decrease
95816	Electroencephalogram (EEG); including	Electroencephalogram	October 2012	22				1.08	CMS High Expenditure Procedural	January 2012	XXX	1.08	NA	10.67	0.10	233,774	FALSE			FALSE					TRUE	Maintain
95819	Electroencephalogram (EEG); including	Electroencephalogram	October 2012	22			AAN, ACNS	1.08	CMS High Expenditure Procedural	September 2011	XXX	1.08	NA	12.46	0.11	156,540	FALSE			FALSE					TRUE	Maintain
95822	Electroencephalogram (EEG); recording	Electroencephalogram	October 2012	22			AAN, ACNS	1.08	CMS High Expenditure Procedural	January 2012	XXX	1.08	NA	11.22	0.10	24,667	FALSE			FALSE					TRUE	Maintain
95827	Electroencephalogram (EEG); all night	Long-Term EEG	October 2018	13			AAN, ACNS	Deleted from CPT	High Volume Growth4	May 2018							FALSE			FALSE					TRUE	Deleted from CPT
95831	Muscle testing, manual (separate	Muscle Testing	April 2018	33			AAN, AANEM,	Deleted from CPT	High Volume Growth3 / CMS-Other -	October 2015							FALSE			TRUE	In April 2018, AAN, AANEM,	September	39	complete	TRUE	Deleted from CPT
95832	Muscle testing, manual (separate	Muscle Testing	April 2018	33			AAN, AANEM,	Deleted from CPT	High Volume Growth3 / CMS-Other -	October 2017							FALSE			TRUE	In April 2018, AAN, AANEM,	September	39	complete	TRUE	Deleted from CPT
95833	Muscle testing, manual (separate	Muscle Testing	April 2018	33			AAN, AANEM,	Deleted from CPT	High Volume Growth3 / CMS-Other -	October 2017							FALSE			TRUE	In April 2018, AAN, AANEM,	September	39	complete	TRUE	Deleted from CPT
95834	Muscle testing, manual (separate	Muscle Testing	April 2018	33			AAN, AANEM,	Deleted from CPT	High Volume Growth3 / CMS-Other -	October 2017							FALSE			TRUE	In April 2018, AAN, AANEM,	September	39	complete	TRUE	Deleted from CPT
95851	Range of motion measurements and	RAW	September 2022	13			APTA	Maintain	CMS-Other - Utilization over 20,000-	April 2022	XXX	0.16	0.06	0.48	0.01	20,414	FALSE			FALSE					TRUE	Maintain
95860	Needle electromyography; 1 extremity	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	0.96	Harvard Valued - Utilization over	October 2009	XXX	0.96	NA	2.36	0.05	2,843	FALSE			TRUE	The Workgroup, accepts the	February 2011	09	Complete	TRUE	Maintain
95861	Needle electromyography; 2	EMG in Conjunction with	September 2024	14			AAN, AAPMR,	Remove from screen. 1.54	Codes Reported Together 75% or More-	February 2010	XXX	1.54	NA	3.16	0.08	44,932	FALSE			TRUE	The Workgroup, accepts the	February 2011	09	Complete	TRUE	Maintain
95863	Needle electromyography; 3	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	1.87	Codes Reported Together 75% or More-	February 2010	XXX	1.87	NA	4.25	0.09	93	FALSE			TRUE	The Workgroup, accepts the	February 2011	09	Complete	TRUE	Maintain
95864	Needle electromyography; 4	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	1.99	Codes Reported Together 75% or More-	February 2010	XXX	1.99	NA	4.84	0.11	1,107	FALSE			TRUE	The Workgroup, accepts the	February 2011	09	Complete	TRUE	Maintain
95867	Needle electromyography; cranial	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	0.79	Codes Reported Together 75% or More-		XXX	0.79	NA	2.35	0.05	1,258	FALSE			TRUE	Identifed by CPT with needle	October 2011	06	Complete	TRUE	Maintain
95868	Needle electromyography; cranial	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	1.18	Codes Reported Together 75% or More-		XXX	1.18	NA	2.91	0.06	3,766	FALSE			TRUE	Identifed by CPT with needle	October 2011	06	Complete	TRUE	Maintain
95869	Needle electromyography; thoracic	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	0.37	Codes Reported Together 75% or More-	October 2011	XXX	0.37	NA	2.45	0.03	432	FALSE			TRUE	Identifed by CPT with needle	October 2011	06	Complete	TRUE	Maintain
95870	Needle electromyography; limited	EMG in Conjunction with	October 2017	19			AAN, AAPMR,	0.37	Codes Reported Together 75% or More-	October 2011	XXX	0.37	NA	2.09	0.03	53,954	FALSE			TRUE	Identifed by CPT with needle	October 2011	06	Complete	TRUE	Maintain
95885	Needle electromyography, each	EMG in Conjunction with	April 2011	20			AAN, AAPMR,	0.35	Codes Reported Together 75% or More-	February 2010	ZZZ	0.35	NA	1.49	0.01	122,624	FALSE			FALSE		February 2011	09	Complete	TRUE	Decrease
95886	Needle electromyography, each	EMG in Conjunction with	April 2011	20			AAN, AAPMR,	0.92	Codes Reported Together 75% or More-	February 2010	ZZZ	0.86	NA	1.99	0.03	851,191	FALSE			FALSE		February 2011	09	Complete	TRUE	Decrease
95887	Needle electromyography, non-	EMG in Conjunction with	April 2011	20			AAN, AAPMR,	0.73	Codes Reported Together 75% or More-	February 2010	ZZZ	0.71	NA	1.74	0.03	13,829	FALSE			FALSE		February 2011	09	Complete	TRUE	Decrease
95900	Nerve conduction, amplitude and	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	Deleted from CPT	MPC List / Codes Reported Together	October 2010							FALSE			TRUE	Identified as part of the	October 2011&	06 &	Complete	TRUE	Deleted from CPT
95903	Nerve conduction, amplitude and	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	Deleted from CPT	CMS High Expenditure Procedural	September 2011							FALSE			TRUE	Identified as part of the	October 2011	06 &	Complete	TRUE	Deleted from CPT
95904	Nerve conduction, amplitude and	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	Deleted from CPT	Codes Reported Together 75% or More-	February 2010							FALSE			TRUE	The Workgroup, accepts the	February 2011	09 &	Complete	TRUE	Deleted from CPT
95907	Nerve conduction studies; 1-2 studies	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	1.00	Codes Reported Together 75% or More-		XXX	1.00	NA	1.65	0.05	5,271	FALSE			TRUE	Deleted 6 electromyography	February 2012	16	Complete	TRUE	Decrease
95908	Nerve conduction studies; 3-4 studies	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	1.37	Codes Reported Together 75% or More-		XXX	1.25	NA	2.04	0.06	45,620	FALSE			TRUE	Deleted 6 electromyography	February 2012	16	Complete	TRUE	Decrease
95909	Nerve conduction studies; 5-6 studies	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	1.77	Codes Reported Together 75% or More-		XXX	1.50	NA	2.45	0.07	108,998	FALSE			TRUE	Deleted 6 electromyography	February 2012	16	Complete	TRUE	Decrease
95910	Nerve conduction studies; 7-8 studies	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	2.80	Codes Reported Together 75% or More-		XXX	2.00	NA	3.16	0.09	130,980	FALSE			TRUE	Deleted 6 electromyography	February 2012	16	Complete	TRUE	Decrease
95911	Nerve conduction studies; 9-10 studies	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	3.34	Codes Reported Together 75% or More-		XXX	2.50	NA	3.72	0.11	158,049	FALSE			TRUE	Deleted 6 electromyography	February 2012	16	Complete	TRUE	Decrease
95912	Nerve conduction studies; 11-12	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	4.00	Codes Reported Together 75% or More-		XXX	3.00	NA	4.26	0.14	69,835	FALSE			TRUE	Deleted 6 electromyography	February 2012	16	Complete	TRUE	Decrease
95913	Nerve conduction studies; 13 or more	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	4.20	Codes Reported Together 75% or More-		XXX	3.56	NA	4.82	0.16	76,025	FALSE			TRUE	Deleted 6 electromyography	February 2012	16	Complete	TRUE	Decrease
95921	Testing of autonomic nervous system	Autonomic Function	September 2024	14	April 2025	RUC	AAFP, AAN, AANEM,	Refer to CPT. 0.90	Different Performing Specialty from	October 2009	XXX	0.90	NA	1.69	0.04	54,136	TRUE	Sep 2020	Yes	TRUE	For code pair 95921/95922,	February 2025			FALSE	Maintain
95922	Testing of autonomic nervous system	Autonomic Function	September 2023	22	April 2025	RUC	AAFP, AAN, AANEM,	Refer to CPT. 0.96	High Volume Growth1 / CMS Fastest	February 2008	XXX	0.96	NA	1.83	0.05	1,853	TRUE	Dec 2008; Sep	Yes	TRUE	For code pair 95921/95922,	February 2025			FALSE	Maintain
95923	Testing of autonomic nervous system	Autonomic Function	September 2024	14	April 2025	RUC	AAFP, AAN, AANEM,	Refer to CPT. 0.90	Codes Reported Together 75% or More-	October 2019	XXX	0.90	NA	2.71	0.05	88,688	TRUE	Sep 2020	Yes	TRUE	In October 2019, the	February 2025			FALSE	Maintain
95924	Testing of autonomic nervous system	Autonomic Function	September 2023	22	April 2025	RUC	AAFP, AAN, AANEM,	Refer to CPT. 1.73	Codes Reported Together 75% or More-	February 2012	XXX	1.73	NA	2.69	0.11	16,278	TRUE	Sep 2020	Yes	TRUE	CPT Feb 2012 the CPT Editorial	February 2025			FALSE	Decrease
95925	Short-latency somatosensory evoked	Evoked Potentials and	January 2013	34			AAN, AANEM, ACNS,	0.54 and New PE Inputs	Codes Reported Together 75% or More-	February 2010	XXX	0.54	NA	4.68	0.06	4,601	FALSE			TRUE	The Workgroup recommends	October 2010	48	Complete	TRUE	Maintain
95926	Short-latency somatosensory evoked	Evoked Potentials and	January 2013	34			AAN, AANEM, ACNS,	0.54 and New PE Inputs	Codes Reported Together 75% or More-	February 2010	XXX	0.54	NA	4.14	0.05	4,391	FALSE			TRUE	The Workgroup recommends	October 2010	48	Complete	TRUE	Maintain

95928	Central motor evoked potential study	Evoked Potentials and	April 2013	36			AAN, AANEM,	1.50	Codes Reported Together 75% or More-	February 2010	XXX	1.50	NA	5.63	0.09	388	FALSE			TRUE	The Workgroup recommends	October 2010	48	Complete	TRUE	Maintain
95929	Central motor evoked potential study	Evoked Potentials and	April 2013	36			AAN, AANEM,	1.50	Codes Reported Together 75% or More-	February 2010	XXX	1.50	NA	5.72	0.08	1,400	FALSE			TRUE	The Workgroup recommends	October 2010	48	Complete	TRUE	Maintain
95930	Visual evoked potential (VEP)	Visual Evoked Potential	October 2016	11			AAO, AOA	0.35	High Volume Growth3	October 2015	XXX	0.35	NA	1.65	0.02	36,554	FALSE			TRUE	In January 2016, the RUC	May 2016	29	Complete	TRUE	Maintain
95934	H-reflex, amplitude and latency study;	EMG in Conjunction with	April 2012	32				Deleted from CPT	Codes Reported Together 75% or More-								FALSE			TRUE	Identified as part of the Codes	October 2011 &	06 &	Complete	TRUE	Deleted from CPT
95936	H-reflex, amplitude and latency study;	EMG in Conjunction with	April 2012	32				Deleted from CPT	Codes Reported Together 75% or More-								FALSE			TRUE	Identified as part of the Codes	October 2011 &	06 &	Complete	TRUE	Deleted from CPT
95937	Neuromuscular junction testing	RAW	April 2023	15				Remove from screen	Different Performing Specialty from	April 2023	XXX	0.65	NA	2.43	0.04	32,713	FALSE			FALSE					TRUE	Remove from Screen
95938	Short-latency somatosensory evoked	Evoked Potentials and	September 2024	14			AAN, AANEM,	Remove from screen. 0.86 and	Codes Reported Together 75% or More-	January 2013	XXX	0.86	NA	10.3	0.09	94,688	FALSE			TRUE		October 2010	48	Complete	TRUE	Decrease
95939	Central motor evoked potential study	Evoked Potentials and	September 2024	14			AAN, AANEM,	Remove from screen. 2.25 and	Codes Reported Together 75% or More-	January 2013	XXX	2.25	NA	14.33	0.16	45,924	FALSE			TRUE		October 2010	48	Complete	TRUE	Decrease
95940	Continuous intraoperative	Intraoperative	January 2012	12				0.60	Codes Reported Together 75% or More-	January 2012	XXX	0.60	0.31		0.04	18,201	FALSE			TRUE	Deleted 6 electromyography	February 2012	16	Complete	TRUE	Decrease
95941	Continuous intraoperative	Intraoperative	January 2012	12				2.00	Codes Reported Together 75% or More-	January 2012	XXX	0.00	0.00	0	0.00		FALSE			TRUE	Deleted 6 electromyography	February 2012	16	Complete	TRUE	Decrease
95943	Simultaneous, independent,	Autonomic Function	January 2020	37			AAN, AANEM	Deleted from CPT	Codes Reported Together 75% or More-	January 2018	XXX						FALSE			TRUE	CPT Feb 2012 established 2	October 2020	65	complete	TRUE	Deleted from CPT
95950	Monitoring for identification and	Long-Term EEG	October 2018	13			AAN, ACNS	Deleted from CPT	CMS Fastest Growing	February 2009							FALSE			FALSE					TRUE	Deleted from CPT
95951	Monitoring for localization of cerebral	Long-Term EEG	October 2018	13				Deleted from CPT	High Volume Growth4	October 2016							FALSE			TRUE	This service was identifed by	May 2018	35	Yes	TRUE	Deleted from CPT
95953	Monitoring for localization of cerebral	Long-Term EEG	October 2018	13			AAN, ACNS	Deleted from CPT	CMS Fastest Growing	February 2009							FALSE			FALSE					TRUE	Deleted from CPT
95954	Pharmacological or physical activation	EEG Monitoring	February 2008	S			AAN, ACNS	Remove from screen	High Volume Growth1	February 2008	XXX	2.45	NA	9.17	0.19	450	FALSE			FALSE					TRUE	Remove from Screen
95956	Monitoring for localization of cerebral	Long-Term EEG	October 2018	13			AAN, ACNS	Deleted from CPT	CMS Fastest Growing	October 2008							TRUE	Dec 2009	Yes	FALSE					TRUE	Deleted from CPT
95957	Digital analysis of	Electroencephalogram	January 2016	50			AAN	1.98	CMS High Expenditure Procedural	July 2015	XXX	1.98	NA	6.7	0.12	29,391	FALSE			FALSE					TRUE	Maintain
95970	Electronic analysis of implanted	Neurostimulator Services	January 2019	37			AAN, AANS/CNS,	0.45	Harvard Valued - Utilization over	February 2010	XXX	0.35	0.16	0.18	0.03	27,694	TRUE	Jul 2016	Yes	TRUE	In January 2016, the specialty	June 2017	31	Complete	TRUE	Maintain
95971	Electronic analysis of implanted	Neurostimulator Services	October 2017	07			AUA, ACOG, AAPM,	0.78	Harvard Valued - Utilization over	October 2009	XXX	0.78	0.30	0.59	0.07	17,489	FALSE			TRUE	In January 2014, the RUC	February 2015,	75, 31	Complete	TRUE	Maintain
95972	Electronic analysis of implanted	Neurostimulator Services	October 2017	07			AUA, ACOG, AAPM,	0.80	Harvard Valued - Utilization over	February 2010	XXX	0.80	0.31	0.82	0.08	37,002	FALSE			TRUE	In January 2014, the RUC	May 2014	EC1	Complete	TRUE	Decrease
95973	Electronic analysis of implanted	Implanted	April 2015	21			AANS/CNS, ACOG,	Deleted from CPT	Harvard Valued - Utilization over	February 2010							FALSE			TRUE	In January 2014, the RUC	February 2015	75	Complete	TRUE	Deleted from CPT
95974	Electronic analysis of implanted	Neurostimulator Services	October 2017	07			AAN, AANS/CNS,	Deleted from CPT	CMS Request - Final Rule for 2016	July 2015							TRUE	Jul 2016	Yes	TRUE	In January 2016, the specialty	June 2017	31	Complete	TRUE	Deleted from CPT
95975	Electronic analysis of implanted	Neurostimulator Services	October 2017	07			AAN, AANS/CNS,	Deleted from CPT	CMS Request - Final Rule for 2016	July 2015							TRUE	Jul 2016	Yes	TRUE	In January 2016, the specialty	June 2017	31	Complete	TRUE	Deleted from CPT
95976	Electronic analysis of implanted	Neurostimulator Services	September 2022	13			AAN, AANS/CNS,	0.95	High Volume Growth2 / CMS Request -	June 2017	XXX	0.73	0.35	0.37	0.07	7,455	TRUE	February 2019	Yes	FALSE		June 2017	31		TRUE	Maintain
95977	Electronic analysis of implanted	Neurostimulator Services	September 2022	13			AAN, AANS/CNS,	1.19	High Volume Growth2 / CMS Request -	June 2017	XXX	0.97	0.46	0.49	0.10	4,950	TRUE	February 2019	Yes	FALSE		June 2017	31		TRUE	Maintain
95978	Electronic analysis of implanted	Neurostimulator Services	October 2017	07			AAN, AANS/CNS,	Deleted from CPT	CMS Request - Final Rule for 2016	July 2015							TRUE	Jul 2016	Yes	TRUE	In January 2016, the specialty	June 2017	31	Complete	TRUE	Deleted from CPT
95979	Electronic analysis of implanted	Neurostimulator Services	October 2017	07			AAN, AANS/CNS,	Deleted from CPT	CMS Request - Final Rule for 2016	July 2015							TRUE	Jul 2016	Yes	TRUE	In January 2016, the specialty	June 2017	31	Complete	TRUE	Deleted from CPT
95980	Electronic analysis of implanted	Neurostimulator Services	October 2017	07			No Interest	Not part of family	CMS Request - Final Rule for 2016	July 2015	XXX	0.80	0.35		0.19	427	FALSE			FALSE		June 2017	31	Complete	TRUE	Maintain
95981	Electronic analysis of implanted	Neurostimulator Services	October 2017	07			No Interest	Not part of family	CMS Request - Final Rule for 2016	July 2015	XXX	0.30	0.17	0.81	0.06	531	FALSE			FALSE		June 2017	31	Complete	TRUE	Maintain
95982	Electronic analysis of implanted	Neurostimulator Services	January 2016	07			No Interest	Not part of family	CMS Request - Final Rule for 2016	July 2015	XXX	0.65	0.31	1.01	0.12	838	FALSE			FALSE		June 2017	31	Complete	TRUE	Maintain
95983	Electronic analysis of implanted	Neurostimulator Services	September 2022	13			AAN, AANS/CNS,	1.25	High Volume Growth2 / CMS Request -	June 2017	XXX	0.91	0.46	0.49	0.09	38,254	TRUE	February 2019	Yes	FALSE		June 2017	31		TRUE	Maintain
95984	Electronic analysis of implanted	Neurostimulator Services	September 2022	13			AAN, AANS/CNS,	1.00	High Volume Growth2 / CMS Request -	June 2017	ZZZ	0.80	0.40	0.42	0.08	51,686	TRUE	February 2019	Yes	FALSE		June 2017	31		TRUE	Maintain
95990	Refilling and maintenance of	Electronic Analysis	February 2011	07			ASA, AAPM, NASS,	0.00	Different Performing Specialty from	April 2010	XXX	0.00	NA	2.66	0.05	707	FALSE			TRUE	Identified through the Codes	October 2010		Complete	TRUE	Maintain
95991	Refilling and maintenance of	Electronic Analysis	February 2011	07			ASA, AAPM	0.77	High Volume Growth1 / Codes	February 2008	XXX	0.77	0.32	2.46	0.09	6,897	FALSE			TRUE		October 2010		Complete	TRUE	Maintain
95992	Canalith repositioning procedure(s) (eg,		April 2018	33				Remove from Modifier -51	Modifier -51 Exempt	January 2018	XXX	0.75	0.28	0.49	0.03	112,826	FALSE			FALSE					TRUE	Maintain
96101	Psychological testing (includes	Psychological and Neuro-	October 2017	08			APA (psychology),	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			TRUE	In the July 2015 Proposed Rule	June 2017	32	complete	TRUE	Deleted from CPT
96102	Psychological testing (includes	Psychological and Neuro-	October 2017	08			APA (psychology),	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			TRUE	In the July 2015 Proposed Rule	June 2017	32	complete	TRUE	Deleted from CPT
96103	Psychological testing (includes	Psychological and Neuro-	October 2017	08			APA (psychology),	Deleted from CPT	High Volume Growth2 / Different	April 2013							FALSE			TRUE	In the July 2015 Proposed Rule	June 2017	32	complete	TRUE	Deleted from CPT
96105	Assessment of aphasia (includes	Psychological and Neuro-	October 2017	20			APA (psychology),	1.75	CMS Request/Speech Language	January 2016	XXX	1.75	NA	1.06	0.07	1,718	FALSE			TRUE	In the July 2015 Proposed Rule	June 2017	32	complete	TRUE	Decrease
96110	Developmental screening (eg,	Psychological and Neuro-	October 2017	08			APA (psychology),	New PE Inputs	CMS High Expenditure Procedural	January 2017	XXX	0.00	NA	0.34	0.01		FALSE			TRUE	In the July 2015 Proposed Rule	June 2017	32	complete	TRUE	PE Only
96111	Developmental testing, (includes	Psychological and Neuro-	October 2017	08			APA (psychology),	Deleted from CPT	CMS High Expenditure Procedural	January 2017							FALSE			TRUE	In the July 2015 Proposed Rule	June 2017	32	complete	TRUE	Deleted from CPT
96112	Developmental test administration	Psychological and Neuro-	September 2024	14	September	RAW	APA (psychology),	Review in 3 years. 2.50	CMS High Expenditure Procedural	June 2017	XXX	2.56	0.98	1.01	0.15	18,459	FALSE			TRUE	In the July 2015 Proposed Rule	June 2017	32	Yes	FALSE	Decrease
96113	Developmental test administration	Psychological and Neuro-	October 2017	08			APA (psychology),	1.10	CMS High Expenditure Procedural	June 2017	ZZZ	1.16	0.46	0.57	0.07	704	FALSE			TRUE	In the July 2015 Proposed Rule	June 2017	32	complete	TRUE	Decrease
96116	Neurobehavioral status exam (clinical	Psychological and Neuro-	October 2017	08			APA (psychology),	1.86	CMS High Expenditure Procedural	July 2015	XXX	1.86	0.43	0.82	0.08	146,363	FALSE			TRUE	In the July 2015 Proposed Rule	June 2017	32	complete	TRUE	Maintain
96118	Neuropsychological testing (eg,	Psychological and Neuro-	October 2017	08			APA (psychology),	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			TRUE	In the July 2015 Proposed Rule	June 2017	32	complete	TRUE	Deleted from CPT
96119	Neuropsychological testing (eg,	Psychological and Neuro-	October 2017	08			APA (psychology),	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			TRUE	In the July 2015 Proposed Rule	June 2017	32	complete	TRUE	Deleted from CPT
96120	Neuropsychological testing (eg,	Psychological and Neuro-	October 2017	08			APA (psychology),	Deleted from CPT	High Volume Growth2 / CMS High	April 2013							FALSE			TRUE	In the July 2015 Proposed Rule	June 2017	32	complete	TRUE	Deleted from CPT
96121	Neurobehavioral status exam (clinical	Psychological and Neuro-	October 2017	08			APA (psychology),	1.71	CMS High Expenditure Procedural	June 2017	ZZZ	1.71	0.22	0.5	0.04	32,562	FALSE			TRUE	In the July 2015 Proposed Rule	June 2017	32	complete	TRUE	Decrease
96125	Standardized cognitive performance	Psychological and Neuro-	October 2017	20			APA (psychology),	1.70	CMS High Expenditure Procedural	January 2016	XXX	1.70	NA	1.31	0.06	6,864	FALSE			TRUE	In the July 2015 Proposed Rule	June 2017	32	complete	TRUE	Maintain
96127	Brief emotional/behavioral assessment	Psychological and Neuro-	October 2017	08			APA (psychology),	New PE Inputs	CMS High Expenditure Procedural	January 2016	XXX	0.00	NA	0.13	0.01	600,869	FALSE			TRUE	In the July 2015 Proposed Rule	June 2017	32	complete	TRUE	PE Only
96130	Psychological testing evaluation	Psychological and Neuro-	October 2017	20			APA (psychology),	2.50	CMS High Expenditure Procedural	June 2017	XXX	2.56	0.57	0.92	0.12	105,672	FALSE			TRUE	In the July 2015 Proposed Rule	June 2017	32	complete	TRUE	Decrease
96131	Psychological testing evaluation	Psychological and Neuro-	October 2017	20			APA (psychology),	1.90	CMS High Expenditure Procedural	June 2017	ZZZ	1.96	0.24	0.56	0.05	69,961	FALSE			TRUE	In the July 2015 Proposed Rule	June 2017	32	complete	TRUE	Decrease
96132	Neuropsychological testing evaluation	Psychological and Neuro-	October 2017	08			APA (psychology),	2.50	CMS High Expenditure Procedural	June 2017	XXX	2.56	0.49	1.2	0.09	216,072	FALSE			TRUE	In the July 2015 Proposed Rule	June 2017	32	complete	TRUE	Decrease
96133	Neuropsychological testing evaluation	Psychological and Neuro-	October 2017	08			APA (psychology),	1.90	CMS High Expenditure Procedural	June 2017	ZZZ	1.96	0.25	0.91	0.05	349,984	FALSE			TRUE	In the July 2015 Proposed Rule	June 2017	32	complete	TRUE	Decrease
96136	Psychological or neuropsychological	Psychological and Neuro-	October 2017	20			APA (psychology),	0.55	CMS High Expenditure Procedural	June 2017	XXX	0.55	0.12	0.68	0.02	173,355	FALSE			FALSE		June 2017	32		TRUE	Decrease
96137	Psychological or neuropsychological	Psychological and Neuro-	October 2017	20			APA (psychology),	0.46	CMS High Expenditure Procedural	June 2017	ZZZ	0.46	0.06	0.66	0.01	332,276	FALSE			FALSE		June 2017	32		TRUE	Decrease
96138	Psychological or neuropsychological	Psychological and Neuro-	October 2017	20			APA (psychology),	New PE Inputs	CMS High Expenditure Procedural	June 2017	XXX	0.00	NA	1.02	0.01	182,211	FALSE			FALSE		June 2017	32		TRUE	PE Only
96139	Psychological or neuropsychological	Psychological and Neuro-	October 2017	20			APA (psychology),	New PE Inputs	CMS High Expenditure Procedural	June 2017	ZZZ	0.00	NA	1.05	0.01	358,552	FALSE			FALSE		June 2017	32		TRUE	PE Only
96146	Psychological or neuropsychological	Psychological and Neuro-	October 2017	20			APA (psychology),	New PE Inputs	CMS High Expenditure Procedural	June 2017	XXX	0.00	NA	0.06	0.01	8,055	FALSE			FALSE		June 2017	32		TRUE	PE Only
96150	Health and behavior assessment (eg,	Health and Behavior	January 2019	41				Deleted from CPT	Negative IWPUT	September 2018							FALSE			FALSE		September	40	Complete	TRUE	Deleted from CPT
96151	Health and behavior assessment (eg,	Health and Behavior	January 2019	41				Deleted from CPT	Negative IWPUT	September 2018							FALSE			FALSE		September	40	Complete	TRUE	Deleted from CPT
96152	Health and behavior intervention, each	Health and Behavior	January 2019	41				Deleted from CPT	Negative IWPUT	September 2018							FALSE			FALSE		September	40	Complete	TRUE	Deleted from CPT
96153	Health and behavior intervention, each	Health and Behavior	January 2019	41				Deleted from CPT	Negative IWPUT	September 2018							FALSE			FALSE		September	40	Complete	TRUE	Deleted from CPT
96154	Health and behavior intervention, each	Health and Behavior	January 2019	41			APA (psychology),	Deleted from CPT	Negative IWPUT	April 2017							FALSE			TRUE	In October 2017, the specialty	September	40	Complete	TRUE	Deleted from CPT
96155	Health and behavior intervention, each	Health and Behavior	January 2019	41				Deleted from CPT	Negative IWPUT	September 2018							FALSE			FALSE		September	40	Complete	TRUE	Deleted from CPT
96156	Health behavior assessment, or re-	Health and Behavior	January 2019	41				2.10	Negative IWPUT	September 2018	XXX	2.20	0.36	0.7	0.07	18,554	FALSE			FALSE		September	40	Complete	TRUE	Increase
96158	Health behavior intervention,	Health and Behavior	January 2019	41				1.45	Negative IWPUT	September 2018	XXX	1.52	0.20	0.45	0.04	31,221	FALSE			FALSE		September	40	Complete	TRUE	Increase
96159	Health behavior intervention,	Health and Behavior	January 2019	41				0.50	Negative IWPUT	September 2018	ZZZ	0.52	0.06	0.15	0.01	29,389	FALSE			FALSE		September	40	Complete	TRUE	Increase
96164	Health behavior intervention, group (2	Health and Behavior	January 2019	41				0.21	Negative IWPUT	September 2018	XXX	0.22	0.05	0.08	0.01	12,356	FALSE			FALSE		September	40	Complete	TRUE	Increase
96165	Health behavior intervention, group (2	Health and Behavior	January 2019	41				0.10	Negative IWPUT	September 2018	ZZZ	0.10	0.02	0.04	0.00	35,148	FALSE			FALSE		September	40	Complete	TRUE	Increase
96167	Health behavior intervention, family	Health and Behavior	January 2019	41				1.55	Negative IWPUT	September 2018	XXX	1.62	0.20	0.46	0.04	1,367	FALSE			FALSE		September	40	Complete	TRUE	Increase
96168	Health behavior intervention, family	Health and Behavior	January 2019	41				0.55	Negative IWPUT	September 2018	ZZZ	0.58	0.07	0.17	0.01	1,185	FALSE			FALSE		September	40	Complete	TRUE	Increase
96170	Health behavior intervention, family	Health and Behavior	January 2019	41				1.50	Negative IWPUT	September 2018	XXX	1.50	0.58	0.73	0.09		FALSE			FALSE		September	40	Complete	TRUE	Increase
96171	Health behavior intervention, family	Health and Behavior	January 2019	41				0.54	Negative IWPUT	September 2018	ZZZ	0.54	0.21	0.26	0.03		FALSE			FALSE		September	40	Complete	TRUE	Increase
96202	Multiple-family group behavior	Caregiver Behavior	April 2021	11	April 2025	RAW	AACAP, AND, APA	Review action plan	RUC Flag for Review	April 2021	XXX	0.43	0.19	0.27	0.01		FALSE			FALSE					FALSE	Not part of RAW
96203	Multiple-family group behavior	Caregiver Behavior	April 2021	11	April 2025	RAW		Review action plan	RUC Flag for Review	April 2021	ZZZ	0.12	0.05	0.05	0.00		FALSE			FALSE					FALSE	Not part of RAW
96360	Intravenous infusion, hydration; initial,	IV Hydration	January 2017	25			ASCO, ASH	0.17	CMS High Expenditure Procedural	July 2015	XXX	0.17	NA	0.79	0.01	212,461	FALSE			TRUE	These services were identified	N/A	N/A	N/A	TRUE	Maintain
96361	Intravenous infusion, hydration; each	IV Hydration	January 2017	25			ASCO, ASH	0.09	CMS High Expenditure Procedural	July 2015	ZZZ	0.09	NA	0.27	0.01	335,419	FALSE			TRUE	These services were identified	N/A	N/A	N/A	TRUE	Maintain
96365	Intravenous infusion, for therapy,	Intravenous Infusion	January 2013	28			ACRh, ASCO, ASH,	0.21	CMS High Expenditure Procedural	September 2011	XXX	0.21	NA	1.63	0.04	1,391,921	FALSE			FALSE					TRUE	Maintain
96366	Intravenous infusion, for therapy,	Intravenous Infusion	January 2013	28			ACRh, ASCO, ASH,	0.18	CMS High Expenditure Procedural	April 2013	ZZZ	0.18	NA	0.42	0.01	583,669	FALSE			FALSE					TRUE	Maintain
96367	Intravenous infusion, for therapy,	Intravenous Infusion	January 2013	28			ACRh, ASCO, ASH,	0.19	CMS High Expenditure Procedural	September 2011	ZZZ	0.19	NA	0.65	0.01	960,265	FALSE			FALSE					TRUE	Maintain
96368	Intravenous infusion, for therapy,	Intravenous Infusion	January 2013	28			ACRh, ASCO, ASH,	0.17	CMS High Expenditure Procedural	April 2013	ZZZ	0.17	NA	0.41	0.01	124,450	FALSE			FALSE					TRUE	Maintain
96372	Therapeutic, prophylactic, or diagnostic	Application of On-body	January 2017	26			ASCO, ASH, AAFP,	0.17	Different Performing Specialty from	April 2013	XXX	0.17	NA	0.25	0.01	7,563,903	FALSE			TRUE	These services were identified	N/A	N/A	N/A	TRUE	Maintain
96374	Therapeutic, prophylactic, or diagnostic	Application of On-body	January 2017	26			ASCO, ASH, ACRh	0.18	CMS High Expenditure Procedural	July 2015	XXX	0.18	NA	0.9	0.02	238,481	FALSE			TRUE	These services were identified	N/A	N/A	N/A	TRUE	Maintain
96375	Therapeutic, prophylactic, or diagnostic	Application of On-body	January 2017	26			ASCO, ASH, ACRh	0.10	CMS High Expenditure Procedural	July 2015	ZZZ	0.10	NA	0.35	0.01	1,423,508	FALSE			TRUE	These services were identified	N/A	N/A	N/A	TRUE	Maintain
96377	Application of on-body injector	Application of On-body	January 2017	26			ASCO, ASH	0.17	should be on N/R LOI just added to	January 2016	XXX	0.17	NA	0.37	0.01	45,538	FALSE			FALSE		N/A	N/A	N/A	TRUE	Not Part of RAW
96380	Administration of respiratory syncytial	Respiratory Syncytial	April 2024	07			AAP, ANA	0.28	Not Part of RAW	September 2023	XXX	0.24		0.43	0.01		FALSE			FALSE					TRUE	Not Part of RAW
96381	Administration of respiratory syncytial	Respiratory Syncytial	April 2024	07			AAP, ANA	0.17	Not Part of RAW	September 2023	XXX	0.17		0.41	0.01		FALSE			FALSE					TRUE	Not Part of RAW
96401	Chemotherapy administration,	Chemotherapy	January 2017	27			ASBMT, ASCO, ASH,	0.21	CMS High Expenditure Procedural	July 2015	XXX	0.21	NA	1.9	0.04	708,931	FALSE			TRUE	These services were identified	N/A	N/A	N/A	TRUE	Maintain
96402	Chemotherapy administration,	Chemotherapy	January 2017	27			ASBMT, ASCO, ASH,	0.19	CMS High Expenditure Procedural	July 2015	XXX	0.19	NA	0.85	0.02	368,463	FALSE			TRUE	These services were identified	N/A	N/A	N/A	TRUE	Maintain
96405	Chemotherapy administration;	Chemotherapy	April 2008	55			ASCO	New PE inputs	CMS Request - Practice Expense	NA	000	0.52	0.30	1.94	0.03	23,807	FALSE			FALSE					TRUE	PE Only
96406	Chemotherapy administration;	Chemotherapy	April 2008	55			ASCO	New PE inputs	CMS Request - Practice Expense	NA	000	0.80	0.46	3.03	0.06	782	FALSE			FALSE					TRUE	PE Only
96409	Chemotherapy administration;	Chemotherapy	January 2017	27			ASBMT, ASCO, ASH	0.24	CMS High Expenditure Procedural	July 2015	XXX	0.24	NA	2.7	0.06	49,737	FALSE			TRUE	These services were identified	N/A	N/A	N/A	TRUE	Maintain
96411	Chemotherapy administration;	Chemotherapy	January 2017	27			ASBMT, ASCO, ASH	0.20	CMS High Expenditure Procedural	July 2015	ZZZ	0.20	NA	1.4	0.03	127,123	FALSE			TRUE	These services were identified	N/A	N/A	N/A	TRUE	Maintain
96413	Chemotherapy administration,	Chemotherapy	January 2013	29			ACRh, ASCO, ASH,	0.28 and new PE inputs	Codes Reported Together 75% or More-	February 2010	XXX	0.28	NA	3.53	0.07	1,619,733	FALSE			FALSE					TRUE	Maintain
96415	Chemotherapy administration,	Chemotherapy	January 2013	29			ACRh, ASCO, ASH,	0.19 and new PE inputs	CMS High Expenditure Procedural	January 2012	ZZZ	0.19	NA	0.62	0.02	705,436	FALSE			FALSE					TRUE	Maintain
96416	Chemotherapy administration,	Chemotherapy	October 2010	20			ACRh, ASCO, ASH	New PE inputs	Codes Reported Together 75% or More-	February 2010	XXX	0.21	NA	3.54	0.07	23,026	FALSE			FALSE					TRUE	PE Only
96417	Chemotherapy administration,	Chemotherapy	January 2013	29			ACRh, ASCO, ASH,	0.21 and new PE inputs	CMS High Expenditure Procedural	January 2012	ZZZ	0.21	NA	1.66	0.04	347,185	FALSE			FALSE					TRUE	Maintain
96440	Chemotherapy administration into	Chemotherapy	February 2008	R				New PE inputs	CMS Request - Practice Expense	NA	000	2.12	1.75	20.12	0.14	68	FALSE			FALSE					TRUE	PE Only
96567	Photodynamic therapy by external	Photodynamic Therapy	January 2017	16			AAD	0.00 PE Only	High Volume Growth1 / CMS Fastest	February 2008	XXX	0.00	NA	4.1	0.01	44,821	FALSE			TRUE	CPT code 96567 Photodynamic	September	78	yes	TRUE	Maintain
96573	Photodynamic therapy by external	Photodynamic Therapy	January 2017	16			AAD	0.48	CMS High Expenditure Procedural	January 2017	000	0.48	NA	6.3	0.02	32,941	FALSE			FALSE		September	78	yes	TRUE	Increase
96574	Debridement of premalignant	Photodynamic Therapy	January 2017	16			AAD	1.01	CMS High Expenditure Procedural	January 2017	000	1.01	NA	7.27	0.05	54,603	FALSE			FALSE		September	78	yes	TRUE	Increase
96910	Photochemotherapy; tar and ultraviolet	Photo-chemotherapy	April 2016	44			AAD	PE Only	CMS High Expenditure Procedural	July 2015	XXX	0.00	NA	3.54	0.02	290,204	FALSE			FALSE					TRUE	PE Only
96920	Excimer laser treatment for psoriasis;	Laser Treatment – Skin	April 2023	08			AADA	1.00	CMS Fastest Growing / CPT Assistant	October 2008	000	1.15	0.68	3.47	0.05	75,369	TRUE	Sep 2016	Yes	TRUE	In October 2015, CPT codes	February 2023	Withd	Surveyed for	TRUE	Decrease
96921	Excimer laser treatment for psoriasis;	Laser Treatment – Skin	April 2023	08			AADA	1.07	High Volume Growth1 / CMS Fastest	February 2008	000	1.30	0.77	3.76	0.06	22,206	TRUE	Sep 2016	Yes	TRUE	In October 2015, CPT codes	February 2023	Withd	Surveyed for	TRUE	Decrease
96922	Excimer laser treatment for psoriasis;	Laser Treatment – Skin	April 2023	08			AADA	1.32	High Volume Growth1 / CMS Fastest	October 2008	000	2.10	1.24	4.78	0.09	13,721	TRUE	Sep 2016	Yes	TRUE	In October 2015, CPT codes	February 2023	Withd	Surveyed for	TRUE	Decrease
97001	Physical therapy evaluation	Physical Medicine and	October 2015	17		HCPAC		Deleted from CPT	CMS High Expenditure Procedural	September 2011							FALSE			TRUE	In Jan 2012, the specialty	February 2015	88	Complete	TRUE	Deleted from CPT
97002	Physical therapy re-evaluation	Physical Medicine and	October 2015	17		HCPAC		Deleted from CPT	CMS High Expenditure Procedural	February 2015							FALSE			FALSE		February 2015	88	Complete	TRUE	Deleted from CPT
97003	Occupational therapy evaluation	Physical Medicine and	October 2015	17		HCPAC		Deleted from CPT	CMS High Expenditure Procedural	February 2015							FALSE			FALSE		February 2015	88	Complete	TRUE	Deleted from CPT
97004	Occupational therapy re-evaluation	Physical Medicine and	October 2015	17		HCPAC		Deleted from CPT	CMS High Expenditure Procedural	February 2015							FALSE			FALSE		February 2015	88	Complete	TRUE	Deleted from CPT
97010	Application of a modality to 1 or more	Physical Medicine and	April 2017	41			No Interest	No specialty society interest	Physical Medicine and Rehabilitation	April 2016	XXX	0.06	NA	0.12	0.01		FALSE			FALSE					TRUE	Maintain
97012	Application of a modality to 1 or more	Physical Medicine and	January 2024	18			APTA	New PE Inputs. 0.25	Physical Medicine and Rehabilitation	April 2016	XXX	0.25	NA	0.16	0.01	438,704	FALSE			FALSE				survey existing	TRUE	Maintain
97014	Application of a modality to 1 or more	Physical Medicine and	January 2024	18			APTA	New PE Inputs. 0.18	Physical Medicine and Rehabilitation	April 2016	XXX	0.18	NA	0.18	0.01		FALSE			FALSE				survey existing	TRUE	Maintain
97016	Application of a modality to 1 or more	Physical Medicine and	January 2024	18			APTA	New PE Inputs. 0.18	Codes Reported Together 75% or More-	February 2010	XXX	0.18	NA	0.16	0.01	886,927	FALSE			FALSE				survey existing	TRUE	Maintain
97018	Application of a modality to 1 or more	Physical Medicine and	January 2024	18			AOTA, APTA	New PE Inputs. 0.06	Codes Reported Together 75% or More-	February 2010	XXX	0.06	NA	0.1	0.01	148,055	FALSE			FALSE				survey existing	TRUE	Maintain
97022	Application of a modality to 1 or more	Physical Medicine and	January 2024	18			APTA	New PE Inputs.0.17	Physical Medicine and Rehabilitation	April 2016	XXX	0.17	NA	0.33	0.01	136,632	FALSE			FALSE				survey existing	TRUE	Maintain

97032	Application of a modality to 1 or more	Physical Medicine and	January 2024	18			APTA	New PE Inputs. 0.25	CMS High Expenditure Procedural	July 2015	XXX	0.25	NA	0.17	0.01	627,346	FALSE			FALSE				survey existing	TRUE	Maintain
97033	Application of a modality to 1 or more	Physical Medicine and	January 2024	18			APTA	New PE Inputs. 0.26	Physical Medicine and Rehabilitation	April 2016	XXX	0.26	NA	0.31	0.01	34,533	FALSE			FALSE				survey existing	TRUE	Maintain
97034	Application of a modality to 1 or more	Physical Medicine and	January 2024	18			APTA, AOTA	New PE Inputs. 0.21	Physical Medicine and Rehabilitation	April 2016	XXX	0.21	NA	0.2	0.01	7,013	FALSE			FALSE				survey existing	TRUE	Maintain
97035	Application of a modality to 1 or more	Physical Medicine and	January 2024	18			APTA	New PE Inputs. 0.21	Low Value-High Volume / CMS High	October 2010	XXX	0.21	NA	0.2	0.01	1,370,797	FALSE			FALSE				survey existing	TRUE	Maintain
97110	Therapeutic procedure, 1 or more	Physical Medicine and	January 2024	18			AOTA, APTA	New PE Inputs. 0.45	Codes Reported Together 75% or More-	February 2010	XXX	0.45	NA	0.42	0.01	61,746,880	FALSE			FALSE				survey existing	TRUE	Maintain
97112	Therapeutic procedure, 1 or more	Physical Medicine and	January 2024	18			APTA, AOTA	New PE Inputs. 0.50	CMS High Expenditure Procedural	September 2011	XXX	0.50	NA	0.5	0.01	25,187,873	FALSE			FALSE				survey existing	TRUE	Increase
97113	Therapeutic procedure, 1 or more	Physical Medicine and	January 2024	18			APTA	New PE Inputs. 0.48	CMS High Expenditure Procedural	July 2015	XXX	0.48	NA	0.61	0.01	1,598,341	FALSE			FALSE				survey existing	TRUE	Increase
97116	Therapeutic procedure, 1 or more	Physical Medicine and	January 2024	18			APTA	New PE Inputs. 0.45	Codes Reported Together 75% or More-	February 2010	XXX	0.45	NA	0.42	0.01	4,039,891	FALSE			FALSE				survey existing	TRUE	Increase
97127	Therapeutic interventions that focus on	Cognitive Function	January 2017	29				1.50	High Volume Growth3	January 2017							FALSE			FALSE		September	80	yes	TRUE	Deleted from CPT
97140	Manual therapy techniques (eg,	Physical Medicine and	January 2024	18			APTA	New PE Inputs. 0.43	CMS High Expenditure Procedural	September 2011	XXX	0.43	NA	0.37	0.01	28,628,190	FALSE			FALSE				survey existing	TRUE	Maintain
97150	Therapeutic procedure(s), group (2 or	Physical Medicine and	January 2012				APTA	0.29	CMS-Other - Utilization over 500,000	April 2011	XXX	0.29	NA	0.24	0.01	1,777,283	FALSE			FALSE				survey existing	TRUE	Increase
97161	Physical therapy evaluation: low	Physical Medicine and	October 2015	17		HCPAC	AOTA, APTA	0.75	CMS High Expenditure Procedural	February 2015	XXX	1.54	NA	1.43	0.04	1,565,700	FALSE			FALSE		February 2015	88	Complete	TRUE	Decrease
97162	Physical therapy evaluation: moderate	Physical Medicine and	October 2015	17		HCPAC	AOTA, APTA	1.18	CMS High Expenditure Procedural	February 2015	XXX	1.54	NA	1.43	0.04	1,368,156	FALSE			FALSE		February 2015	88	Complete	TRUE	Decrease
97163	Physical therapy evaluation: high	Physical Medicine and	October 2015	17		HCPAC	AOTA, APTA	1.50	CMS High Expenditure Procedural	February 2015	XXX	1.54	NA	1.43	0.04	275,985	FALSE			FALSE		February 2015	88	Complete	TRUE	Maintain
97164	Re-evaluation of physical therapy	Physical Medicine and	October 2015	17		HCPAC	AOTA, APTA	0.75	CMS High Expenditure Procedural	February 2015	XXX	0.96	NA	1.1	0.03	544,912	FALSE			FALSE		February 2015	88	Complete	TRUE	Increase
97165	Occupational therapy evaluation, low	Physical Medicine and	October 2015	17		HCPAC	AOTA, APTA	0.88	CMS High Expenditure Procedural	February 2015	XXX	1.54	NA	1.46	0.04	159,056	FALSE			FALSE		February 2015	88	Complete	TRUE	Decrease
97166	Occupational therapy evaluation,	Physical Medicine and	October 2015	17		HCPAC	AOTA, APTA	1.20	CMS High Expenditure Procedural	February 2015	XXX	1.54	NA	1.46	0.04	138,872	FALSE			FALSE		February 2015	88	Complete	TRUE	Maintain
97167	Occupational therapy evaluation, high	Physical Medicine and	October 2015	17		HCPAC	AOTA, APTA	1.70	CMS High Expenditure Procedural	February 2015	XXX	1.54	NA	1.46	0.04	25,058	FALSE			FALSE		February 2015	88	Complete	TRUE	Increase
97168	Re-evaluation of occupational therapy	Physical Medicine and	October 2015	17		HCPAC	AOTA, APTA	0.80	CMS High Expenditure Procedural	February 2015	XXX	0.96	NA	1.11	0.03	35,478	FALSE			FALSE		February 2015	88	Complete	TRUE	Increase
97530	Therapeutic activities, direct (one-on-	Physical Medicine and	January 2024	18			APTA, AOTA	New PE Inputs. 0.44	CMS High Expenditure Procedural	September 2011	XXX	0.44	NA	0.65	0.01	29,439,992	FALSE			FALSE				survey existing	TRUE	Maintain
97532	Development of cognitive skills to	Cognitive Function	January 2017	29			APTA, AOTA, ASHA,	Deleted from CPT	High Volume Growth2 / High Volume	April 2013							FALSE			TRUE	In April 2016 the Relativity	September	80	yes	TRUE	Deleted from CPT
97533	Sensory integrative techniques to	Physical Medicine and	January 2024	18			APTA, AOTA	New PE Inputs. 0.48	Physical Medicine and Rehabilitation	April 2016	XXX	0.48	NA	1.38	0.01	61,069	FALSE			FALSE				survey existing	TRUE	Increase
97535	Self-care/home management training	Physical Medicine and	January 2024	18			APTA, AOTA	New PE Inputs. 0.45	Codes Reported Together 75% or More-	October 2012	XXX	0.45	NA	0.52	0.01	3,146,957	TRUE	Article no	Yes	FALSE				survey existing	TRUE	Maintain
97537	Community/work reintegration training	Physical Medicine and	January 2024	18			APTA, AOTA	New PE Inputs. 0.48	Physical Medicine and Rehabilitation	April 2016	XXX	0.48	NA	0.46	0.01	15,702	FALSE			FALSE				survey existing	TRUE	Increase
97542	Wheelchair management (eg,	Physical Medicine and	January 2024	18			APTA, AOTA	New PE Inputs. 0.48	High Volume Growth2 / CMS Request -	April 2013	XXX	0.48	NA	0.46	0.01	100,703	FALSE			FALSE				survey existing	TRUE	Increase
97597	Debridement (eg, high pressure	Open Wound	October 2018	23			AAFP, ACS, APMA	0.88	Site of Service Anomaly / High Volume	September 2007	000	0.77	0.22	2.2	0.06	677,827	FALSE			TRUE	In January 2018, the RUC			N/A	TRUE	Increase
97598	Debridement (eg, high pressure	Open Wound	October 2018	23			AAFP, ACS, APMA	0.50	Site of Service Anomaly / High Volume	September 2007	ZZZ	0.50	0.17	0.79	0.06	143,433	FALSE			TRUE	In January 2018, the RUC			N/A	TRUE	Increase
97602	Removal of devitalized tissue from	Physical Medicine and	April 2016	47			AAOS, ACS, APMA,	Maintain	Physical Medicine and Rehabilitation	April 2016	XXX	0.00	0.00	0	0.00	1	FALSE			FALSE					TRUE	Maintain
97605	Negative pressure wound therapy (eg,	Negative Pressure	April 2016	47			AAOS, ACS, APMA,	0.55	High Volume Growth2	April 2013	XXX	0.55	0.16	0.73	0.01	40,481	FALSE			FALSE					TRUE	Maintain
97606	Negative pressure wound therapy (eg,	Negative Pressure	April 2016	47			APMA, ACS, AAOS,	0.60	High Volume Growth2	April 2013	XXX	0.60	0.18	0.92	0.01	14,301	FALSE			FALSE					TRUE	Maintain
97607	Negative pressure wound therapy, (eg,	Negative Pressure	April 2016	47			APMA, ACS, AAOS,	0.11	High Volume Growth2	May 2013	XXX	0.41	0.16	9.98	0.06	8,410	FALSE			FALSE					TRUE	Decrease
97608	Negative pressure wound therapy, (eg,	Negative Pressure	April 2016	47			APMA, ACS, AAOS,	0.46	High Volume Growth2	May 2013	XXX	0.46	0.19	10.26	0.09	1,516	FALSE			FALSE					TRUE	Decrease
97610	Low frequency, non-contact, non-	Physical Medicine and	April 2016	47				Maintain	Physical Medicine and Rehabilitation	April 2016	XXX	0.40	0.12	12.42	0.01	75,762	FALSE			FALSE					TRUE	Maintain
97755	Assistive technology assessment (eg, to	Physical Medicine and	April 2016	47			APTA, AOTA	Remove from screen	High Volume Growth1	February 2008	XXX	0.62	NA	0.51	0.02	2,921	FALSE			FALSE					TRUE	Remove from Screen
97760	Orthotic(s) management and training	Orthotic Management	January 2017	29			APTA, AOTA	0.50	Physical Medicine and Rehabilitation	April 2016	XXX	0.50	NA	0.92	0.01	59,596	FALSE			TRUE	In April 2016 the RAW	September	81	yes	TRUE	Increase
97761	Prosthetic(s) training, upper and/or	Orthotic Management	January 2017	29			APTA	0.50	Physical Medicine and Rehabilitation	April 2016	XXX	0.50	NA	0.74	0.01	3,817	FALSE			TRUE	In April 2016 the RAW	September	81	yes	TRUE	Increase
97762	Checkout for orthotic/prosthetic use,	Orthotic Management	January 2017	29			APTA	Deleted from CPT	Physical Medicine and Rehabilitation	April 2016							FALSE			TRUE	In April 2016 the RAW	September	81	yes	TRUE	Deleted from CPT
97763	Orthotic(s)/prosthetic(s) management	Orthotic Management	January 2017	29			APTA, AOTA	0.48	Physical Medicine and Rehabilitation	April 2016	XXX	0.48	NA	1.08	0.01	44,185	FALSE			FALSE					TRUE	Increase
97802	Medical nutrition therapy; initial	Medical Nutrition	April 2008	53			ADA, AGA, AACE	0.53	CMS Request - Medical Nutrition	NA	XXX	0.53	0.41	0.55	0.01	189,871	FALSE			FALSE					TRUE	Increase
97803	Medical nutrition therapy; re-	Medical Nutrition	April 2008	53			ADA, AGA, AACE	0.45	CMS Request - Medical Nutrition	NA	XXX	0.45	0.35	0.49	0.01	180,865	FALSE			FALSE					TRUE	Increase
97810	Acupuncture, 1 or more needles;	Acupuncture/Electroacu	April 2023	09	April 2029	RAW	AAFP, AAPM&R, ACA	Flag for re-review. 0.61	Different Performing Specialty from	September 2022	XXX	0.60	0.27	0.51	0.04	67,915	FALSE			FALSE					FALSE	
97811	Acupuncture, 1 or more needles;	Acupuncture/Electroacu	April 2023	09	April 2029	RAW	AAFP, AAPM&R, ACA	Flag for re-review. 0.46	Different Performing Specialty from	September 2022	ZZZ	0.50	0.23	0.32	0.03	78,947	FALSE			FALSE					FALSE	
97813	Acupuncture, 1 or more needles; with	Acupuncture/Electroacu	April 2023	09	April 2029	RAW	AAFP, AAPM&R, ACA	Flag for re-review. 0.74	Different Performing Specialty from	September 2022	XXX	0.65	0.30	0.67	0.04	55,569	FALSE			FALSE					FALSE	
97814	Acupuncture, 1 or more needles; with	Acupuncture/Electroacu	April 2023	09	April 2029	RAW	AAFP, AAPM&R, ACA	Flag for re-review. 0.47	Different Performing Specialty from	September 2022	ZZZ	0.55	0.25	0.51	0.04	67,442	FALSE			FALSE					FALSE	
98000	Synchronous audio-video visit for the	Telemedicine E/M	September 2023	11	April 2029	RAW		0.93	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Maintain
98001	Synchronous audio-video visit for the	Telemedicine E/M	September 2023	11	April 2029	RAW		1.60	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Maintain
98002	Synchronous audio-video visit for the	Telemedicine E/M	September 2023	11	April 2029	RAW		2.60	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Maintain
98003	Synchronous audio-video visit for the	Telemedicine E/M	September 2023	11	April 2029	RAW		3.50	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Maintain
98004	Synchronous audio-video visit for the	Telemedicine E/M	September 2023	11	April 2029	RAW		0.70	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Maintain
98005	Synchronous audio-video visit for the	Telemedicine E/M	September 2023	11	April 2029	RAW		1.30	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Maintain
98006	Synchronous audio-video visit for the	Telemedicine E/M	September 2023	11	April 2029	RAW		1.92	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Maintain
98007	Synchronous audio-video visit for the	Telemedicine E/M	September 2023	11	April 2029	RAW		2.60	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Decrease
98008	Synchronous audio-only visit for the	Telemedicine E/M	September 2023	11	April 2029	RAW		0.90	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Decrease
98009	Synchronous audio-only visit for the	Telemedicine E/M	September 2023	11	April 2029	RAW		1.55	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Decrease
98010	Synchronous audio-only visit for the	Telemedicine E/M	September 2023	11	April 2029	RAW		2.42	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Decrease
98011	Synchronous audio-only visit for the	Telemedicine E/M	September 2023	11	April 2029	RAW		3.20	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Decrease
98012	Synchronous audio-only visit for the	Telemedicine E/M	September 2023	11	April 2029	RAW		0.65	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Decrease
98013	Synchronous audio-only visit for the	Telemedicine E/M	September 2023	11	April 2029	RAW		1.20	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Decrease
98014	Synchronous audio-only visit for the	Telemedicine E/M	September 2023	11	April 2029	RAW		1.75	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Decrease
98015	Synchronous audio-only visit for the	Telemedicine E/M	September 2023	11	April 2029	RAW		2.60	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Decrease
98016	Brief communication technology-based	Telemedicine E/M	September 2023	11	April 2029	RAW		0.30	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Increase
98925	Osteopathic manipulative treatment	Osteopathic	February 2011	34			AOA	0.50	Harvard Valued - Utilization over	February 2010	000	0.46	0.19	0.45	0.03	42,904	FALSE			FALSE					TRUE	Increase
98926	Osteopathic manipulative treatment	Osteopathic	February 2011	34			AOA	0.75	Harvard Valued - Utilization over	October 2009	000	0.71	0.28	0.6	0.04	84,884	FALSE			FALSE					TRUE	Increase
98927	Osteopathic manipulative treatment	Osteopathic	February 2011	34			AOA	1.00	Harvard Valued - Utilization over	October 2009	000	0.96	0.36	0.75	0.05	78,791	FALSE			FALSE					TRUE	Increase
98928	Osteopathic manipulative treatment	Osteopathic	February 2011	34			AOA	1.25	Harvard Valued - Utilization over	February 2010	000	1.21	0.45	0.87	0.07	84,545	FALSE			FALSE					TRUE	Increase
98929	Osteopathic manipulative treatment	Osteopathic	February 2011	34			AOA	1.50	Harvard Valued - Utilization over	February 2010	000	1.46	0.53	0.99	0.08	77,604	FALSE			FALSE					TRUE	Increase
98940	Chiropractic manipulative treatment	Chiropractic	October 2012	25			ACA	0.46	CMS High Expenditure Procedural	September 2011	000	0.46	0.18	0.35	0.01	4,263,668	FALSE			FALSE					TRUE	Increase
98941	Chiropractic manipulative treatment	Chiropractic	October 2012	25			ACA	0.71	CMS High Expenditure Procedural	September 2011	000	0.71	0.28	0.46	0.01	12,740,778	FALSE			FALSE					TRUE	Increase
98942	Chiropractic manipulative treatment	Chiropractic	October 2012	25			ACA	0.96	CMS High Expenditure Procedural	September 2011	000	0.96	0.37	0.55	0.01	921,306	FALSE			FALSE					TRUE	Increase
98943	Chiropractic manipulative treatment	Chiropractic	October 2012	25			ACA	0.46	CMS High Expenditure Procedural	September 2011	XXX	0.46	0.18	0.28	0.03		FALSE			FALSE					TRUE	Increase
98975		Remote Monitoring			January 2025	RUC	AAPM&R, APTA		Different Performing Specialty from	September 2024							FALSE			FALSE					FALSE	
98976		Remote Monitoring			January 2025	RUC	ATS, CHEST		Different Performing Specialty from	September 2024							FALSE			FALSE					FALSE	
98977		Remote Monitoring			January 2025	RUC	AAPM&R, APTA		Different Performing Specialty from	September 2024							FALSE			FALSE					FALSE	
98978		Remote Monitoring			January 2025	RUC	APA (psychology)		Different Performing Specialty from	September 2024							FALSE			FALSE					FALSE	
98980		Remote Monitoring			January 2025	RUC	AAPM&R, APTA		Different Performing Specialty from	September 2024							FALSE			FALSE					FALSE	
98981		Remote Monitoring			January 2025	RUC	AAPM&R, APTA		Different Performing Specialty from	September 2024							FALSE			FALSE					FALSE	
98XX4		Remote Monitoring			January 2025	RUC	ATS, CHEST		Different Performing Specialty from	September 2024							FALSE			FALSE					FALSE	
98XX5		Remote Monitoring			January 2025	RUC	AAPM&R, APTA		Different Performing Specialty from	September 2024							FALSE			FALSE					FALSE	
98XX6		Remote Monitoring			January 2025	RUC	APA (psychology)		Different Performing Specialty from	September 2024							FALSE			FALSE					FALSE	
98XX7		Remote Monitoring			January 2025	RUC	AAPM&R, APTA		Different Performing Specialty from	September 2024							FALSE			FALSE					FALSE	
99091		Remote Monitoring			January 2025	RUC	ACC, ACP, ANA		Different Performing Specialty from	September 2024							FALSE			FALSE					FALSE	
99143	Deleted from CPT	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS, ACC,	Deleted from CPT	Moderate Sedation Review	January 2014							FALSE			FALSE					TRUE	Deleted from CPT
99144	Deleted from CPT	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS, ACC,	Deleted from CPT	Moderate Sedation Review	January 2014							FALSE			FALSE					TRUE	Deleted from CPT
99148	Deleted from CPT	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS, ACC,	Deleted from CPT	Moderate Sedation Review	January 2014							FALSE			FALSE					TRUE	Deleted from CPT
99149	Deleted from CPT	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS, ACC,	Deleted from CPT	Moderate Sedation Review	January 2014							FALSE			FALSE					TRUE	Deleted from CPT
99150	Deleted from CPT	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS, ACC,	Deleted from CPT	Moderate Sedation Review	January 2014							FALSE			FALSE					TRUE	Deleted from CPT
99151	Moderate sedation services provided	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS, ACC,	0.50	Moderate Sedation Review	January 2014	XXX	0.50	0.18	1.29	0.03	6	FALSE			FALSE					TRUE	Maintain
99152	Moderate sedation services provided	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS, ACC,	0.25	Moderate Sedation Review	January 2014	XXX	0.25	0.08	1.23	0.03	1,544,458	FALSE			FALSE					TRUE	Maintain
99155	Moderate sedation services provided	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS, ACC,	1.90	Moderate Sedation Review	January 2014	XXX	1.90	0.34		0.21	6	FALSE			FALSE					TRUE	Maintain
99156	Moderate sedation services provided	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS, ACC,	1.84	Moderate Sedation Review	January 2014	XXX	1.65	0.40		0.17	8,887	FALSE			FALSE					TRUE	Maintain
99174	Instrument-based ocular screening (eg,	Instrument-Based Ocular	September 2014	09			AAP, AAO	PE Only	CMS Request - Practice Expense	NA	XXX	0.00	NA	0.18	0.01		FALSE			TRUE	CMS requested a review of the	May 2014	24	Complete	TRUE	PE Only
99177	Instrument-based ocular screening (eg,	Instrument-Based Ocular	September 2014	09				PE Only	CMS Request - Practice Expense	May 2014	XXX	0.00	NA	0.14	0.01		FALSE			TRUE		May 2014	24	Complete	TRUE	PE Only
99183	Physician or other qualified health care	Hyperbaric Oxygen	January 2024	16	January 2025	RAW	AAFP, UHMS	Review staff note at RAW. 2.11	CMS-Other - Utilization over 250,000	April 2013	XXX	2.11	0.77	0.77	0.26	293,139	FALSE			TRUE	In January 2023, the RUC	September	57	Withdrawn by	TRUE	Decrease
99281	Emergency department visit for the	ED Visits	April 2018	29			AAP, ACEP	0.48	CMS Request - Final Rule for 2018	June 2017	XXX	0.25	0.06		0.03	53,580	FALSE			FALSE					TRUE	Increase
99282	Emergency department visit for the	ED Visits	April 2018	29			AAP, ACEP	0.93	CMS Request - Final Rule for 2018	June 2017	XXX	0.93	0.21		0.10	285,295	FALSE			FALSE					TRUE	Increase
99283	Emergency department visit for the	ED Visits	April 2018	29			AAP, ACEP	1.42	CMS Request - Final Rule for 2018	June 2017	XXX	1.60	0.34		0.17	1,938,782	FALSE			FALSE					TRUE	Increase
99284	Emergency department visit for the	ED Visits	April 2018	29			AAP, ACEP	2.60	CMS Request - Final Rule for 2018	June 2017	XXX	2.74	0.56		0.29	4,040,786	FALSE			FALSE					TRUE	Increase
99285	Emergency department visit for the	ED Visits	April 2018	29			AAP, ACEP	3.80	CMS Request - Final Rule for 2018	June 2017	XXX	4.00	0.78		0.42	9,036,154	FALSE			FALSE					TRUE	Maintain
99358	Prolonged evaluation and management	Prolonged Services -	October 2021	14			AAFP, AAHPM,	1.80	CMS Request - Final Rule for 2020	November 2019	XXX	1.80	0.70	0.74	0.11	360,913	FALSE			TRUE	In October 2020, the RUC	February 2021	11	complete	TRUE	Decrease
99359	Prolonged evaluation and management	Prolonged Services -	October 2021	14			AAFP, AAHPM,	0.75	CMS Request - Final Rule for 2020	November 2019	ZZZ	0.75	0.29	0.33	0.05	12,889	FALSE			TRUE	In October 2020, the RUC	February 2021	11	complete	TRUE	Decrease
99363	Anticoagulant management for an	Home INR Monitoring	January 2017	19				Deleted from CPT	High Volume Growth3	September 2016							FALSE			FALSE		September	08	yes	TRUE	Deleted from CPT
99364	Anticoagulant management for an	Home INR Monitoring	January 2017	19				Deleted from CPT	High Volume Growth3	September 2016							FALSE			FALSE		September	08	yes	TRUE	Deleted from CPT
99375	Supervision of a patient under care of	Home Healthcare	April 2016	47			No Interest	RUC recommended to survey	CMS-Other - Utilization over 250,000	April 2016	XXX	1.73	0.67	1.2	0.10		FALSE			FALSE					TRUE	Remove from Screen
99378	Supervision of a hospice patient	Home Healthcare	April 2016	47			No Interest	RUC recommended to survey	CMS-Other - Utilization over 250,000	April 2016	XXX	1.73	0.67	1.2	0.10		FALSE			FALSE					TRUE	Remove from Screen
99415	Prolonged clinical staff service (the	Prolonged Services -	April 2021	15			AAHPM, AAP,	New PE Inputs	CMS Request - Final Rule for 2020		ZZZ	0.00	NA	0.6	0.02	5,909	FALSE			TRUE	In October 2020, the RUC	February 2022	08	complete	TRUE	PE Only
99416	Prolonged clinical staff service (the	Prolonged Services -	April 2021	15			AAHPM, AAP,	New PE Inputs	CMS Request - Final Rule for 2020		ZZZ	0.00	NA	0.28	0.01	2,568	FALSE			TRUE	In October 2020, the RUC	February 2022	08	complete	TRUE	PE Only
99417	Prolonged outpatient evaluation and	Prolonged Services - on	January 2022	15			AAFP, AAHPM, AAN,	0.61	CMS Request - Final Rule for 2020	November 2021	ZZZ	0.61	0.24	0.27	0.04		FALSE			FALSE		February 2021	11	complete	TRUE	Maintain
99418	Prolonged inpatient or observation	Prolonged Services - on	January 2022	15			AAHPM, AAN, AAP,	0.81	CMS Request - Final Rule for 2020	February 2021	ZZZ	0.81	0.31		0.05		FALSE			FALSE		February 2021	11	complete	TRUE	Increase
99453		Remote Monitoring			January 2025	RUC	AAFP, ACC, ACP		Different Performing Specialty from	September 2024							FALSE			FALSE					FALSE	
99454		Remote Monitoring			January 2025	RUC	AAFP, ACC, ACP		Different Performing Specialty from	September 2024							FALSE			FALSE					FALSE	
99457	Remote physiologic monitoring	Remote Monitoring	September 2024	14	January 2025	RUC	AAFP, ACC, ACP	Review action plan.	Different Performing Specialty from	April 2022	XXX	0.61	0.24	0.82	0.04	1,523,232	FALSE			FALSE		September	85	complete	FALSE	
99458		Remote Monitoring			January 2025	RUC	AAFP, ACC, ACP		Different Performing Specialty from	September 2024							FALSE			FALSE					FALSE	
99459	Pelvic examination (List separately in	Pelvic Exam (PE Only)	January 2023	13			AAFP, ACOG, ANA,	PE Inputs	Gender Equity Payment	April 2022	ZZZ	0.00		0.68	0.00		FALSE			TRUE	In response to the January	September	10	complete	TRUE	PE Only
99473		Remote Monitoring			January 2025	RUC	AAPA, ACC, ANA		Different Performing Specialty from	September 2024							FALSE			FALSE					FALSE	
99474		Remote Monitoring			January 2025	RUC	ACC, ACP, ANA		Different Performing Specialty from	September 2024							FALSE			FALSE					FALSE	
99491	Chronic care management services with	Chronic Care	April 2017	09			AAFP, AAN, ACP,	1.45. Refer to CPT Assistant	New and Revised Service (Not part of	NA	XXX	1.50	0.64	0.94	0.10	186,333	TRUE	Oct 2018	Yes	FALSE					TRUE	Not Part of RAW

99492	Initial psychiatric collaborative care	Psychiatric Collaborative	April 2023	15			AACAP, AAFP, AAP,	Maintain, remove from screen.	Work Neutrality 2018	October 2019	XXX	1.88	0.79	2.6	0.12	13,115	FALSE			FALSE					TRUE	Maintain
99493	Subsequent psychiatric collaborative	Psychiatric Collaborative	April 2023	15			AACAP, AAFP, AAP,	Maintain, remove from screen.	Work Neutrality 2018	October 2019	XXX	2.05	0.86	2.01	0.14	50,341	FALSE			FALSE					TRUE	Maintain
99494	Initial or subsequent psychiatric	Psychiatric Collaborative	April 2023	15			AACAP, AAFP, AAP,	Maintain, remove from screen.	Work Neutrality 2018	October 2019	ZZZ	0.82	0.35	0.91	0.05	29,466	FALSE			FALSE					TRUE	Maintain
99495	Transitional care management services	Transitional Care	September 2022	09			AGS, ANA	Withdrawn	Codes Increased by CMS Independent	October 2021	XXX	2.78	1.20	3.25	0.18	622,897	FALSE			FALSE					TRUE	Increase
99496	Transitional care management services	Transitional Care	September 2022	09			AGS, ANA	Withdrawn	Codes Increased by CMS Independent	October 2021	XXX	3.79	1.62	4.37	0.24	615,721	FALSE			FALSE					TRUE	Increase
99497	Advance care planning including the	Advance Care Planning	April 2022	10			AAHPM, CHEST,	1.50	CPT Assistant Analysis	January 2014	XXX	1.50	0.64	0.86	0.10	2,220,821	TRUE	Dec 2014	Yes	FALSE					TRUE	Maintain
99498	Advance care planning including the	Advance Care Planning	April 2022	10			AAHPM, CHEST,	1.40	CPT Assistant Analysis	January 2014	ZZZ	1.40	0.61	0.63	0.10	69,391	TRUE	Dec 2014	Yes	FALSE					TRUE	Maintain
99XX4		Remote Monitoring			January 2025	RUC	AAFP, ACC, ACP		Different Performing Specialty from	September 2024							FALSE			FALSE					FALSE	
99XX5		Remote Monitoring			January 2025	RUC	AAFP, ACC, ACP		Different Performing Specialty from	September 2024							FALSE			FALSE					FALSE	
G0008	Administration of influenza virus	Immunization	April 2021	19			AAFP, AAP, ACOG,	0.17	CMS Request-Final Rule for 2021	July 2020	XXX	0.00	0.00	0	0.00		FALSE			FALSE					TRUE	Maintain
G0009	Administration of pneumococcal	Immunization	April 2021	19			AAFP, AAP, ACOG,	0.17	CMS Request-Final Rule for 2021	July 2020	XXX	0.00	0.00	0	0.00		FALSE			FALSE					TRUE	Maintain
G0010	Administration of hepatitis b vaccine	Immunization	April 2021	19			AAFP, AAP, ACOG,	0.17	CMS Request-Final Rule for 2021	July 2020	XXX	0.00	0.00	0	0.00		FALSE			FALSE					TRUE	Maintain
G0101	Cervical or vaginal cancer screening;		October 2016	35			ACOG	Remove from screen	Low Value-High Volume / CMS-Other -	October 2010	XXX	0.45	0.30	0.66	0.07	762,407	FALSE			FALSE					TRUE	Remove from Screen
G0102	Prostate cancer screening; digital rectal	RAW	January 2017	30				Remove from screen	High Volume Growth4	October 2016	XXX	0.18	0.07	0.51	0.01	13,311	FALSE			FALSE					TRUE	Remove from Screen
G0104	Colorectal cancer screening; flexible	Flexible Sigmoidoscopy	January 2014	09			AGA, ASGE, ACG,	0.84	MPC List	January 2014	000	0.84	0.73	4.63	0.12	2,580	FALSE			FALSE		October 2013	16	Complete	TRUE	Decrease
G0105	Colorectal cancer screening;	Colonoscopy	September 2022	13			AGA, ASGE, ACG,	3.36	MPC List / CMS-Other Utilization over	September 2011	000	3.26	1.77	6.51	0.42	262,099	FALSE			FALSE					TRUE	Decrease
G0108	Diabetes outpatient self-management	Diabetes Management	April 2017	41iv			AND	0.90	CMS-Other - Utilization over 100,000	April 2016	XXX	0.90	NA	0.69	0.04	153,572	FALSE			FALSE					TRUE	Maintain
G0109	Diabetes outpatient self-management	Diabetes Management	April 2017	41iv			AND	0.25	CMS-Other - Utilization over 100,000	April 2016	XXX	0.25	NA	0.21	0.01	36,616	FALSE			FALSE					TRUE	Maintain
G0121	Colorectal cancer screening;	Colonoscopy	September 2022	13			AGA, ASGE, ACG,	3.36	MPC List /CMS-Other Utilization over	September 2011	000	3.26	1.77	6.51	0.43	182,133	FALSE			FALSE					TRUE	Decrease
G0124	Screening cytopathology, cervical or	Cytopathology	April 2018	26			CAP	0.42	CMS-Other - Utilization over 30,000	October 2017	XXX	0.26	0.45	0.45	0.01	40,067	FALSE			FALSE					TRUE	Maintain
G0127	Trimming of dystrophic nails, any		September 2011	51			APMA	Remove from screen	CMS-Other - Utilization over 500,000	April 2011	000	0.17	0.04	0.54	0.01	1,153,600	FALSE			FALSE					TRUE	Remove from Screen
G0141	Screening cytopathology smears,	Cytopathology	April 2018	26			CAP	0.42	CMS-Other - Utilization over 30,000	October 2017	XXX	0.26	0.45	0.45	0.01	1,668	FALSE			FALSE					TRUE	Maintain
G0166	External counterpulsation, per	External	October 2019	14			ACC	0.00 (PE Only)	CMS-Other - Utilization over 100,000 /	April 2016	XXX	0.00	NA	3.04	0.04	49,673	FALSE			FALSE					TRUE	PE Only
G0168	Wound closure utilizing tissue	Skin Adhesives (PE Only)	April 2023	07			ACEP	New PE inputs. 0.45	CMS 000-Day Global Typically Reported	July 2016	000	0.31	0.07	3.29	0.06	32,674	FALSE			FALSE					TRUE	Maintain
G0179	Physician or allowed practitioner re-	Physician Recertification	April 2016	47			No Interest	RUC recommended to survey	CMS Fastest Growing / CMS-Other -	October 2008	XXX	0.45	NA	0.78	0.03	633,943	FALSE			FALSE					TRUE	Remove from Screen
G0180	Physician or allowed practitioner	Physician Recertification	April 2016	47			No Interest	RUC recommended to survey	CMS Fastest Growing / CMS-Other -	October 2008	XXX	0.67	NA	0.89	0.05	962,695	FALSE			FALSE					TRUE	Remove from Screen
G0181	Physician or allowed practitioner	Home Healthcare	April 2016	47			No Interest	Recommend deletion after	CMS Fastest Growing / CMS-Other -	October 2008	XXX	1.73	NA	1.29	0.12	396,383	FALSE			FALSE					TRUE	Remove from Screen
G0182	Physician supervision of a patient under	Home Healthcare	April 2016	47			No Interest	Recommend deletion after	CMS-Other - Utilization over 250,000	April 2016	XXX	1.73	NA	1.29	0.11	33,657	FALSE			FALSE					TRUE	Remove from Screen
G0202	Screening mammography, bilateral (2-	Mammography	January 2016	20			ACR	CMS Deleted for 2018	CMS Fastest Growing / CMS-Other -	February 2008							FALSE			TRUE	In the NPRM for 2015, CMS	October 2015	38	Complete	TRUE	Deleted from CPT
G0204	Diagnostic mammography, including	Mammography	January 2016	20			ACR	CMS Deleted for 2018	CMS Fastest Growing / CMS-Other -	February 2008							FALSE			TRUE	In the NPRM for 2015, CMS	October 2015	38	Complete	TRUE	Deleted from CPT
G0206	Therapeutic procedures to increase	Mammography	January 2016	20			ACR	CMS Deleted for 2018	CMS Fastest Growing / CMS-Other -	February 2008							FALSE			TRUE	In the NPRM for 2015, CMS	October 2015	38	Complete	TRUE	Deleted from CPT
G0237	Therapeutic procedures to increase	Respiratory Therapy	February 2009	38			ACCP/ATS	Remove from screen - RUC	CMS Fastest Growing	February 2008	XXX	0.00	NA	0.33	0.01	14,732	FALSE			FALSE					TRUE	Remove from Screen
G0238	Therapeutic procedures to improve	Respiratory Therapy	February 2009	38			ACCP/ATS	Remove from screen - RUC	CMS Fastest Growing	February 2008	XXX	0.00	NA	0.3	0.01	40,330	FALSE			FALSE					TRUE	Remove from Screen
G0248	Demonstration, prior to initiation of	Home INR Monitoring	January 2017	19			ACC	Created Category I code,	High Volume Growth3	January 2016	XXX	0.00	NA	2.96	0.04	17,910	FALSE			TRUE	In October 2015, AMA Staff	September	08	yes	TRUE	Deleted from CPT
G0249	Provision of test materials and	Home INR Monitoring	January 2017	19			ACC	Created Category I code,	CMS Fastest Growing / High Volume	February 2008	XXX	0.00	NA	1.96	0.01	967,209	FALSE			TRUE	In October 2015, AMA Staff	September	08	yes	TRUE	Deleted from CPT
G0250	Physician review, interpretation, and	Home INR Monitoring	January 2017	19			ACC	Created Category I code,	CMS Fastest Growing / High Volume	February 2008	XXX	0.18	NA	0.07	0.01	124,192	FALSE			TRUE	In October 2015, AMA Staff	September	08	yes	TRUE	Deleted from CPT
G0268	Removal of impacted cerumen (one or	Removal of Impacted	April 2017	35			AAO-HNS	0.61	CMS Fastest Growing / CMS 000-Day	October 2008	000	0.61	0.29	0.87	0.09	157,864	FALSE			FALSE					TRUE	Maintain
G0270	Medical nutrition therapy;	Medical Nutrition	January 2019	37			ADA	Maintain/Remove from screen	CMS Fastest Growing	February 2008	XXX	0.45	0.35	0.49	0.01	64,023	FALSE			FALSE					TRUE	Maintain
G0277	Hyperbaric oxygen under pressure, full	Hyperbaric Oxygen	January 2024	16	January 2025	RAW	AAFP, UHMS	Review Staff note at RAW. PE	High Volume Growth8	April 2022	XXX	0.00	NA	5.43	0.04	154,103	FALSE			TRUE	In January 2023, the RUC	September	57	Withdrawn by	FALSE	PE Only
G0279	Diagnostic digital breast tomosynthesis,	RAW	January 2018	31				Recommend CMS delete	CMS-Other - Utilization over 30,000	October 2017	ZZZ	0.60	NA	0.79	0.03	944,589	FALSE			FALSE					TRUE	Remove from Screen
G0283	Electrical stimulation (unattended), to	Physical Medicine and	January 2024	18			APTA	New PE Inputs. 0.18	Low Value-High Volume / CMS-Other -	October 2010	XXX	0.18	NA	0.16	0.01	5,773,099	FALSE			FALSE					TRUE	Maintain
G0296	Counseling visit to discuss need for lung	Counseling Visit for Lung	January 2022	20				Maintain	CMS-Other - Utilization over 20,000	January 2019	XXX	0.52	0.20	0.28	0.03	53,676	FALSE			FALSE					TRUE	Maintain
G0297	Low dose ct scan (ldct) for lung cancer	Screening CT of Thorax	October 2019	07				CMS Deleted for 2021.	CMS-Other - Utilization over 30,000-	October 2018							FALSE			TRUE	In October 2018, AMA staff	May 2019	12	Complete	TRUE	Deleted from CPT
G0364	Bone marrow aspiration performed	RAW	January 2018	31				Deleted from CPT	CMS-Other - Utilization over 30,000	October 2017							FALSE			FALSE					TRUE	Deleted from CPT
G0365	Vessel mapping of vessels for	Duplex Scan Arterial	January 2019	17			ACR, SIR, SVS	Deleted from CPT	CMS-Other - Utilization over 30,000	October 2017							FALSE			TRUE	In October 2017, the RAW	September	36	complete	TRUE	Deleted from CPT
G0389	Ultrasound b-scan and/or real time with	Abdominal Aorta	October 2015	12			ACC, ACP, ACR, SCAI,	CPT Assistant article published	Final Rule for 2015 / High Volume	July 2014							TRUE	Jan 2017	Yes	TRUE	When Medicare began paying	May 2015	23	Complete	TRUE	Deleted from CPT
G0396	Alcohol and/or substance (other than		January 2018	31		RUC	AAFP, ASA	Refer to CPT	CMS-Other - Utilization over 30,000	October 2017	XXX	0.65	0.24	0.33	0.05	55,411	FALSE			TRUE	In October 2017, the RAW	Time Uncertain			FALSE	
G0399	Home sleep test (hst) with type iii	RAW	September 2022	13			AASM, ATS, CHEST	Requested CMS delete	High Volume Growth5 / Contractor	October 2018	XXX	0.00	NA	0	0.00	75,957	FALSE			FALSE					TRUE	Deleted from CPT
G0402	Initial preventive physical examination;	Initial Preventive Exam	October 2016	35			No Specialty Society	RUC recommended to survey	CMS-Other - Utilization over 100,000	April 2016	XXX	2.60	1.13	2.21	0.17	492,007	FALSE			FALSE					TRUE	Maintain
G0403	Electrocardiogram, routine ecg with 12	EKG for Initial Preventive	October 2016	35			No Specialty Society	RUC recommended to survey	CMS-Other - Utilization over 100,000	April 2016	XXX	0.17	NA	0.24	0.02	107,117	FALSE			FALSE					TRUE	Maintain
G0407	Follow-up inpatient consultation,		April 2021	24	April 2025	RAW	AAN, ANA, APA	Review in April 2025 or April	CMS-Other - Utilization over 20,000	October 2020	XXX	1.39	0.63		0.12	26,312	FALSE			FALSE					FALSE	
G0408	Follow-up inpatient consultation,		April 2021	24	April 2025	RAW	AAN, ANA, APA	Review in April 2025 or April	CMS-Other - Utilization over 20,000	October 2020	XXX	2.00	0.94		0.18	20,971	FALSE			FALSE					FALSE	
G0416	Surgical pathology, gross and	Prostate Biopsy -	October 2015	16		RUC	ASC, CAP	4.00	Final Rule for 2015	July 2014	XXX	3.60	NA	7.18	0.11	128,143	FALSE			FALSE					TRUE	Increase
G0422	Intensive cardiac rehabilitation; with or		January 2021	29				Maintain	CMS-Other - Utilization over 20,000	October 2020	XXX	1.92	1.81	1.81	0.12	33,455	FALSE			FALSE					TRUE	Remove from Screen
G0423	Intensive cardiac rehabilitation; with or		January 2021	29				Maintain	CMS-Other - Utilization over 20,000	October 2020	XXX	1.92	1.81	1.81	0.12	39,320	FALSE			FALSE					TRUE	Remove from Screen
G0425	Telehealth consultation, emergency	Telehealth Consultations -	January 2023	17	April 2025	RAW		No recommendation. Review in	CMS-Other - Utilization over 20,000-	April 2022	XXX	1.92	0.65		0.18	32,243	FALSE			FALSE					FALSE	
G0426	Telehealth consultation, emergency	Telehealth Consultations -	January 2023	17	April 2025	RAW		No recommendation. Review in	CMS-Other - Utilization over 20,000-	September 2022	XXX	2.61	1.05		0.23	27,853	FALSE			FALSE					FALSE	
G0427	Telehealth consultation, emergency	Telehealth Consultations -	January 2023	17	April 2025	RAW		No recommendation. Review in	CMS-Other - Utilization over 20,000-	September 2022	XXX	3.86	1.38		0.26	19,556	FALSE			FALSE					FALSE	
G0436	Smoking and tobacco cessation	RAW	October 2016	35		RUC		Deleted from CPT	CMS-Other - Utilization over 100,000	April 2016							FALSE			FALSE					TRUE	Deleted from CPT
G0438	Annual wellness visit; includes a	RAW	April 2016	47			No Interest	RUC recommended to survey	CMS-Other - Utilization over 250,000	April 2013	XXX	2.60	NA	2.2	0.17	726,692	FALSE			FALSE					TRUE	Remove from Screen
G0439	Annual wellness visit; includes a	RAW	April 2016	47			No Interest	RUC recommended to survey	CMS-Other - Utilization over 250,000	April 2013	XXX	1.92	NA	1.86	0.13	9,397,762	FALSE			FALSE					TRUE	Remove from Screen
G0442	Annual alcohol misuse screening, 5 to	Annual Alcohol Screening	September 2023	15			AAFP, ACP, ANA	0.18	CMS-Other - Utilization over 100,000 /	April 2016	XXX	0.18	0.08	0.38	0.01	871,999	FALSE			FALSE					TRUE	Maintain
G0443	Brief face-to-face behavioral counseling	Annual Alcohol Screening	September 2023	15			AAFP, ACP, ANA	0.63	High Volume Growth8	September 2022	XXX	0.45	0.19	0.27	0.03	2,507	FALSE			FALSE					TRUE	Increase
G0444	Annual depression screening, 5 to 15	Annual Depression	September 2023	16			AAFP, ACP, ANA	0.18	CMS-Other - Utilization over 100,000	April 2016	XXX	0.18	0.08	0.38	0.01	2,304,857	FALSE			FALSE					TRUE	Maintain
G0445	High intensity behavioral counseling to	Behavioral	September 2023	17	September	RAW	AAFP, ACP	0.45	High Volume Growth8	September 2022	XXX	0.45	0.19	0.31	0.03	654	FALSE			FALSE					FALSE	Maintain
G0446	Annual, face-to-face intensive	Behavioral	September 2023	17	September	RAW	AAFP, ACP	0.45	CMS-Other - Utilization over 30,000 /	October 2017	XXX	0.45	0.20	0.28	0.03	313,297	FALSE			FALSE					FALSE	Maintain
G0447	Face-to-face behavioral counseling for	Behavioral	September 2023	17	September	RAW	AAFP, ACP	0.45	CMS-Other - Utilization over 100,000	April 2016	XXX	0.45	0.19	0.28	0.03	271,081	FALSE			FALSE					FALSE	Maintain
G0452	Molecular pathology procedure;	Molecular Pathology	October 2019	13				0.93	CMS-Other - Utilization over 30,000-	October 2018	XXX	0.93	NA	0.51	0.03	174,711	FALSE			FALSE					TRUE	Increase
G0453	Continuous intraoperative	RAW	October 2016	35				Remove from screen	CMS-Other - Utilization over 100,000	April 2016	XXX	0.60	0.30		0.05	351,862	FALSE			FALSE					TRUE	Remove from Screen
G0456	Negative pressure wound therapy, (e.g.	Negative Pressure	January 2014	17				RUC recommended to survey	CMS Request - Final Rule for 2013	November 2012							FALSE			TRUE	In January 2013, the RAW	May 2013	28	Complete	TRUE	Deleted from CPT
G0457	Negative pressure wound therapy, (e.g.	Negative Pressure	January 2014	17				RUC recommended to survey	CMS Request - Final Rule for 2013	November 2012							FALSE			TRUE	In January 2013, the RAW	May 2013	28	complete	TRUE	Deleted from CPT
G0498	Chemotherapy administration,	RAW	September 2024	14			ASCO, ASH	Remove from Screen	Contractor Priced High Volume3	April 2024	YYY	0.00	0	0	0.00	92,894	FALSE			FALSE					TRUE	Remove from Screen
G0500	Moderate sedation services provided		January 2021	29				Maintain	CMS-Other - Utilization over 20,000	October 2020	XXX	0.10	0.04	1.59	0.03	279,515	FALSE			FALSE					TRUE	Remove from Screen
G0506	Comprehensive assessment of and care		October 2021	20				Requested CMS Delete	CMS-Other - Utilization over 20,000	October 2020	ZZZ	0.87	0.38	0.95	0.06	107,354	FALSE			FALSE					TRUE	Request CMS Delete
G0516	Insertion of non-biodegradable drug	Skin Adhesives (PE Only)	April 2023	07			No Interest	New PE Inputs	PE Skin Adhesives	January 2023	000	1.82	0.94	3.97	0.11	3	FALSE			FALSE					TRUE	PE Only
G0517	Removal of non-biodegradable drug	Skin Adhesives (PE Only)	April 2023	07			No Interest	New PE Inputs	PE Skin Adhesives	January 2023	000	2.10	1.05	4.33	0.12	3	FALSE			FALSE					TRUE	PE Only
G0518	Removal with reinsertion, non-	Skin Adhesives (PE Only)	April 2023	07			No Interest	New PE Inputs	PE Skin Adhesives	January 2023	000	3.55	1.60	7.7	0.21		FALSE			FALSE					TRUE	PE Only
G2010	Remote evaluation of recorded video	RAW	September 2022	13			AADA, AAFP, ACP	Requested CMS delete.	CMS-Other - Utilization over 20,000-	April 2022	XXX	0.18	0.08	0.18	0.01	5,381	FALSE			TRUE	In April 2022, the Relativity	February 2023		complete	TRUE	Request CMS Delete
G2012	Brief communication technology-based	Telemedicine Evaluation	September 2023	11				Requested CMS delete	CMS-Other - Utilization over 20,000-	April 2022	XXX	0.25	0.11	0.15	0.02	125,800	FALSE			TRUE	In April 2022, the Relativity	February 2023	42	complete	TRUE	Request CMS Delete
G2066	Interrogation device evaluation(s),	Remote Interrogation	January 2023	20			ACC, HRS	PE Inputs	Contractor Priced High Volume2	April 2022	XXX					1,257,027	FALSE			FALSE					TRUE	PE Only
G2252	Brief communication technology-based	Telemedicine Evaluation	September 2023	11				Requested CMS Delete	Added as part of the family	April 2023	XXX	0.50	0.21	0.26	0.03	5,262	FALSE			FALSE					TRUE	Request CMS Delete
G6001	Ultrasonic guidance for placement of	Radiation Oncology	September 2023	22	January 2025	RUC	AADA, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	October 2020	XXX	0.58	NA	4.79	0.03	192,052	FALSE			TRUE	In October 2020, the RUC	September	40	Yes	FALSE	
G6002	Stereoscopic x-ray guidance for	Radiation Oncology	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	October 2017	XXX	0.39	NA	1.84	0.03	847,801	FALSE			TRUE	In October 2020, the RUC	September	40	Yes	FALSE	
G6003	Radiation treatment delivery, single	Radiation Oncology	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	October 2020	XXX	0.00	NA	4.61	0.01	217	FALSE			TRUE	In October 2020, the RUC	September	40	Yes	FALSE	
G6004	Radiation treatment delivery, single	Radiation Oncology	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	October 2020	XXX	0.00	NA	3.78	0.01	1,018	FALSE			TRUE	In October 2020, the RUC	September	40	Yes	FALSE	
G6005	Radiation treatment delivery, single	Radiation Oncology	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	October 2020	XXX	0.00	NA	3.79	0.01	507	FALSE			TRUE	In October 2020, the RUC	September	40	Yes	FALSE	
G6006	Radiation treatment delivery, single	Radiation Oncology	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	October 2020	XXX	0.00	NA	3.76	0.01	54	FALSE			TRUE	In October 2020, the RUC	September	40	Yes	FALSE	
G6007	Radiation treatment delivery, 2	Radiation Oncology	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	September 2023	XXX	0.00	NA	6.89	0.01	274	FALSE			TRUE	In October 2020, the RUC	September	40	Yes	FALSE	
G6008	Radiation treatment delivery, 2	Radiation Oncology	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	September 2023	XXX	0.00	NA	5.21	0.02	117	FALSE			TRUE	In October 2020, the RUC	September	40	Yes	FALSE	
G6009	Radiation treatment delivery, 2	Radiation Oncology	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	September 2023	XXX	0.00	NA	5.2	0.02	63	FALSE			TRUE	In October 2020, the RUC	September	40	Yes	FALSE	
G6010	Radiation treatment delivery, 2	Radiation Oncology	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	September 2023	XXX	0.00	NA	5.16	0.02	20	FALSE			TRUE	In October 2020, the RUC	September	40	Yes	FALSE	
G6011	Radiation treatment delivery, 3 or more	Radiation Oncology	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	September 2023	XXX	0.00	NA	6.86	0.02	4,800	FALSE			TRUE	In October 2020, the RUC	September	40	Yes	FALSE	
G6012	Radiation treatment delivery,3 or more	Radiation Oncology	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	October 2020	XXX	0.00	NA	6.87	0.02	285,264	FALSE			TRUE	In October 2020, the RUC	September	40	Yes	FALSE	
G6013	Radiation treatment delivery,3 or more	Radiation Oncology	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	October 2020	XXX	0.00	NA	6.9	0.02	137,074	FALSE			TRUE	In October 2020, the RUC	September	40	Yes	FALSE	
G6014	Radiation treatment delivery,3 or more	Radiation Oncology	October 2019	17	January 2025	RUC	ACRO, ASTRO	Refer to CPT. Remove from	CMS-Other - Utilization over 20,000	January 2019	XXX	0.00	NA	6.85	0.02	8,864	FALSE			TRUE	In October 2020, the RUC	September	40	Yes	FALSE	
G6015	Intensity modulated treatment delivery,	Radiation Oncology	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	October 2020	XXX	0.00	NA	10.62	0.06	1,116,088	FALSE			TRUE	In October 2020, the RUC	September	40	Yes	FALSE	
G6016	Compensator-based beam modulation	Radiation Oncology	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	September 2023	XXX	0.00	NA	10.62	0.01	3,980	FALSE			TRUE	In October 2020, the RUC	September	40	Yes	FALSE	
G6017	Intra-fraction localization and tracking	RAW	September 2022	13			ASTRO	Removed from screen	Contractor Priced High Volume2	April 2022	YYY	0.00	0.00	0	0.00	99,418	FALSE			FALSE					TRUE	Remove from Screen
GPCX1	Visit complexity inherent to evaluation	Visit Complexity E/M Add-	January 2020	34				No recommendation on	CMS Request - Final Rule for 2020	November 2019							FALSE			FALSE					TRUE	N/A
P3001	Screening papanicolaou smear, cervical	Cytopathology	April 2018	26			CAP	0.42	CMS-Other - Utilization over 30,000	October 2017	XXX	0.26	0.45	0.45	0.01	1,033	FALSE			FALSE					TRUE	Maintain
Q0091	Screening papanicolaou smear;	RAW	January 2019	37			No Specialty Society	RUC recommended to survey	CMS-Other - Utilization over 30,000-	October 2018	XXX	0.37	0.15	0.94	0.02	408,616	FALSE			FALSE					TRUE	Maintain

RUC Referrals to CPT Editoral Panel - Outstanding Issues

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
20985	**Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)**	High Volume Growth10	September 2024	AAOS	February 2025

Background: In September 2024 the RUC recommended that this issue be referred to CPT. The specialty society would like to modify the descriptor and address any overlap with codes 0054T and 0055T. It is expected that revising code 20985 will result in a decrease of the reporting of the T codes.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36557	**Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age**	Site of Service Anomaly - 2023	January 2024	ACR, ACS, APSA, OEIS, SIR, SVS	February 2025

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision. In September 2024 the applicants withdrew the CCA citing that the specialties that most frequently use these codes were not involved in development of the code structure. The applicants requested a workgroup to be formed to develop a unified code structure.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36560	**Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age**	Site of Service Anomaly - 2023	January 2024	ACR, ACS, APSA, OEIS, SIR, SVS	February 2025

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision. In September 2024 the applicants withdrew the CCA citing that the specialties that most frequently use these codes were not involved in development of the code structure. The applicants requested a workgroup to be formed to develop a unified code structure.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36561	**Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older**	Site of Service Anomaly - 2023	January 2024	ACR, ACS, APSA, OEIS, SIR, SVS	February 2025

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision. In September 2024 the applicants withdrew the CCA citing that the specialties that most frequently use these codes were not involved in development of the code structure. The applicants requested a workgroup to be formed to develop a unified code structure.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36563	**Insertion of tunneled centrally inserted central venous access device with subcutaneous pump**	Site of Service Anomaly - 2023	January 2024	ACR, ACS, OEIS, SIR, SVS	February 2025

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision. In September 2024 the applicants withdrew the CCA citing that the specialties that most frequently use these codes were not involved in development of the code structure. The applicants requested a workgroup to be formed to develop a unified code structure.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36565	**Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)**	Site of Service Anomaly - 2023	January 2024	ACR, ACS, OEIS, SIR, SVS	February 2025

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision. In September 2024 the applicants withdrew the CCA citing that the specialties that most frequently use these codes were not involved in development of the code structure. The applicants requested a workgroup to be formed to develop a unified code structure.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36566	**Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)**	Site of Service Anomaly - 2023	January 2024	OEIS, SIR, SVS	February 2025

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision. In September 2024 the applicants withdrew the CCA citing that the specialties that most frequently use these codes were not involved in development of the code structure. The applicants requested a workgroup to be formed to develop a unified code structure.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
55705	**Biopsy, prostate, any approach, nonimaging-guided**	Codes Reported Together 75% or More-Part5	September 2024	ACR, AUA, OEIS, SIR	February 2025; May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of “first targeted lesion” was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services were few biopsies were obtained and services were numerous biopsies were obtained. Another RUC member noted that the language “Biopsy” and “Biopsies” was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
55706	**Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance**	010-Day Global Post-Operative Visits / Codes Reported Together 75% or More-Part5	September 2024	ACR, AUA, OEIS, SIR	February 2025; May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services were few biopsies were obtained and services were numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
55707		Codes Reported Together 75% or More-Part5	September 2024	ACR, AUA, OEIS, SIR	February 2025; May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services were few biopsies were obtained and services were numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
55708		Codes Reported Together 75% or More-Part5	September 2024	ACR, AUA, OEIS, SIR	February 2025; May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services were few biopsies were obtained and services were numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
55709		Codes Reported Together 75% or More-Part5	September 2024	ACR, AUA, OEIS, SIR	February 2025; May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services were few biopsies were obtained and services were numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

55710

Screen	RUC Meeting	Specialty Society:	CPT Meeting
Codes Reported Together 75% or More-Part5	September 2024	ACR, AUA, OEIS, SIR	February 2025; May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services were few biopsies were obtained and services were numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

55711

Screen	RUC Meeting	Specialty Society:	CPT Meeting
Codes Reported Together 75% or More-Part5	September 2024	ACR, AUA, OEIS, SIR	February 2025; May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services were few biopsies were obtained and services were numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

55712

Screen	RUC Meeting	Specialty Society:	CPT Meeting
Codes Reported Together 75% or More-Part5	September 2024	ACR, AUA, OEIS, SIR	February 2025; May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services were few biopsies were obtained and services were numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

55713

Screen	RUC Meeting	Specialty Society:	CPT Meeting
Codes Reported Together 75% or More-Part5	September 2024	ACR, AUA, OEIS, SIR	February 2025; May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services were few biopsies were obtained and services were numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

55714

Screen	RUC Meeting	Specialty Society:	CPT Meeting
Codes Reported Together 75% or More-Part5	September 2024	ACR, AUA, OEIS, SIR	February 2025; May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services were few biopsies were obtained and services were numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

55715

Screen	RUC Meeting	Specialty Society:	CPT Meeting
Codes Reported Together 75% or More-Part5	September 2024	ACR, AUA, OEIS, SIR	February 2025; May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services were few biopsies were obtained and services were numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

70544 **Magnetic resonance angiography, head; without contrast material(s)**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5	April 2024	ACR, ASNR, SIR	February 2025

Background: In April 2022, the Relativity Assessment Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of $5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 70547 and 70544. In September 2022, the Workgroup recommended review in 2 years (2021-2022 data) after practice patterns in the inpatient and outpatient setting go back to how it was prior to the pandemic. (Note: 2019 reported together data was 66%). In April 2024, the RAW noted that the rate these services are reported together continues to increase (2020=77%, 2021=79% and 2022=81%). The specialty societies recommended, and the Workgroup agreed that 70547 and 70544 be referred to the CPT Editorial Panel (Feb 2025) to create a code bundling solution.

70547 **Magnetic resonance angiography, neck; without contrast material(s)**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5	April 2024	ACR, ASNR, SIR	February 2025

Background: In April 2022, the Relativity Assessment Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of $5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 70547 and 70544. In September 2022, the Workgroup recommended review in 2 years (2021-2022 data) after practice patterns in the inpatient and outpatient setting go back to how it was prior to the pandemic. (Note: 2019 reported together data was 66%). In April 2024, the RAW noted that the rate these services are reported together continues to increase (2020=77%, 2021=79% and 2022=81%). The specialty societies recommended, and the Workgroup agreed that 70547 and 70544 be referred to the CPT Editorial Panel (Feb 2025) to create a code bundling solution.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
90901	**Biofeedback training by any modality**	High Volume Growth9	April 2024	ACOG, APTA, AUA	Feb 2025; Sep 2024

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 90901 via the high volume growth screen with 2021 Medicare utilization of 10,000 or more than increased by at least 100% from 2016 through 2021. In September 2023, the Workgroup reviewed the action plan for CPT code 90901 and agreed with the specialty societies that 90901, along with the other services in this code family (90912 and 90913) be surveyed for the April 2024 RUC meeting. The specialty society also requested changing the global period from 010-day to a 000-day global period to account for variability in the site of service based on the patient presentation and specialty societies performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the code family through the CPT process before surveying. The specialty societies noted that the current code descriptor for CPT code 90901 is not well understood based on their review of past RUC rationales for valuation, claims data, and the vignettes used for review in 1995 and 1996 by the RUC and HCPAC. In the 1995 RUC rationale, the vignette described 45–60-minute sessions (and brief 30-minute sessions) and included information about psychiatrists and psychologists, though it is unclear who was surveyed. However, the 1996 RUC rationale of the HCPAC review is based on a different vignette, considered a CMD five-year-review comment, and was surveyed by physical therapists, which led to a reduction of the work RVU from 0.89 to 0.41 based on comparison to a time-based therapy code, CPT code 97110. The specialty societies note that although 90901 is not time-based, the comparison for the current value was to a 15-minute time-based code despite the current intra-service time being 45 minutes. In their letter to request a referral to CPT for this code family, the specialty societies proposed revising the code descriptor for CPT code 90901 to be consistent with other physical therapy time-based and modality codes, as well as similar to other biofeedback training codes. Additionally, code descriptor clarification may resolve the continued confusion about the intent and correct coding for 90901. The RUC recommends that CPT codes 90901, 90902 and 90903 be referred to the September 2024 CPT Editorial Panel meeting for revision. In September 2024, the CPT Editorial Panel postponed this issue and indicated clarifications necessary for the submitters to address prior to the next submission.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
90912	**Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient**	Negative IWPUT	April 2024	ACOG, APTA, AUA	Feb 2025; Sep 2024; Feb 2019-EC

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 90901 via the high volume growth screen with 2021 Medicare utilization of 10,000 or more than increased by at least 100% from 2016 through 2021. In September 2023, the Workgroup reviewed the action plan for CPT code 90901 and agreed with the specialty societies that 90901, along with the other services in this code family (90912 and 90913) be surveyed for the April 2024 RUC meeting. The specialty society also requested changing the global period from 010-day to a 000-day global period to account for variability in the site of service based on the patient presentation and specialty societies performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the code family through the CPT process before surveying. The specialty societies noted that the current code descriptor for CPT code 90901 is not well understood based on their review of past RUC rationales for valuation, claims data, and the vignettes used for review in 1995 and 1996 by the RUC and HCPAC. In the 1995 RUC rationale, the vignette described 45–60-minute sessions (and brief 30-minute sessions) and included information about psychiatrists and psychologists, though it is unclear who was surveyed. However, the 1996 RUC rationale of the HCPAC review is based on a different vignette, considered a CMD five-year-review comment, and was surveyed by physical therapists, which led to a reduction of the work RVU from 0.89 to 0.41 based on comparison to a time-based therapy code, CPT code 97110. The specialty societies note that although 90901 is not time-based, the comparison for the current value was to a 15-minute time-based code despite the current intra-service time being 45 minutes. In their letter to request a referral to CPT for this code family, the specialty societies proposed revising the code descriptor for CPT code 90901 to be consistent with other physical therapy time-based and modality codes, as well as similar to other biofeedback training codes. Additionally, code descriptor clarification may resolve the continued confusion about the intent and correct coding for 90901. The RUC recommends that CPT codes 90901, 90902 and 90903 be referred to the September 2024 CPT Editorial Panel meeting for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
90913	**Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)**	Negative IWPUT	April 2024	ACOG, APTA, AUA	Feb 2025; Sep 2024; Feb 2019-EC

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 90901 via the high volume growth screen with 2021 Medicare utilization of 10,000 or more than increased by at least 100% from 2016 through 2021. In September 2023, the Workgroup reviewed the action plan for CPT code 90901 and agreed with the specialty societies that 90901, along with the other services in this code family (90912 and 90913) be surveyed for the April 2024 RUC meeting. The specialty society also requested changing the global period from 010-day to a 000-day global period to account for variability in the site of service based on the patient presentation and specialty societies performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the code family through the CPT process before surveying. The specialty societies noted that the current code descriptor for CPT code 90901 is not well understood based on their review of past RUC rationales for valuation, claims data, and the vignettes used for review in 1995 and 1996 by the RUC and HCPAC. In the 1995 RUC rationale, the vignette described 45–60-minute sessions (and brief 30-minute sessions) and included information about psychiatrists and psychologists, though it is unclear who was surveyed. However, the 1996 RUC rationale of the HCPAC review is based on a different vignette, considered a CMD five-year-review comment, and was surveyed by physical therapists, which led to a reduction of the work RVU from 0.89 to 0.41 based on comparison to a time-based therapy code, CPT code 97110. The specialty societies note that although 90901 is not time-based, the comparison for the current value was to a 15-minute time-based code despite the current intra-service time being 45 minutes. In their letter to request a referral to CPT for this code family, the specialty societies proposed revising the code descriptor for CPT code 90901 to be consistent with other physical therapy time-based and modality codes, as well as similar to other biofeedback training codes. Additionally, code descriptor clarification may resolve the continued confusion about the intent and correct coding for 90901. The RUC recommends that CPT codes 90901, 90902 and 90903 be referred to the September 2024 CPT Editorial Panel meeting for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
92507	**Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual**	CMS Request/Speech Language Pathology Request / High Volume Growth 3 / High Volume Growth10	September 2024	ASHA	February 2025

Background: In April 2024, this service was identified via the high volume growth screen, with Medicare utilization of 10,000 or more that has increased by at least 100% from 2017 through 2022. The Workgroup requests that the specialty societies submit an action plan for codes for September 2024. In September 2024, the RUC recommended referral to CPT to reflect current practice patterns and modernize the descriptions of treatment services currently captured under CPT code 92507.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
92546	**Sinusoidal vertical axis rotational testing**	CMS-Other - Utilization over 250,000 / Codes Reported Together 75% or More-Part7	September 2024	AAA, AAO-HNS, AAN, ASHA	February 2025

Background: In April 2024, the Relativity Assessment Workgroup identified code pair 92546/92540 as performed by the same physician on the same date of service 75% of the time or more based on 2022 Medicare Utilization data. . In September 2024, the Workgroup reviewed the action plan and recommended referral to CPT to revise the descriptor for code 92546 to clarify the service and it would no longer be reported with code 92540.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95800	**Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time**	CMS Fastest Growing / High Volume Growth10	September 2024	ACNS, AAN, ACCP/ATS, AASM	February 2025

Background: In April 2024, this service was identified via the high volume growth screen, with Medicare utilization of 10,000 or more that has increased by at least 100% from 2017 through 2022. The Workgroup requests that the specialty societies submit an action plan for codes for September 2024. In September 2024, the RUC recommended referral to CPT. The specialty societies submitted a CCA for Sept 2024 CPT meeting to delete the current code family and replace it with a set of codes that more accurately reflect current medical practice and technologies. However, this tab was withdrawn at CPT due to the many issues identified by the Panel reviewers. The specialty societies indicated that they have drafted a new CCA and plan to submit it for the February 2025 CPT meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95921	**Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio**	Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 / Different Performing Specialty from Survey3 / Codes Reported Together 75% or More-Part7	September 2024	AAFP, AAN, AANEM, ACNS, ACP	February 2025

Background: For code pair 95921/95922, the Relativity Assessment Workgroup acknowledged that the rationale for increased utilization remains unclear. Thus, the dominant specialties for these two codes (Family Medicine and Internal Medicine) were requested to provide the following information regarding 95921 and 95922: What are the clinically appropriate scenarios for reporting each service? What is the description of service? What are the clinically appropriate scenarios when these servic AAFP and ACP indicated that they do not have an explanation for the increased utilization as their physicians indicated that they do not typically perform these services. In 2008, a CPT Assistant article was published to correct inappropriate reporting by clarifying that a tilt table is required in the provision of the service. However, Medicare claims data indicate that the attempted coding education was not effective. In April 2011, the RUC recommended this code be referred to CPT to revise the descriptor to include the use of a tilt table and refer those who do not use a tilt table in autonomic testing to use an unlisted code, which was addressed at the February 2012 (Tab 17) CPT meeting. In January 2020, the RUC recommended to refer codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services. The RAW would review the specialty mix again in 3 years of those reporting the services (Sept 2023). In September 2023, the specialty societies indicated that the article included correct coding for autonomic testing services when a tilt table was used, clarity on terminology used in the code descriptor language of the code set, and clinical examples for each code. The intent of the article was to reduce the occurrence of any miscoding that may be contributing to the total utilization and understand if the shift in dominant specialties was now typical. The Workgroup examined these services and indicated that the decrease in utilization in 2020 may not be attributable to the CPT article but to due to the COVID-19 pandemic. The RUC noted that these services are typically reported with one another and the code family should be referred to CPT to be restructured. In September 2024, the Relativity Assessment Workgroup identified 95921 and 95923 as via the Codes Reported Together 75% or more screen. In September 2024, the RUC recommended referral to CPT. The specialty societies noted that they submitted a CCA for the Sept 2024 CPT meeting with revisions to the current autonomic function testing code set and the creation of a new Category I code to more accurately reflect current clinical practice and technologies. However, this issue was withdrawn from CPT based on feedback from specialty society comments and Editorial Panel reviewers. The specialty societies will revise the CCA to address concerns with reported together utilization The specialty societies will resubmit a CCA for the February 2025 CPT meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95922	**Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt**	High Volume Growth1 / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1	September 2023	AAFP, AAN, AANEM, ACNS, ACP	February 2025

Background: For code pair 95921/95922, the Relativity Assessment Workgroup acknowledged that the rationale for increased utilization remains unclear. Thus, the dominant specialties for these two codes (Family Medicine and Internal Medicine) were requested to provide the following information regarding 95921 and 95922: What are the clinically appropriate scenarios for reporting each service? What is the description of service? What are the clinically appropriate scenarios when these servic AAFP and ACP indicated that they do not have an explanation for the increased utilization as their physicians indicated that they do not typically perform these services. In 2008, a CPT Assistant article was published to correct inappropriate reporting by clarifying that a tilt table is required in the provision of the service. However, Medicare claims data indicate that the attempted coding education was not effective. In April 2011, the RUC recommended this code be referred to CPT to revise the descriptor to include the use of a tilt table and refer those who do not use a tilt table in autonomic testing to use an unlisted code, which was addressed at the February 2012 (Tab 17) CPT meeting. In January 2020, the RUC recommended to refer codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services. The RAW would review the specialty mix again in 3 years of those reporting the services (Sept 2023). In September 2023, the specialty societies indicated that the article included correct coding for autonomic testing services when a tilt table was used, clarity on terminology used in the code descriptor language of the code set, and clinical examples for each code. The intent of the article was to reduce the occurrence of any miscoding that may be contributing to the total utilization and understand if the shift in dominant specialties was now typical. The Workgroup examined these services and indicated that the decrease in utilization in 2020 may not be attributable to the CPT article but to due to the COVID-19 pandemic. The RUC noted that these services are typically reported with one another and the code family should be referred to CPT to be restructured.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95923	**Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential**	Codes Reported Together 75% or More-Part1 / High Volume Growth6 / Codes Reported Together 75% or More-Part7	September 2024	AAFP, AAN, AANEM, ACNS, ACP	February 2025

Background: In October 2019, the Workgroup identified this service with Medicare utilization of 10,000 or more and has increased by at least 100% from 2013 through 2018e. The Workgroup requests action plans for review at the January 2020 Relativity Assessment Workgroup meeting. In January 2020, the RUC recommended to refer codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services. The RAW would review the specialty mix again in 3 years of those reporting the services (Sept 2023). In September 2023, the specialty societies indicated that the article included correct coding for autonomic testing services when a tilt table was used, clarity on terminology used in the code descriptor language of the code set, and clinical examples for each code. The intent of the article was to reduce the occurrence of any miscoding that may be contributing to the total utilization and understand if the shift in dominant specialties was now typical. The Workgroup examined these services and indicated that the decrease in utilization in 2020 may not be attributable to the CPT article but to due to the COVID-19 pandemic. The Workgroup noted that these services are typically reported with one another and the code family should be referred to CPT to be restructured. In September 2024, the Relativity Assessment Workgroup identified 95921 and 95923 as via the Codes Reported Together 75% or more screen. In September 2024, the RUC recommended referral to CPT. The specialty societies noted that they submitted a CCA for the Sept 2024 CPT meeting with revisions to the current autonomic function testing code set and the creation of a new Category I code to more accurately reflect current clinical practice and technologies. However, this issue was withdrawn from CPT based on feedback from specialty society comments and Editorial Panel reviewers. The specialty societies will revise the CCA to address concerns with reported together utilization The specialty societies will resubmit a CCA for the February 2025 CPT meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95924	**Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt**	Codes Reported Together 75% or More-Part1	September 2023	AAFP, AAN, AANEM, ACNS, ACP	February 2025

Background: CPT Feb 2012 the CPT Editorial Panel established two new codes with instructional guidelines to report autonomic function testing. In April 2012, The RUC determined that the survey results for 95924 was too low (26 responses). There was also confusion about what is described in 95924 which may have resulted in invalid physician time for this service. The RUC recommended an interim value for 95924. In January 2020, the RUC recommended to refer codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services. The RAW would review the specialty mix again in 3 years of those reporting the services (Sept 2023). In September 2023, the specialty societies indicated that the article included correct coding for autonomic testing services when a tilt table was used, clarity on terminology used in the code descriptor language of the code set, and clinical examples for each code. The intent of the article was to reduce the occurrence of any miscoding that may be contributing to the total utilization and understand if the shift in dominant specialties was now typical. The Workgroup examined these services and indicated that the decrease in utilization in 2020 may not be attributable to the CPT article but to due to the COVID-19 pandemic. The Workgroup noted that these services are typically reported with one another and the code family should be referred to CPT to be restructured.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G0396	**Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes**	CMS-Other - Utilization over 30,000	January 2018	AAFP, ASA	Time Uncertain

Background: In October 2017, the RAW requested that AMA staff compile a list of CMS/Other codes with Medicare utilization of 30,000 or more. This list resulted in 34 services and the RAW requested action plans to be reviewed at the January 2018 meeting. In January 2018, the RUC recommended to maintain the physician work and refer to CPT to editorially remove "screening" from 99408 and 99409 to "assessment" to mirror G0396. At the February 2018 CPT meeting, the Panel postponed until time uncertain this request to revise codes 99408-99409 to identify assessment of alcohol and/or substance abuse. As a rationale for postponement, the Panel said that the service described in this application did not meet the General Criteria for Category I because the proposed service is not unique or well defined, and does not describe a service that is clearly identified and distinguished from existing services already described in CPT by other codes. The Panel's additional rationale for postponement of this item was to allow the relevant specialty societies an opportunity to submit a new code change application to address the differences between assessment and screening services.

RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
11305	**Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less**	CMS High Expenditure Procedural Codes1 / Different Performing Specialty from Survey6	September 2024	Refer to CPT Assistant. 0.80	AAD	

Background: Validated physician work for April 2012 prior to review of Mohs surgery codes (17311-17315) in April 2013. In April 2024, the Relativity Assessment Workgroup identified this service it based on 2022 Medicare utilization more than 10,000 and where the top specialty performing over 50% of the Medicare claims did not survey the service or the top two specialties did not survey the service. The Workgroup requests action plans for September 2024. In September 2024, the RUC recommended referral to CPT Assistant to specifically address correct coding for shaving versus paring and accurate reporting of 11300-11313 versus 11055-11057.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
11308	**Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm**	CMS High Expenditure Procedural Codes1 / Different Performing Specialty from Survey6	September 2024	Refer to CPT Assistant. 1.46	AAD	

Background: Validate physician work for April 2012 prior to review of Mohs surgery codes (17311-17315) in April 2013. In April 2024, the Relativity Assessment Workgroup identified this service it based on 2022 Medicare utilization more than 10,000 and where the top specialty performing over 50% of the Medicare claims did not survey the service or the top two specialties did not survey the service. The Workgroup requests action plans for September 2024. In September 2024, the RUC recommended referral to CPT Assistant to specifically address correct coding for shaving versus paring and accurate reporting of 11300-11313 versus 11055-11057.

Physician Time from RUC Meeting:
October 2024 (CPT 2026)

CPT Code	Pre-Service Time Package	Pre-Service Evaluation	Pre-Service Positioning	Pre-Service Scrub Dress & Wait	Intra-Service	Post-Service Time Package	Immediate Post Service	99211	99212	99213	99214	99215	99231	99232	99233	99238	99239	99291	99292	Total Time
27465	3-FAC Straightforward Patient/Difficult Procedure	40	15	15	143	9B General Anes or Complex Regional Blk/Cmplx Proc	30			3	1		1	1		1				450
27466	3-FAC Straightforward Patient/Difficult Procedure	40	15	15	150	9B General Anes or Complex Regional Blk/Cmplx Proc	30			3	1		1	1		1				457
27715	3-FAC Straightforward Patient/Difficult Procedure	40	15	15	150	9B General Anes or Complex Regional Blk/Cmplx Proc	30			3	1		1	1		1				457
52500	3-FAC Straightforward Patient/Difficult Procedure	25	7	10	30	8B IV Sedation/Complex Procedure	15			1	1					0.5				169
52601	3-FAC Straightforward Patient/Difficult Procedure	26	7	7	60	9B General Anes or Complex Regional Blk/Cmplx Proc	40			1	1					0.5				222
52630	3-FAC Straightforward Patient/Difficult Procedure	26	7	7	50	9B General Anes or Complex Regional Blk/Cmplx Proc	40			1	1					0.5				212
52648	3-FAC Straightforward Patient/Difficult Procedure	32	7	10	60	9B General Anes or Complex Regional Blk/Cmplx Proc	35			1	1					0.5				226
52649	3-FAC Straightforward Patient/Difficult Procedure	36	10	5	90	9B General Anes or Complex Regional Blk/Cmplx Proc	40			1	1					0.5				263
55705	6-NF Proc w local/topical anes care req wait time	15	5	5	10	7A Local/Simple Procedure	10													45
55706	3-FAC Straightforward Patient/Difficult Procedure	25	8	5	30	9A General Anes or Complex Reg Blk/Strghtforw Proc	11													79
55840	3-FAC Straightforward Patient/Difficult Procedure	30	15	10	180	9B General Anes or Complex Regional Blk/Cmplx Proc	25				2			1		1				418
55842	3-FAC Straightforward Patient/Difficult Procedure	30	15	10	200	9B General Anes or Complex Regional Blk/Cmplx Proc	25				2			1		1				438
55845	3-FAC Straightforward Patient/Difficult Procedure	34	15	10	210	9B General Anes or Complex Regional Blk/Cmplx Proc	25				2			1		1				452
55866	3-FAC Straightforward Patient/Difficult Procedure	35	15	10	200	9B General Anes or Complex Regional Blk/Cmplx Proc	45				2					0.5				404
55867	3-FAC Straightforward Patient/Difficult Procedure	35	15	10	180	9B General Anes or Complex Regional Blk/Cmplx Proc	50			1	1					0.5				372
70496	XXX Global Code	5			18	XXX Global Code	5													28
70498	XXX Global Code	5			18	XXX Global Code	5													28
76872	XXX Global Code	6			10	XXX Global Code	7													23
27458	3-FAC Straightforward Patient/Difficult Procedure	50	15	15	180	9B General Anes or Complex Regional Blk/Cmplx Proc	30			6	1	1	1	1		1				621
27713	3-FAC Straightforward Patient/Difficult Procedure	50	15	15	200	9B General Anes or Complex Regional Blk/Cmplx Proc	30			6	1	1	1	1		1				641
52597	3-FAC Straightforward Patient/Difficult Procedure	32	10	10	60	9B General Anes or Complex Regional Blk/Cmplx Proc	40			1	1					0.5				234
55868	3-FAC Straightforward Patient/Difficult Procedure	35	15	10	210	9B General Anes or Complex Regional Blk/Cmplx Proc	45				2					0.5				414
55869	3-FAC Straightforward Patient/Difficult Procedure	35	15	10	230	9B General Anes or Complex Regional Blk/Cmplx Proc	45				2					0.5				434
55707	6-NF Proc w local/topical anes care req wait time	17	5	5	15	7B Local/Complex Procedure	8													50
55708	3-FAC Straightforward Patient/Difficult Procedure	20	5	5	20	7B Local/Complex Procedure	10													60
55709	3-FAC Straightforward Patient/Difficult Procedure	20	7	5	20	7B Local/Complex Procedure	10													62
55710	3-FAC Straightforward Patient/Difficult Procedure	20	8	5	25	7B Local/Complex Procedure	10													68
55711	3-FAC Straightforward Patient/Difficult Procedure	22	5	5	20	7B Local/Complex Procedure	10													62
55712	3-FAC Straightforward Patient/Difficult Procedure	25	8	5	25	7B Local/Complex Procedure	10													73
55713	3-FAC Straightforward Patient/Difficult Procedure	30	10	9	25	8B IV Sedation/Complex Procedure	13													87
55714	3-FAC Straightforward Patient/Difficult Procedure	30	10	9	30	8B IV Sedation/Complex Procedure	13													92
55715	ZZZ Global Code				20	ZZZ Global Code														20
70471	XXX Global Code	5			30	XXX Global Code	5													40
70472	ZZZ Global Code				12	ZZZ Global Code														12
70473	XXX Global Code	5			12	XXX Global Code	5													22
90482	XXX Global Code				6	XXX Global Code														6
90483	XXX Global Code				13	XXX Global Code														13
90484	XXX Global Code				22	XXX Global Code														22
91124	XXX Global Code	10			60	XXX Global Code	15													85
91125	XXX Global Code	10			45	XXX Global Code	15													70

Detailed Description of Pre-Service Time Packages (Minutes)

		FACILITY				NON-FAC	
		1	2	3	4	5**	6
	Total Pre-Service Time	**20**	**25**	**51**	**63**	**8**	**23**
	CATEGORY SUBTOTALS						
A	Pre-Service Evaluation (IWPUT =0.0224)	13	18	33	40	7	17
B	Pre-Service Positioning (IWPUT = 0.0224)	1	1	3	3	0	1
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	6	15	20	1	5
	DETAILS						
A	History and Exam (Performance and review of appropriate Pre-Tests)	5	10	10	15	4	9
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	2	4	1	1
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	3	5	5	2	3
A	Communicate with other professionals	0	0	5	5	0	2
A	Check/set-up room, supplies and equipment	1	1	5	5	0	1
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	1	5	5	0	1
A	Prepare/ review/ confirm procedure	1	1	1	1	0	0
B	Perform/ supervise patient positioning	1	1	3	3	0	1
C	Administer local/topical anesthesia	1	1	0	0	1	5
C	Observe (wait anesthesia care)	0	0	10	15	0	0
C	Dress and scrub for procedure	5	5	5	5	0	0

**If the procedure does not require local anesthesia, 1 minute should be removed from pre-service time

1 Straightforward Patient/Straightforward Procedure (No anesthesia care)
2 Difficult Patient/Straightforward Procedure (No anesthesia care)
3 Straightforward Patient/Difficult Procedure
4 Difficult Patient/Difficult Procedure
5 Procedure with minimal anesthesia care (If no anesthesia care deduct 1 minute)
6 Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect

Additional Positioning Times for Spinal Surgical Procedures

SS1	Anterior Neck Surgery (Supine) (eg ACDF)	15 Minutes
SS2	Posterior Neck Surgery (Prone) (eg laminectomy)	25 Minutes
SS3	Posterior Thoracic/Lumbar (Prone) (eg laminectomy)	15 Minutes
SS4	Lateral Thoracic/Lumbar (Lateral) (eg corpectomy)	25 Minutes
SS5	Anterior Lumbar (Supine) (eg ALIF)	15 Minutes

Additional Positioning Times for Spinal Injection Procedures

SI1	Anterior Neck Injection (Supine) (eg discogram)	7 Minutes
SI2	Posterior Neck Injection (Prone) (eg facet)	5 Minutes
SI3	Posterior Thoracic/Lumbar (Prone) (eg epidural)	5 Minutes
SI4	Lateral Thoracic/Lumbar (Lateral) (eg discogram)	7 Minutes

Additional Positioning Times for Urological Procedures

U1	Dorsal Lithotomy	5 Minutes

Notes:

- Roll-over cells for additional detail where available
- Straightforward procedure: Integumentary, Non-incisional endoscopy, natural orifice

Detailed Description of Facility Based Post-Service Time Packages (Minutes)						
	7A Local Anesthesia/ Straightforward Procedure	**7B Local Anesthesia/ Complex Procedure**	**8A IV Sedation/ Straightforward Procedure**	**8B IV Sedation/ Complex Procedure**	**9A General Anesthesia or Complex Regional Block/ Straightforward Procedure**	**9B General Anesthesia or Complex Regional Block/Complex Procedure**
Total Post-Service Time	**18**	**21**	**25**	**28**	**30**	**33**
Details:						
Application of Dressing[1]	2	2	2	2	2	2
Transfer of supine patient off table	1	1	1	1	1	1
Operative Note	5	5	5	5	5	5
Monitor patient recovery/stabilization	1	1	5	5	10	10
Communication with patient and/or family	5	5	5	5	5	5
Written post-operative note	2	5	2	5	2	5
Post-Operative Orders and Order Entry	2	2	5	5	5	5

Advisors may request additional time for circumstances that require additional work beyond the type of work described

1 This represents a simple dressing

CPT	RUC Recommended PLI Crosswalk
27465	27465
27466	27466
27468	27468
27715	27715
38570	38570
38571	38571
38572	38572
38573	38573
52500	52500
52601	52601
52630	52630
52648	52648
52649	52649
55705	55700
55706	55706
55840	55840
55842	55842
55845	55845
55866	55866
55867	55867
70496	70496
70498	70498
76872	76872
27458	27468
27713	27468
52597	52601
55868	55866
55869	55866
55707	55700
55708	55700
55709	55700
55710	55700
55711	55700
55712	55700
55713	50434
55714	50434
55715	55700
70471	70498
70472	70496
70473	70496
90482	99406

90483	99407
90484	99213
91124	91120
91125	91122

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
27465	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
27466	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
27468	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
27715	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
38570	PPO45	P	Procedure	PO	Other organ systems	45	Lymph Node Biopsy
38571	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
38572	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
38573	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
52500	PPO40	P	Procedure	PO	Other organ systems	40	Prostate Resection
52601	PPO40	P	Procedure	PO	Other organ systems	40	Prostate Resection
52630	PPO40	P	Procedure	PO	Other organ systems	40	Prostate Resection
52648	PPO40	P	Procedure	PO	Other organ systems	40	Prostate Resection
52649	PPO40	P	Procedure	PO	Other organ systems	40	Prostate Resection
55705	PPO40	P	Procedure	PO	Other organ systems	40	Prostate Resection
55706	PPO40	P	Procedure	PO	Other organ systems	40	Prostate Resection
55840	PPO40	P	Procedure	PO	Other organ systems	40	Prostate Resection
55842	PPO40	P	Procedure	PO	Other organ systems	40	Prostate Resection
55845	PPO40	P	Procedure	PO	Other organ systems	40	Prostate Resection
55866	PPO40	P	Procedure	PO	Other organ systems	40	Prostate Resection
55867	PPO40	P	Procedure	PO	Other organ systems	40	Prostate Resection
70496	IIC6	I	Imaging	IC	CT Scan	6	CT/CTA - Head and Neck
70498	IIC6	I	Imaging	IC	CT Scan	6	CT/CTA - Head and Neck
76872	IIU0	I	Imaging	IU	Ultrasound	0	No RBCS Family
27458	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
27713	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
52597	PPO40	P	Procedure	PO	Other organ systems	40	Prostate Resection
55868	PPO40	P	Procedure	PO	Other organ systems	40	Prostate Resection
55869	PPO40	P	Procedure	PO	Other organ systems	40	Prostate Resection
55707	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
55708	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
55709	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
55710	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
55711	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
55712	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
55713	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
55714	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
55715	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
70471	IIC6	I	Imaging	IC	CT Scan	6	CT/CTA - Head and Neck
70472	IIC6	I	Imaging	IC	CT Scan	6	CT/CTA - Head and Neck
70473	IIC6	I	Imaging	IC	CT Scan	6	CT/CTA - Head and Neck
90482	EEV1	E	E & M	EV	Office/outpatient services	1	Office E&M - Established
90483	EEV1	E	E & M	EV	Office/outpatient services	1	Office E&M - Established
90484	EEV1	E	E & M	EV	Office/outpatient services	1	Office E&M - Established
91124	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
91125	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family

CPT Source	Deleted	Source 2022 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2022)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
27599		606	27458	73	0.120	0.00	26.65	04 Limb Lengthening-Shortening - Femur	1,945	0
27599		606	27599	533	0.880	0.00	0.00	04 Limb Lengthening-Shortening - Femur	0	0
27465		34	27465	34	1.000	18.60	21.13	04 Limb Lengthening-Shortening - Femur	718	632
27466		22	27466	22	1.000	17.28	22.65	04 Limb Lengthening-Shortening - Femur	498	380
27468		2	27468	2	1.000	19.97	0.00	04 Limb Lengthening-Shortening - Femur	0	40
27899		218	27713	73	0.335	0.00	28.00	05 Limb Lengthening-Shortening - Tibia	2,044	0
27899		218	27899	145	0.665	0.00	0.00	05 Limb Lengthening-Shortening - Tibia	0	0
27715		39	27715	39	1.000	15.50	22.50	05 Limb Lengthening-Shortening - Tibia	878	605
55840		1,119	55840	1,119	1.000	21.36	21.36	06 - Laparoscopic Prostatectomy	23,902	23,902
55842		78	55842	78	1.000	21.36	21.36	06 - Laparoscopic Prostatectomy	1,666	1,666
55845		497	55845	497	1.000	25.18	25.18	06 - Laparoscopic Prostatectomy	12,514	12,514
55866		19,034	55866	4,759	0.250	22.46	22.46	06 - Laparoscopic Prostatectomy	106,876	106,876
55866		19,034	55868	2,855	0.150	22.46	22.46	06 - Laparoscopic Prostatectomy	64,126	64,126
38571		17,170	Savings (bundled into 55868)	2,855	0.166	6.00	0.00	06 - Laparoscopic Prostatectomy	0	17,131
55866		19,034	55869	11,420	0.600	22.46	29.35	06 - Laparoscopic Prostatectomy	335,189	256,502
38571		17,170	Savings (bundled into 55869)	11,420	0.665	6.00	0.00	06 - Laparoscopic Prostatectomy	0	68,522
55867		0	55867	0	1.000	19.53	19.53	06 - Laparoscopic Prostatectomy	0	0
38570		7,249	38570	7,249	1.000	8.49	8.49	06 - Laparoscopic Prostatectomy	61,544	61,544
38571		17,170	38571	2,895	0.169	12.00	12.00	06 - Laparoscopic Prostatectomy	34,734	34,734
38572		1,419	38572	1,419	1.000	15.60	15.60	06 - Laparoscopic Prostatectomy	22,136	22,136
38573		247	38573	247	1.000	20.00	20.00	06 - Laparoscopic Prostatectomy	4,940	4,940
52500		2,334	52500	2,334	1.000	8.14	6.00	07 Transurethral Robotic-assisted Resec of Prostate	14,004	18,999
0421T		2,818	52597	2,818	1.000	0.00	10.25	07 Transurethral Robotic-assisted Resec of Prostate	28,885	0
52601		39,607	52601	39,607	1.000	13.16	10.00	07 Transurethral Robotic-assisted Resec of Prostate	396,070	521,228
52630		4,929	52630	4,929	1.000	6.55	6.55	07 Transurethral Robotic-assisted Resec of Prostate	32,285	32,285
52647	D	90	Savings	90	1.000	11.30	0.00	07 Transurethral Robotic-assisted Resec of Prostate	0	1,017
52648		14,767	52648	14,767	1.000	12.15	10.05	07 Transurethral Robotic-assisted Resec of Prostate	148,408	179,419
52649		7,122	52649	7,122	1.000	14.56	14.56	07 Transurethral Robotic-assisted Resec of Prostate	103,696	103,696
55700	D	139,388	55705	4,739	0.034	2.50	1.93	08 Prostate Biopsy Services	9,147	5
55705		58	55705	58	1.000	4.61	1.93	08 Prostate Biopsy Services	112	267
55700	D	139,388	55707	60,073	0.431	2.50	2.63	08 Prostate Biopsy Services	157,992	150,183
76872		193,924	Savings (Bundled with 55707)	62,725	0.323	0.69	0.00	08 Prostate Biopsy Services	0	43,280
76942		1,150,470	Savings (Bundled with 55707)	62,725	0.055	0.67	0.00	08 Prostate Biopsy Services	0	42,026
55700	D	139,388	55708	45,301	0.325	2.50	3.39	08 Prostate Biopsy Services	153,571	113,253
76872		193,924	Savings (bundled with 55708)	48,786	0.252	0.69	0.00	08 Prostate Biopsy Services	0	33,662
77021		1,835	Savings (bundled with 55708)	347	0.189	1.50	0.00	08 Prostate Biopsy Services	0	521
76942		1,150,470	Savings (bundled with 55708)	48,768	0.042	0.67	0.00	08 Prostate Biopsy Services	0	32,675
55700	D	139,388	55709	23,696	0.170	2.50	3.23	08 Prostate Biopsy Services	76,538	59,240
76872		193,924	Savings (bundled with 55709	25,090	0.129	0.69	0.00	08 Prostate Biopsy Services	0	17,312
77021		1,835	Savings (bundled with 55709)	347	0.189	1.50	0.00	08 Prostate Biopsy Services	0	521
76942		1,150,470	Savings (bundled with 55709)	25,090	0.022	0.67	0.00	08 Prostate Biopsy Services	0	16,810
55700	D	139,388	55710	2,091	0.015	2.50	3.81	08 Prostate Biopsy Services	7,966	5,227
76872		193,924	Savings (bundled with 55710)	2,788	0.014	0.69	0.00	08 Prostate Biopsy Services	0	1,924
77021		1,835	Savings (bundled with 55710)	347	0.189	1.50	0.00	08 Prostate Biopsy Services	0	521
76942		1,150,470	Savings (bundled with 55710)	2,788	0.002	0.67	0.00	08 Prostate Biopsy Services	0	1,868
55700	D	139,388	55711	500	0.004	2.50	2.61	08 Prostate Biopsy Services	1,305	1,250
76872		193,924	Savings (bundled with 55711)	1,394	0.007	0.69	0.00	08 Prostate Biopsy Services	0	962
77021		1,835	Savings (bundled with 55711)	347	0.189	1.50	0.00	08 Prostate Biopsy Services	0	521
76942		1,150,470	Savings (bundled with 55711)	1,394	0.001	0.67	0.00	08 Prostate Biopsy Services	0	934
55700	D	139,388	55712	200	0.001	2.50	3.10	08 Prostate Biopsy Services	620	500
76872		193,924	Savings (bundled with 55712)	1,394	0.007	0.69	0.00	08 Prostate Biopsy Services	0	962
77021		1,835	Savings (bundled with 55712)	347	0.189	1.50	0.00	08 Prostate Biopsy Services	0	521
76942		1,150,470	Savings (bundled with 55712)	1,394	0.001	0.67	0.00	08 Prostate Biopsy Services	0	934

CPT Source	Deleted	Source 2022 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2022)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
55700	D	139,388	55713	1,394	0.010	2.50	4.00	08 Prostate Biopsy Services	5,576	3,485
77012		134,199	Savings (bundled with 55713)	1,394	0.010	1.50	0.00	08 Prostate Biopsy Services	0	2,091
55700	D	139,388	55714	1,394	0.010	2.50	3.62	08 Prostate Biopsy Services	5,046	3,485
77012		134,199	Savings (bundled with 55714)	1,394	0.010	1.50	0.00	08 Prostate Biopsy Services	0	2,091
77021		1,835	77021	100	0.054	1.50	1.50	08 Prostate Biopsy Services	150	150
77012		134,199	77012	131,411	0.979	1.50	1.50	08 Prostate Biopsy Services	197,117	197,117
Formerly bundled into 55700	D	139,388	55715	1,394	0.010	2.50	1.05	08 Prostate Biopsy Services	1,464	3,485
55706		3,387	55706	3,387	1.000	6.28	4.27	08 Prostate Biopsy Services	14,462	21,270
76872		193,924	76872	51,747	0.267	0.69	0.67	08 Prostate Biopsy Services	34,670	35,705
76942		1,150,470	76942	1,008,311	0.876	0.67	0.67	08 Prostate Biopsy Services	675,568	675,568
70496		630,855	70471	568,400	0.901	1.75	2.50	09 Cerebral Perfusion & CT Angiography-Head & Neck	1,421,000	994,700
70498		655,679	Savings (bundled into 70471)	568,400	0.867	1.75	0.00	09 Cerebral Perfusion & CT Angiography-Head & Neck	0	994,700
0042T	D	35,935	70472	7,187	0.200	0.00	0.77	09 Cerebral Perfusion & CT Angiography-Head & Neck	5,534	0
0042T	D	35,935	70473	28,748	0.800	0.00	1.00	09 Cerebral Perfusion & CT Angiography-Head & Neck	28,748	0
70496		630,855	70496	62,455	0.099	1.75	1.75	09 Cerebral Perfusion & CT Angiography-Head & Neck	109,296	109,296
70498		655,679	70498	87,279	0.133	1.75	1.75	09 Cerebral Perfusion & CT Angiography-Head & Neck	152,738	152,738
91120	D	9,330	91124	364	0.039	0.97	3.05	10 Colon Motility Services	1,110	353
91122	D	17,726	91125	17,726	1.000	1.77	2.70	10 Colon Motility Services	47,860	31,375
91120	D	9,330	Savings (bundled into 91125)	8,966	0.961	0.97	0.00	10 Colon Motility Services	0	8,697
NEW			90482	324,448	N/A	0.00	0.24	11 Immunization Counseling	77,868	0
NEW			90483	38,170	N/A	0.00	0.50	11 Immunization Counseling	19,085	0
NEW			90484	19,085	N/A	0.00	0.75	11 Immunization Counseling	14,314	0
									4,615,915	5,295,077

Total Source RVUs	5,295,077
Total New/Revised RVUs	4,615,915
RVU Difference	679,162
CF	33.2875
CF Redistribution	**22,607,610**

New Technology/New Services List

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0001A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; first dose	Dec 2020	Pfizer-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0002A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; second dose	Dec 2020	Pfizer-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0003A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; third dose	Aug 2021	Pfizer-SARS-CoV-2-IA		CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0004A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; booster dose	Oct 2021	Pfizer-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0011A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5 ml dosage; first dose	Dec 2020	Moderna-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0012A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5 ml dosage; second dose	Dec 2020	Moderna-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0013A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5 ml dosage; third dose	Aug 2021	Moderna-SARS-CoV-2-IA		CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0021A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, chimpanzee adenovirus oxford 1 (chadox1) vector, preservative free, 5x1010 viral particles/0.5 ml dosage; first dose	Jan 2021	AstraZeneca-SARS-CoV-2-IA	34	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0022A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, chimpanzee adenovirus oxford 1 (chadox1) vector, preservative free, 5x1010 viral particles/0.5 ml dosage; second dose	Jan 2021	AstraZeneca-SARS-CoV-2-IA	34	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0031A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, adenovirus type 26 (ad26) vector, preservative free, 5x1010 viral particles/0.5 ml dosage; single dose	Jan 2021	Janssen-SARS-CoV-2-IA	34	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0041A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 ml dosage; first dose	Apr 2021	Novavax-SARS-CoV-2-IA	27	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0042A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 ml dosage; second dose	Apr 2021	Novavax-SARS-CoV-2-IA	27	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0044A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; booster dose	Dec 2022	Novavax, Moderna Pfizer COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0051A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; first dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0052A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; second dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0053A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; third dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0054A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; booster dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0064A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 50 mcg/0.25 ml dosage, booster dose	Oct 2021	Moderna Booster-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0071A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; first dose	Oct 2021	Pfizer Tris-Sucrose-Age5-11-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0072A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; second dose	Oct 2021	Pfizer Tris-Sucrose-Age5-11-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0073A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; third dose	Feb 2022	Pfizer (5-11) and (6 mos-5 yrs) COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0074A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; booster dose	Jun 2022	Pfizer-BioNTech Tris-Sucrose Age 5-11, Booster	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0081A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; first dose	Feb 2022	Pfizer (5-11) and (6 mos-5 yrs) COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0082A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; second dose	Feb 2022	Pfizer (5-11) and (6 mos-5 yrs) COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0083A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; third dose	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0091A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0092A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; second dose, when administered to individuals 6 through 11 years	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0093A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; third dose, when administered to individuals 6 through 11 years	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0094A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 50 mcg/0.5 ml dosage, booster dose	Mar 2022	Moderna Booster-SARS-CoV-2-IA- Full Dose	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0104A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 ml dosage, adjuvant as03 emulsion, booster dose	Jun 2022	Sanofi-GSK, Booster	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0111A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 25 mcg/0.25 ml dosage; first dose	Jun 2022	Moderna Age 6 months-5 years	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0112A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 25 mcg/0.25 ml dosage; second dose	Jun 2022	Moderna Age 6 months-5 years	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0113A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; third dose	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0124A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0134A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0144A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRN-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0154A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0164A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, booster dose	Dec 2022	Novavax, Moderna Pfizer COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0173A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, third dose	Dec 2022	Novavax, Moderna Pfizer COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
10011	Fine needle aspiration biopsy, including mr guidance; first lesion	Jan 2018	Fine Needle Aspiration	04	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
10012	Fine needle aspiration biopsy, including mr guidance; each additional lesion (list separately in addition to code for primary procedure)	Jan 2018	Fine Needle Aspiration	04	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (list separately in addition to code for primary procedure)	Apr 2009	Adjacent Tissue Transfer	4	CPT 2010	October 2015	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
15011	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15012	Harvest of skin for skin cell suspension autograft; each additional 25 sq cm or part thereof (List separately in addition to code for primary procedure)	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15013	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15014	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure)	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15015	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15016	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15017	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15018	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (list separately in addition to code for primary procedure)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (list separately in addition to code for primary procedure)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Apr 2006	Fibroadenoma Cryoablation	11	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (iort) concurrent with partial mastectomy (list separately in addition to code for primary procedure)	Oct 2016	Intraoperative Radiation Therapy Applicator Procedures	07	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Jan 2019	Trigger Point Dry Needling	41	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
20561	Needle insertion(s) without injection(s); 3 or more muscles	Jan 2019	Trigger Point Dry Needling	41	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
20700	Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑
20701	Removal of drug-delivery device(s), deep (eg, subfascial) (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑
20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
20703	Removal of drug-delivery device(s), intramedullary (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑
20704	Manual preparation and insertion of drug-delivery device(s), intra-articular (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑
20705	Removal of drug-delivery device(s), intra-articular (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	Apr 2014	Cryoablation Treatment of the Bone Tumors	04	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (list separately in addition to code for primary procedure)	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Resurvey for January 2012	☑
20986	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑
20987	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (list separately in addition to code for primary procedure)	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	Jan 2023	Vertebral Body Tethering	05	CPT 2024	April 2028		☐
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	Jan 2023	Vertebral Body Tethering	05	CPT 2024	April 2028		☐
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	Jan 2023	Vertebral Body Tethering	05	CPT 2024	April 2028		☐
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (list separately in addition to code for primary procedure)	Apr 2014	Total Disc Arthroplasty Additional Cervical Level Add-On Code	07	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	Apr 2022	Total Disc Arthroplasty	04	CPT 2024	April 2028		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (list separately in addition to code for primary procedure)	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017		Survey April 2021. Maintained.	☑
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (list separately in addition to code for primary procedure)	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017		Survey April 2021. Maintained.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23200	Radical resection of tumor; clavicle	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23210	Radical resection of tumor; scapula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23220	Radical resection of tumor, proximal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24150	Radical resection of tumor, shaft or distal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24152	Radical resection of tumor, radial head or neck	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25170	Radical resection of tumor, radius or ulna	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26250	Radical resection of tumor, metacarpal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26260	Radical resection of tumor, proximal or middle phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26262	Radical resection of tumor, distal phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27077	Radical resection of tumor; innominate bone, total	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	Jan 2023	Dorsal Sacroiliac Joint Arthrodesis	04	CPT 2024	April 2028		☐
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Apr 2014	Sacroiliac Joint Fusion	08	CPT 2015	October 2018	Surveyed in April 2018 for a CMS Request in the Final Rule for 2018	☑
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	Sep 2014	Sacroiliac Joint Fusion	06	CPT 2016	October 2019	Remove form list, was only identified with 27279 and that code has been resurveyed April 2018.	☑
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27365	Radical resection of tumor, femur or knee	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27645	Radical resection of tumor; tibia	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27646	Radical resection of tumor; fibula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27647	Radical resection of tumor; talus or calcaneus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27XX0		Sep 2024	Limb Lengthening/Shortening-Femur	04	CPT 2026	April 2030		☐
27XX1		Sep 2024	Limb Lengthening/Shortening-Tibia	05	CPT 2026	April 2030		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28173	Radical resection of tumor; metatarsal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28175	Radical resection of tumor; phalanx of toe	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
29582	Code Deleted CPT 2018	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). Code Deleted for CPT 2018.	☑
29583	Code Deleted CPT 2018	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). Code Deleted for CPT 2018.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	January 2022	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). In October 2018, RUC recommended to review again after 3 more years of data (2022). In January 2022, the Workgroup reviewed CPT code 29584 and agreed with the specialty society that the volume of this service is low and continues to decrease. The Workgroup recommends that CPT code 29584 be maintained and removed from the CPT Assistant Analysis screen and New Technology list.	☑
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Apr 2007	Arthroscopic Biceps Tenodesis	17	CPT 2008	September 2011	Resurvey for January 2012	☑
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
29916	Arthroscopy, hip, surgical; with labral repair	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	Jan 2023	Posterior Nasal Nerve Ablation	07	CPT 2024	April 2028		☐
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	Jan 2023	Posterior Nasal Nerve Ablation	07	CPT 2024	April 2028		☐
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (list separately in addition to code for primary procedure[s])	Feb 2009	Navigational Bronchoscopy	9	CPT 2010	October 2016	Review practice expense January 2014. Review data again in 3 years (Sept 2016).	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	Feb 2010	Bronchoscopy with Balloon Occlusion	7	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (list separately in addition to code for primary procedure)	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (list separately in addition to code for primary procedure[s])	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (ebus) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (list separately in addition to code for primary procedure[s])	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (srs/sbrt), (photon or particle beam), entire course of treatment	Jan 2012	Stereotactic Body Radiation	07	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	Jan 2017	Cryoablation of Pulmonary Tumors	08	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency	Apr 2006	Percutaneous RF Pulmonary Tumor Ablation	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (list separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (list separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (list separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Oct 2020	Exclusion of Left Atrial Appendage	05	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (list separately in addition to code for primary procedure)	Oct 2020	Exclusion of Left Atrial Appendage	05	CPT 2022	April 2026		☐
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Oct 2020	Exclusion of Left Atrial Appendage	05	CPT 2022	April 2026		☐
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33271	Insertion of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33272	Removal of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	Jan 2018	Leadless Pacemaker Procedures	07	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	Jan 2018	Leadless Pacemaker Procedures	07	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33281	Repositioning of phrenic nerve stimulator transvenous lead(s)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33286	Removal, subcutaneous cardiac rhythm monitor	Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	Jan 2018	Pulmonary Wireless Pressure Sensor Services	08	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	Jan 2016	Closure Left Atrial Appendage with Endocardial Implant	10	CPT 2017	April 2024	Review in two years (April 2023); new FDA indication recently released, suggesting this service is still changing. The RAW reviewed in April 2023 and indicated the specialties should survey in April 2024, to allow for the technology to stabilize a bit more prior to survey.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33361	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; percutaneous femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2025	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may be necessary to keep the highest performed	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33362	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2025	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may be necessary to keep the highest performed	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33363	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open axillary artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2025	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may be necessary to keep the highest performed	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33364	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open iliac artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2025	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may be necessary to keep the highest performed	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33365	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2025	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may be necessary to keep the highest performed	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2025	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may be necessary to keep the highest performed	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches.	
33367	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (list separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑
33368	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (list separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33369	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (list separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑
33370	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (list separately in addition to code for primary procedure)	Jan 2021	Percutaneous Cerebral Embolic Protection	07	CPT 2022	April 2026		☐
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (konno procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	April 2023	In the NPRM for 2019 CMS requested that codes 33412 and 33413 should be reviewed when the new code is reviewed for new technology. Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (ross procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	April 2023	In the NPRM for 2019 CMS requested that codes 33412 and 33413 should be reviewed when the new code is reviewed for new technology. Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, the Workgroup noted that these services are still evolving and should be reviewed in 3 years (April 2025).	☐
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (list separately in addition to code for primary procedure)	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, the Workgroup noted that these services are still evolving and should be reviewed in 3 years (April 2025).	☐
33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (ross-konno procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Jan 2015	Transcatheter Pulmonary Valve Implantation	06	CPT 2016	April 2023	Review in 3 years (April 2023); pediatric procedure with some CMS utilization. Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33509	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic	Jan 2021	Harvest of Upper Extremity Artery, Endoscopic and Open	09	CPT 2022	April 2026		☐
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑
33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, norwood, bidirectional glenn, pulmonary artery debanding)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, david procedure, yacoub procedure)	Apr 2007	Valve Sparing Aortic Annulus Reconstruction	24	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33866	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (list separately in addition to code for primary procedure)	Oct 2018	Aortic Graft Procedures	06	CPT 2020	April 2025	The whole family of services should be reviewed in 3 years when reviewing the utilization data. (CPT codes 33858, 33859, 33863 and 33864).	☐
33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐
33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐
33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐
33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33904	Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (list separately in addition to code for primary procedure)	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33928	Removal and replacement of total replacement heart system (artificial heart)	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (list separately in addition to code for primary procedure)	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33946	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; initiation, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33947	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; initiation, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33948	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; daily management, each day, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33949	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; daily management, each day, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33951	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33952	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33953	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33954	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33955	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33956	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33957	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33958	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33959	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33962	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33963	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33964	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33965	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33966	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33969	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33984	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33985	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33986	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ecmo/ecls (list separately in addition to code for primary procedure)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ecmo/ecls	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ecmo/ecls	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	Oct 2019	Percutaneous Ventricular Assist Device Insertion	05	CPT 2021	April 2025		☐
33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion	Oct 2019	Percutaneous Ventricular Assist Device Insertion	05	CPT 2021	April 2025		☐
34806	Code Deleted CPT 2008	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	April 2025	Review in January 2022 with the other codes in this family identified via the 2022 new technology/new services screen (36475-36479). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	April 2025	Review in January 2022 with the other codes in this family identified via the 2022 new technology/new services screen (36475-36479). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐
36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	Jan 2022	Percutaneous Arteriovenous Fistula Creation	06	CPT 2023	April 2027		☐
36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	Jan 2022	Percutaneous Arteriovenous Fistula Creation	06	CPT 2023	April 2027		☐
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Apr 2014	Transcatheter Placement of Carotid Stents	12	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
38220	Diagnostic bone marrow; aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
38221	Diagnostic bone marrow; biopsy(ies)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		☐
38226	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		☐
38227	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		☐
38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (list separately in addition to code for primary procedure)	Apr 2010	Sentinel Lymph Node Mapping	8	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed	Jan 2014	Endoscopic Hypopharyngeal Diverticulotomy	7	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Apr 2015	Esophagogatric Fundoplasty Trans-Oral Approach	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (list separately in addition to code(s) for primary procedure)	Apr 2008	Cholangioscopy-Pancreatoscopy	13	CPT 2009	September 2012	Specialty to survey Feb 2013 with family of services	☑
43279	Laparoscopy, surgical, esophagomyotomy (heller type), with fundoplasty, when performed	Apr 2008	Laparoscopic Heller Myotomy	12	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	April 2024	Review in 3 years (April 2024). The initial RUC survey was insufficient in number of respondents and RUC recommended re-surveying when volume is sufficient. Even though the typical patient is below Medicare age, society believes volumes remain low. Utilization of the removal code 43285 is higher than expected suggesting the services may be reported inappropriately. In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
43285	Removal of esophageal sphincter augmentation device	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	April 2024	Review in 3 years (April 2024). The initial RUC survey was insufficient in number of respondents and RUC recommended re-surveying when volume is sufficient. Even though the typical patient is below Medicare age, society believes volumes remain low. Utilization of the removal code 43285 is higher than expected suggesting the services may be reported inappropriately. In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	Apr 2021	Endoscopic Bariatric Device Procedures	08	CPT 2023	April 2027		☐
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	Apr 2021	Endoscopic Bariatric Device Procedures	08	CPT 2023	April 2027		☐
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [poem])	Oct 2020	Per-Oral Endoscopic Myotomy (POEM)	07	CPT 2022	April 2026		☐
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Apr 2009	Laparoscopic Longitudinal Gastrectomy	14	CPT 2010	September 2013	Remove from list, carrier priced.	☑
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	Apr 2012	Fecal Bacteriotherapy	18	CPT 2013	October 2018	The specialty societies indicated that they tried to develop a category I code to replace 44705 which is not currently covered by Medicare, but the CPT Editorial Panel did not accept the coding change proposal due to a lack in literature provided. The Workgroup recommended that these services be reviewed in 2 year after additional utilization data is available (October 2018). In Octobre 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
46601	Anoscopy; diagnostic, with high-resolution magnification (hra) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	Apr 2014	High Resolution Anoscopy	14	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data and to determine what specialties are performing this service (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
46607	Anoscopy; with high-resolution magnification (hra) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	Apr 2014	High Resolution Anoscopy	14	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data and to determine what specialties are performing this service (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [sis])	Apr 2009	Fistula Plug	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	Oct 2018	Transanal Hemorrhoidal Dearterialization	07	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Apr 2014	Cryoablation of Liver Tumor	15	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (list separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (list separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Apr 2007	Percutaneous Renal Tumor Cryotherapy	A	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
51721	Insertion of transurethral ablation transducer for delivery of thermal ultrasound for prostate tissue ablation, including suprapubic tube placement during the same session and placement of an endorectal cooling device, when performed	Sep 2023	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	07	CPT 2025	April 2029		☐
52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed	Jan 2023	Cystourethroscopy with Urethral Therapeutic Drug Delivery	08	CPT 2024	April 2028		☐
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018	Survey for January 2019	☑
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (list separately in addition to code for primary procedure)	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018	Survey for January 2019	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
52XX1		Sep 2024	Transurethral Robotic-assisted Resection of Prostate	07	CPT 2026	April 2030		☐
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	Jan 2018	Transurethral Destruction of Prostate Tissue	13	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Feb 2009	Temporary Prostatic Urethral Stent Insertion	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Apr 2010	Transurethral Radiofrequency Bladder Neck and Urethra	12	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
53865	Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	Jan 2024	Bladder Neck and Prostate Procedures	05	CPT 2025	April 2029	CPT codes 5XX05 and 5XX06 will be placed on the New Technology list to be reviewed in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
53866	Catheterization with removal of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	Jan 2024	Bladder Neck and Prostate Procedures	05	CPT 2025	April 2029	CPT codes 5XX05 and 5XX06 will be placed on the New Technology list to be reviewed in three years to ensure correct valuation, patient population, and utilization assumptions.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Apr 2008	Saturation Biopsies	15	CPT 2009	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	Oct 2009	Laparoscopic Radical Prostatectomy	14	CPT 2011	September 2014	Survey for April 2015. Specialty society should consider surveying 55845 and 55866 at the same time.	☑
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	Jan 2017	Peri-Prostatic Implantation of Biodegradable Material	13	CPT 2018	April 2022	In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (hifu), including ultrasound guidance	Oct 2019	Transrectal High Intesity Focused US Prostate Ablation	06	CPT 2021	April 2025		☐
55881	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation;	Sep 2023	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	07	CPT 2025	April 2029		☐
55882	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducer for delivery of thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed	Sep 2023	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	07	CPT 2025	April 2029		☐
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	Apr 2007	Laparoscopic Paravaginal Defect Repair	C	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (list separately in addition to code for primary procedure)	Jan 2020	Computer-Aided Mapping of Cervix Uteri	14	CPT 2021	April 2025		☐
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	Jan 2023	Transcervical RF Ablation of Uterine Fibroids	09	CPT 2024	April 2028		☐
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	Jan 2016	Laparoscopic Radiofrequency Ablation of Uterine Fibroids	18	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
5XX01		Sep 2024	Prostate Biopsy Services	08	CPT 2026	April 2030		☐
5XX03		Sep 2024	Prostate Biopsy Services	08	CPT 2026	April 2030		☐
5XX04		Sep 2024	Prostate Biopsy Services	08	CPT 2026	April 2030		☐
5XX07		Sep 2024	Prostate Biopsy Services	08	CPT 2026	April 2030		☐
5XX10		Sep 2024	Prostate Biopsy Services	08	CPT 2026	April 2030		☐
60660	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency	Jan 2024	Percutaneous Radiofrequency Ablation of Thyroid	07	CPT 2025	April 2029	CPT codes 60660 and 60661 will be placed on the New Technology list to be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
60661	Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure)	Jan 2024	Percutaneous Radiofrequency Ablation of Thyroid	07	CPT 2025	April 2029	CPT codes 60660 and 60661 will be placed on the New Technology list to be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	☑
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
61715	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed	Jan 2024	Guided High Intensity Focused Ultrasound	06	CPT 2025	April 2029	CPT code 61715 will be placed on the New Technology list to be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
61736	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	Jan 2021	Intracranial Laser Interstitial Thermal Therapy (LITT)	12	CPT 2022	April 2026		☐
61737	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	Jan 2021	Intracranial Laser Interstitial Thermal Therapy (LITT)	12	CPT 2022	April 2026		☐
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	Apr 2022	Skull Mounted Cranial Neurostimulator	05	CPT 2024	April 2028	When review in 2028, ensure correct valuation, patient population and utilization assumptions. At the April 2022 RUC meeting, the RUC recommendation for CPT code 619X1 was based on the understanding that the current typical patient does not have a surgically naïve scalp and has previously undergone multiple intracranial procedures prior to the insertion of the skull-mounted neurostimulator.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	Apr 2022	Skull Mounted Cranial Neurostimulator	05	CPT 2024	April 2028	When review in 2028, ensure correct valuation, patient population and utilization assumptions. At the April 2022 RUC meeting, the RUC recommendation for CPT code 619X1 was based on the understanding that the current typical patient does not have a surgically naïve scalp and has previously undergone multiple intracranial procedures prior to the insertion of the skull-mounted neurostimulator.	☐
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed	Apr 2022	Skull Mounted Cranial Neurostimulator	05	CPT 2024	April 2028	When review in 2028, ensure correct valuation, patient population and utilization assumptions. At the April 2022 RUC meeting, the RUC recommendation for CPT code 619X1 was based on the understanding that the current typical patient does not have a surgically naïve scalp and has previously undergone multiple intracranial procedures prior to the insertion of the skull-mounted neurostimulator.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or ct guidance	Jan 2019	Lumbar Puncture	09	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or ct guidance	Jan 2019	Lumbar Puncture	09	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	Jan 2016	Endoscopic Decompression of Spinal Cord Nerve	19	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (list separately in addition to code for primary procedure)	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2026	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Jan 2019	Radiofrequency Neurotomy Sacroiliac Joint	08	CPT 2020	April 2026	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2026	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Apr 2010	Posterior Tibial Nerve Stimulation	13	CPT 2011	October 2019	Surveyed for April 2015, RUC recommended to review utilization again in 2 years (Oct 2019). In Oct 2019, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	Sep 2022	Spinal Neurostimulator	04	CPT 2024	April 2028	Also to be reviewed because it was contractor priced and the response rate was below 30.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)	Sep 2022	Spinal Neurostimulator	04	CPT 2024	April 2028	Also to be reviewed because it was contractor priced and the response rate was below 30.	☐
64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator	Sep 2022	Spinal Neurostimulator	04	CPT 2024	April 2028	Also to be reviewed because it was contractor priced and the response rate was below 30.	☐
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2026	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Jan 2019	Radiofrequency Neurotomy Sacroiliac Joint	08	CPT 2020	April 2026	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Jan 2021	Destruction of Intraosseous Basivertebral Nerve	14	CPT 2022	April 2026		☐
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (list separately in addition to code for primary procedure)	Jan 2021	Destruction of Intraosseous Basivertebral Nerve	14	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
64640	Destruction by neurolytic agent; other peripheral nerve or branch	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2026	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐
65756	Keratoplasty (corneal transplant); endothelial	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated. Though volume grew faster than expected, there was a decrease in other services of similar magnitude, that were previously reported and had similar work RVUs. All remained work neutral.	☑
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (list separately in addition to code for primary procedure)	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated.	☑
65778	Placement of amniotic membrane on the ocular surface; without sutures	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	☑
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	☑
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Oct 2011	Relativity Assessment Workgroup	51	CPT 2011	September 2014	Survey for April 2015.	☑
65785	Implantation of intrastromal corneal ring segments	Jan 2015	Intrastomal Corneal Ring Implantation	11	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
66174	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2019	Jan 2020 - Referred to CPT	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
66175	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2019	Jan 2020 - Referred to CPT	☑
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Apr 2013	Insertion of Anterior Segment	14	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑
66683	Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed	Apr 2023	Iris Procedures	04	CPT 2025	April 2029		☐
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		☐
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		☐
66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☐
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		☐
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
67516	Suprachoroidal space injection of pharmacologic agent (separate procedure)	Jan 2023	Suprachoroidal Injection	10	CPT 2024	April 2028	There is currently only one FDA-approved medication for this procedure, triamcinolone acetonide, and it is approved for only one indication: macular edema associated with uveitis. The relevant HCPCS code is J-3299. Medicare claims volume for this indication is expected to be low. However, if other drugs for more common indications obtain FDA approval, claims volume may grow substantially. Thus, CPT code 6X000 will be placed on the New Technology list and will be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. The RUC recommended that if there are new drugs that have an associated J-code that these also be considered by the Relativity Assessment Workgroup as part of the New Technology screen.	☐
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	Apr 2007	Nasolacrimal Duct Balloon Catheter Dilation	E	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	Jan 2021	Lacrimal Canaliculus Drug Eluting Implant Insertion	17	CPT 2022	April 2026		☐
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	Jan 2020	Dilation of Eustachian Tube	15	CPT 2021	April 2025		☐
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	Jan 2020	Dilation of Eustachian Tube	15	CPT 2021	April 2025		☐
70554	Magnetic resonance imaging, brain, functional mri; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
70555	Magnetic resonance imaging, brain, functional mri; requiring physician or psychologist administration of entire neurofunctional testing	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Oct 2019	Screening CT of Thorax	07	CPT 2021	April 2025		☐
74261	Computed tomographic (ct) colonography, diagnostic, including image postprocessing; without contrast material	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74262	Computed tomographic (ct) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74263	Computed tomographic (ct) colonography, screening, including image postprocessing	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75558.	☑
75558	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75560	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
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	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3d image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	Jan 2023	Fractional Flow Reserve with CT	11	CPT 2024	April 2028		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76014	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; initial 15 minutes	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
76015	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; each additional 30 minutes (List separately in addition to code for primary procedure)	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
76016	MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR examination, analysis of risk vs clinical benefit of performing MR examination, and determination of MR equipment, accessory equipment, and expertise required to perform examination, with written report	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
76017	MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert, with review and analysis by physician or other qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies, with written report	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76018	MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room, with written report	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
76019	MR safety implant positioning and/or immobilization under supervision of physician or other qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room, with written report	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
76391	Magnetic resonance (eg, vibration) elastography	Jan 2018	Magnetic Resonance Elastography	16	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76881	Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation	Apr 2010	Neuromuscular Ultrasound	11	CPT 2023	April 2027	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019). In Oct 2019, the RAW recommended to review in 2 years after additional utilization data is available. However, in October 2021, the CPT Editorial Panel approved the addition of code 76883 for reporting real-time, complete neuromuscular ultrasound of nerves and accompanying	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							structures throughout their anatomic course, per extremity and the revision of 76882 to add focal evaluation. CPT code 76881 is included as part of this family, therefore, review by the RAW was no longer necessary. CPT codes 76881 and 76882 were identified as part of the neuromuscular ultrasound code family with CPT code 76883 and surveyed for the January 2022 RUC meeting. The RUC requested that 76883 be added to the new technology list and 76881 and 76882 be added for review at that time.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76882	Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation	Apr 2010	Neuromuscular Ultrasound	11	CPT 2023	April 2027	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019). In Oct 2019, the RAW recommended to review in 2 years after additional utilization data is available. However, in October 2021, the CPT Editorial Panel approved the addition of code 76883 for reporting real-time, complete neuromuscular ultrasound of nerves and accompanying	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							structures throughout their anatomic course, per extremity and the revision of 76882 to add focal evaluation. CPT code 76881 is included as part of this family, therefore, review by the RAW was no longer necessary. CPT codes 76881 and 76882 were identified as part of the neuromuscular ultrasound code family with CPT code 76883 and surveyed for the January 2022 RUC meeting. The RUC requested that 76883 be added to the new technology list and 76881 and 76882 be added for review at that time.	
76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity	Jan 2022	Neuromuscular Ultrasound	11	CPT 2023	April 2027		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	Jan 2018	Contrast-Enhanced Ultrasound	15	CPT 2019	April 2023	Refer to CPT Assistant to educate members about the removal of the bubble contrast agent (SD332) from direct practice expense, effective January 1, 2023. The supply item should be reported separately as a HCPCS Level II supply code such as Q9950. Remove from new technology/new services list, no demonstrated technology diffusion that impacts work or practice expense.	☑
76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (list separately in addition to code for primary procedure)	Jan 2018	Contrast-Enhanced Ultrasound	15	CPT 2019	April 2023	Refer to CPT Assistant to educate members about the removal of the bubble contrast agent (SD332) from direct practice expense, effective January 1, 2023. The supply item should be reported separately as a HCPCS Level II supply code such as Q9950. Remove from new technology/new services list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76981	Ultrasound, elastography; parenchyma (eg, organ)	Jan 2018	Ultrasound Elastography	14	CPT 2019	September 2023	Surveyed for September 2023 meeting.	☑
76982	Ultrasound, elastography; first target lesion	Jan 2018	Ultrasound Elastography	14	CPT 2019	September 2023	Surveyed for September 2023 meeting.	☑
76983	Ultrasound, elastography; each additional target lesion (list separately in addition to code for primary procedure)	Jan 2018	Ultrasound Elastography	14	CPT 2019	September 2023	Surveyed for September 2023 meeting.	☑
76984	Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		☐
76987	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		☐
76988	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		☐
76989	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		☐
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	Jan 2018	Fine Needle Aspiration	04	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (cad real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (cad real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
77061	Diagnostic digital breast tomosynthesis; unilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 amd ise codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77062	Diagnostic digital breast tomosynthesis; bilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 amd ise codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025).	☐
77063	Screening digital breast tomosynthesis, bilateral (list separately in addition to code for primary procedure)	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 amd ise codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77089	Trabecular bone score (tbs), structural condition of the bone microarchitecture; using dual x-ray absorptiometry (dxa) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk	Jan 2021	Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		☐
77090	Trabecular bone score (tbs), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere	Jan 2021	Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		☐
77091	Trabecular bone score (tbs), structural condition of the bone microarchitecture; technical calculation only	Jan 2021	Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		☐
77092	Trabecular bone score (tbs), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional	Jan 2021	Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		☐
77293	Respiratory motion management simulation (list separately in addition to code for primary procedure)	Jan 2013	Respiratory Motion Management Simulation	14	CPT 2014	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
77371	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source cobalt 60 based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77372	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Practice expense review (Feb 2011).	☑

CPT Code	Long Descriptor	RUC Meeting		Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	F	Stereotactic Body Radiation Therapy	B & 3	CPT 2007	September 2010/	Survey (work) and PE review (Feb 2011). Practice expense review (Feb 2011).	☑
77520	Proton treatment delivery; simple, without compensation	Apr 2019		Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		☐
77522	Proton treatment delivery; simple, with compensation	Apr 2019		Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		☐
77523	Proton treatment delivery; intermediate	Apr 2019		Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		☐
77525	Proton treatment delivery; complex	Apr 2019		Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (spect)	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting parathyroid scintigraphy as an	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be postponed and reviewed in 2 years	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							after the CPT Assistant article is published. In October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (spect), and concurrently acquired computed tomography (ct) for anatomical localization	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting parathyroid scintigraphy as an	☑

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							after the CPT Assistant article is published. In October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
78429	Myocardial imaging, positron emission tomography (pet), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78430	Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
78431	Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
78432	Myocardial imaging, positron emission tomography (pet), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78433	Myocardial imaging, positron emission tomography (pet), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
78434	Absolute quantitation of myocardial blood flow (aqmbf), positron emission tomography (pet), rest and pharmacologic stress (list separately in addition to code for primary procedure)	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
78459	Myocardial imaging, positron emission tomography (pet), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78491	Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
78492	Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
78811	Positron emission tomography (pet) imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78812	Positron emission tomography (pet) imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78813	Positron emission tomography (pet) imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78814	Positron emission tomography (pet) with concurrently acquired computed tomography (ct) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78815	Positron emission tomography (pet) with concurrently acquired computed tomography (ct) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78816	Positron emission tomography (pet) with concurrently acquired computed tomography (ct) for attenuation correction and anatomical localization imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (spect) with concurrently acquired computed tomography (ct) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (spect), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (spect) with concurrently acquired computed tomography (ct) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78835	Radiopharmaceutical quantification measurement(s) single area (list separately in addition to code for primary procedure)	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
81161	Dmd (dystrophin) (eg, duchenne/becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Oct 2012	Molecular Pathology -Tier 1	11	CPT 2014	October 2017	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81201	Apc (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [fap], attenuated fap) gene analysis; full gene sequence	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81202	Apc (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [fap], attenuated fap) gene analysis; known familial variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81203	Apc (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [fap], attenuated fap) gene analysis; duplication/deletion variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81206	Bcr/abl1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81207	Bcr/abl1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81208	Bcr/abl1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81210	Braf (b-raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, v600 variant(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81216	Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81217	Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81220	Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, acmg/acog guidelines)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81221	Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81222	Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81223	Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81224	Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-t analysis (eg, male infertility)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81225	Cyp2c19 (cytochrome p450, family 2, subfamily c, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81227	Cyp2c9 (cytochrome p450, family 2, subfamily c, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81235	Egfr (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 lrea deletion, l858r, t790m, g719a, g719s, l861q)	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81240	F2 (prothrombin, coagulation factor ii) (eg, hereditary hypercoagulability) gene analysis, 20210g>a variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81241	F5 (coagulation factor v) (eg, hereditary hypercoagulability) gene analysis, leiden variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81243	Fmr1 (fragile x mental retardation 1) (eg, fragile x mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81244	Fmr1 (fragile x mental retardation 1) (eg, fragile x mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81245	Flt3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (itd) variants (ie, exons 14, 15)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81252	Gjb2 (gap junction protein, beta 2, 26kda, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81253	Gjb2 (gap junction protein, beta 2, 26kda, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81254	Gjb6 (gap junction protein, beta 6, 30kda, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(gjb6-d13s1830)] and 232kb [del(gjb6-d13s1854)])	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81256	Hfe (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, c282y, h63d)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81257	Hba1/hba2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, hb bart hydrops fetalis syndrome, hbh disease), gene analysis; common deletions or variant (eg, southeast asian, thai, filipino, mediterranean, alpha3.7, alpha4.2, alpha20.5, constant spring)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81261	Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81262	Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81263	Igh@ (immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, b-cell), variable region somatic mutation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81264	Igk@ (immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, b-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81265	Comparative analysis using short tandem repeat (str) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81266	Comparative analysis using short tandem repeat (str) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (list separately in addition to code for primary procedure)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, cd3, cd33), each cell type	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81270	Jak2 (janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.val617phe (v617f) variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81275	Kras (kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81291	Mthfr (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677t, 1298c)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81292	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81293	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81294	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81295	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81296	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81297	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81298	Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81299	Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81300	Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) of markers for mismatch repair deficiency (eg, bat25, bat26), includes comparison of neoplastic and normal tissue, if performed	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81302	Mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81303	Mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81304	Mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81315	Pml/raralpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81316	Pml/raralpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81317	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81318	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81319	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81321	Pten (phosphatase and tensin homolog) (eg, cowden syndrome, pten hamartoma tumor syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81322	Pten (phosphatase and tensin homolog) (eg, cowden syndrome, pten hamartoma tumor syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81323	Pten (phosphatase and tensin homolog) (eg, cowden syndrome, pten hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81331	Snrpn/ube3a (small nuclear ribonucleoprotein polypeptide n and ubiquitin protein ligase e3a) (eg, prader-willi syndrome and/or angelman syndrome), methylation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81332	Serpina1 (serpin peptidase inhibitor, clade a, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *s and *z)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81340	Trb@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81341	Trb@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81342	Trg@ (t cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81350	Ugt1a1 (udp glucuronosyltransferase 1 family, polypeptide a1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81355	Vkorc1 (vitamin k epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639g>a, c.173+1000c>t)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81370	Hla class i and ii typing, low resolution (eg, antigen equivalents); hla-a, -b, -c, -drb1/3/4/5, and -dqb1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81371	Hla class i and ii typing, low resolution (eg, antigen equivalents); hla-a, -b, and -drb1 (eg, verification typing)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81372	Hla class i typing, low resolution (eg, antigen equivalents); complete (ie, hla-a, -b, and -c)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81373	Hla class i typing, low resolution (eg, antigen equivalents); one locus (eg, hla-a, -b, or -c), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81374	Hla class i typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, b*27), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81375	Hla class ii typing, low resolution (eg, antigen equivalents); hla-drb1/3/4/5 and -dqb1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81376	Hla class ii typing, low resolution (eg, antigen equivalents); one locus (eg, hla-drb1, -drb3/4/5, -dqb1, -dqa1, -dpb1, or -dpa1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81377	Hla class ii typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81378	Hla class i and ii typing, high resolution (ie, alleles or allele groups), hla-a, -b, -c, and -drb1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81379	Hla class i typing, high resolution (ie, alleles or allele groups); complete (ie, hla-a, -b, and -c)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81380	Hla class i typing, high resolution (ie, alleles or allele groups); one locus (eg, hla-a, -b, or -c), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81381	Hla class i typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, b*57:01p), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81382	Hla class ii typing, high resolution (ie, alleles or allele groups); one locus (eg, hla-drb1, -drb3/4/5, -dqb1, -dqa1, -dpb1, or -dpa1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81383	Hla class ii typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, hla-dqb1*06:02p), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81400	Molecular pathology procedure, level 1 (eg, identification of single germline variant [eg, snp] by techniques such as restriction enzyme digestion or melt curve analysis) acadm (acyl-coa dehydrogenase, c-4 to c-12 straight chain, mcad) (eg, medium chain acyl dehydrogenase deficiency), k304e variant ace (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant agtr1 (angiotensin ii receptor, type 1) (eg, essential hypertension), 1166a>c variant bckdha (branched chain keto acid dehydrogenase e1, alpha polypeptide) (eg, maple syrup urine disease, type 1a), y438n variant ccr5 (chemokine c-c motif receptor 5) (eg, hiv resistance), 32-bp deletion mutation/794 825del32 deletion clrn1 (clarin 1) (eg, usher syndrome, type 3), n48k variant f2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199g>a variant f5 (coagulation factor v) (eg, hereditary hypercoagulability), hr2 variant f7 (coagulation factor vii [serum prothrombin conversion accelerator]) (eg, hereditary hypercoagulability), r353q variant f13b (coagulation factor xiii, b polypeptide) (eg, hereditary hypercoagulability), v34l variant fgb (fibrinogen beta chain) (eg, hereditary ischemic heart disease), -455g>a variant fgfr1 (fibroblast growth factor receptor 1) (eg, pfeiffer syndrome type 1, craniosynostosis), p252r variant fgfr3 (fibroblast growth factor receptor 3) (eg, muenke syndrome), p250r variant fktn (fukutin) (eg, fukuyama congenital muscular dystrophy), retrotransposon insertion variant gne (glucosamine [udp-n-acetyl]-2-epimerase/n-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [ibm2], nonaka myopathy), m712t variant ivd (isovaleryl-coa dehydrogenase) (eg, isovaleric acidemia), a282v variant lct (lactase-phlorizin hydrolase) (eg, lactose intolerance), 13910 c>t variant neb (nebulin) (eg, nemaline myopathy 2), exon 55 deletion variant pcdh15 (protocadherin-related 15) (eg, usher syndrome type 1f), r245x variant serpine1 (serpine peptidase	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	inhibitor clade e, member 1, plasminogen activator inhibitor -1, pai-1) (eg, thrombophilia), 4g variant shoc2 (soc-2 suppressor of clear homolog) (eg, noonan-like syndrome with loose anagen hair), s2g variant sry (sex determining region y) (eg, 46,xx testicular disorder of sex development, gonadal dysgenesis), gene analysis tor1a (torsin family 1, member a [torsin a]) (eg, early-onset primary dystonia [dyt1]), 907_909delgag (904_906delgag) variant							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81401	Molecular pathology procedure, level 2 (eg, 2-10 snps, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) abcc8 (atp-binding cassette, sub-family c [cftr/mrp], member 8) (eg, familial hyperinsulinism), common variants (eg, c.3898-9g>a [c.3992-9g>a], f1388del) abl1 (abl proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib resistance), t315i variant acadm (acyl-coa dehydrogenase, c-4 to c-12 straight chain, mcad) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, k304e, y42h) adrb2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, g16r, q27e) apob (apolipoprotein b) (eg, familial hypercholesterolemia type b), common variants (eg, r3500q, r3500w) apoe (apolipoprotein e) (eg, hyperlipoproteinemia type iii, cardiovascular disease, alzheimer disease), common variants (eg, *2, *3, *4) cbfb/myh11 (inv(16)) (eg, acute myeloid leukemia), qualitative, and quantitative, if performed cbs (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), common variants (eg, i278t, g307s) cfh/arms2 (complement factor h/age-related maculopathy susceptibility 2) (eg, macular degeneration), common variants (eg, y402h [cfh], a69s [arms2]) dek/nup214 (t(6;9)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed e2a/pbx1 (t(1;19)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed eml4/alk (inv(2)) (eg, non-small cell lung cancer), translocation or inversion analysis etv6/runx1 (t(12;21)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed ewsr1/atf1 (t(12;22)) (eg, clear cell sarcoma), translocation analysis, qualitative, and quantitative, if performed ewsr1/erg (t(21;22)) (eg, ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	quantitative, if performed ewsr1/fli1 (t(11;22)) (eg, ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed ewsr1/wt1 (t(11;22)) (eg, desmoplastic small round cell tumor), translocation analysis, qualitative, and quantitative, if performed f11 (coagulation factor xi) (eg, coagulation disorder), common variants (eg, e117x [type ii], f283l [type iii], ivs14del14, and ivs14+1g>a [type i]) fgfr3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), common variants (eg, 1138g>a, 1138g>c, 1620c>a, 1620c>g) fip1l1/pdgfra (del[4q12]) (eg, imatinib-sensitive chronic eosinophilic leukemia), qualitative, and quantitative, if performed flg (filaggrin) (eg, ichthyosis vulgaris), common variants (eg, r501x, 2282del4, r2447x, s3247x, 3702delg) foxo1/pax3 (t(2;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed foxo1/pax7 (t(1;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed fus/ddit3 (t(12;16)) (eg, myxoid liposarcoma), translocation analysis, qualitative, and quantitative, if performed galc (galactosylceramidase) (eg, krabbe disease), common variants (eg, c.857g>a, 30-kb deletion) galt (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), common variants (eg, q188r, s135l, k285n, t138m, l195p, y209c, ivs2-2a>g, p171s, del5kb, n314d, l218l/n314d) h19 (imprinted maternally expressed transcript [non-protein coding]) (eg, beckwith-wiedemann syndrome), methylation analysis igh@/bcl2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; single breakpoint (eg, major breakpoint region [mbr] or minor cluster region [mcr]), qualitative or quantitative (when both mbr and mcr breakpoints are performed, use 81278) kcnq1ot1 (kcnq1 overlapping transcript 1 [non-protein coding]) (eg, beckwith-wiedemann syndrome), methylation analysis linc00518 (long intergenic non-protein coding rna 518) (eg, melanoma), expression							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	analysis lrrk2 (leucine-rich repeat kinase 2) (eg, parkinson disease), common variants (eg, r1441g, g2019s, i2020t) med12 (mediator complex subunit 12) (eg, fg syndrome type 1, lujan syndrome), common variants (eg, r961w, n1007s) meg3/dlk1 (maternally expressed 3 [non-protein coding]/delta-like 1 homolog [drosophila]) (eg, intrauterine growth retardation), methylation analysis mll/aff1 (t(4;11)) (eg, acute lymphoblastic leukemia), translocation analysis, qualitative, and quantitative, if performed mll/mllt3 (t(9;11)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed mt-atp6 (mitochondrially encoded atp synthase 6) (eg, neuropathy with ataxia and retinitis pigmentosa [narp], leigh syndrome), common variants (eg, m.8993t>g, m.8993t>c) mt-nd4, mt-nd6 (mitochondrially encoded nadh dehydrogenase 4, mitochondrially encoded nadh dehydrogenase 6) (eg, leber hereditary optic neuropathy [lhon]), common variants (eg, m.11778g>a, m.3460g>a, m.14484t>c) mt-nd5 (mitochondrially encoded trna leucine 1 [uua/g], mitochondrially encoded nadh dehydrogenase 5) (eg, mitochondrial encephalopathy with lactic acidosis and stroke-like episodes [melas]), common variants (eg, m.3243a>g, m.3271t>c, m.3252a>g, m.13513g>a) mt-rnr1 (mitochondrially encoded 12s rna) (eg, nonsyndromic hearing loss), common variants (eg, m.1555a>g, m.1494c>t) mt-tk (mitochondrially encoded trna lysine) (eg, myoclonic epilepsy with ragged-red fibers [merrf]), common variants (eg, m.8344a>g, m.8356t>c) mt-tl1 (mitochondrially encoded trna leucine 1 [uua/g]) (eg, diabetes and hearing loss), common variants (eg, m.3243a>g, m.14709 t>c) mt-tl1 mt-ts1, mt-rnr1 (mitochondrially encoded trna serine 1 [ucn], mitochondrially encoded 12s rna) (eg, nonsyndromic sensorineural deafness [including aminoglycoside-induced nonsyndromic deafness]), common variants (eg, m.7445a>g, m.1555a>g) mutyh (muty homolog [e. coli]) (eg, myh-associated polyposis), common variants (eg,							

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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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81403	Molecular pathology procedure, level 4 (eg, analysis of single exon by dna sequence analysis, analysis of >10 amplicons using multiplex pcr in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ang (angiogenin, ribonuclease, rnase a family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence arx (aristaless-related homeobox) (eg, x-linked lissencephaly with ambiguous genitalia, x-linked mental retardation), duplication/deletion analysis cel (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [mody]), targeted sequence analysis of exon 11 (eg, c.1785delc, c.1686delt) ctnnb1 (catenin [cadherin-associated protein], beta 1, 88kda) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) daz/sry (deleted in azoospermia and sex determining region y) (eg, male infertility), common deletions (eg, azfa, azfb, azfc, azfd) dnmt3a (dna [cytosine-5-]-methyltransferase 3 alpha) (eg, acute myeloid leukemia), targeted sequence analysis (eg, exon 23) epcam (epithelial cell adhesion molecule) (eg, lynch syndrome), duplication/deletion analysis f8 (coagulation factor viii) (eg, hemophilia a), inversion analysis, intron 1 and intron 22a f12 (coagulation factor xii [hageman factor]) (eg, angioedema, hereditary, type iii; factor xii deficiency), targeted sequence analysis of exon 9 fgfr3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7) (for targeted sequence analysis of multiple fgfr3 exons, use 81404) gjb1 (gap junction protein, beta 1) (eg, charcot-marie-tooth x-linked), full gene sequence gnaq (guanine nucleotide-binding protein g[q] subunit alpha) (eg, uveal melanoma), common variants (eg, r183, q209) human erythrocyte antigen gene analyses (eg, slc14a1 [kidd blood group], bcam [lutheran blood group], icam4 [landsteiner-wiener blood group], slc4a1 [diego blood group], aqp1 [colton blood group], ermap [scianna blood group], rhce [rh blood group, ccee antigens], kel [kell blood group], darc [duffy blood	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	group], gypa, gypb, gype [mns blood group], art4 [dombrock blood group]) (eg, sickle-cell disease, thalassemia, hemolytic transfusion reactions, hemolytic disease of the fetus or newborn), common variants hras (v-ha-ras harvey rat sarcoma viral oncogene homolog) (eg, costello syndrome), exon 2 sequence kcnc3 (potassium voltage-gated channel, shaw-related subfamily, member 3) (eg, spinocerebellar ataxia), targeted sequence analysis (eg, exon 2) kcnj2 (potassium inwardly-rectifying channel, subfamily j, member 2) (eg, andersen-tawil syndrome), full gene sequence kcnj11 (potassium inwardly-rectifying channel, subfamily j, member 11) (eg, familial hyperinsulinism), full gene sequence killer cell immunoglobulin-like receptor (kir) gene family (eg, hematopoietic stem cell transplantation), genotyping of kir family genes known familial variant not otherwise specified, for gene listed in tier 1 or tier 2, or identified during a genomic sequencing procedure, dna sequence analysis, each variant exon (for a known familial variant that is considered a common variant, use specific common variant tier 1 or tier 2 code) mc4r (melanocortin 4 receptor) (eg, obesity), full gene sequence mica (mhc class i polypeptide-related sequence a) (eg, solid organ transplantation), common variants (eg, *001, *002) mt-rnr1 (mitochondrially encoded 12s rna) (eg, nonsyndromic hearing loss), full gene sequence mt-ts1 (mitochondrially encoded trna serine 1) (eg, nonsyndromic hearing loss), full gene sequence ndp (norrie disease [pseudoglioma]) (eg, norrie disease), duplication/deletion analysis nhlrc1 (nhl repeat containing 1) (eg, progressive myoclonus epilepsy), full gene sequence phox2b (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), duplication/deletion analysis pln (phospholamban) (eg, dilated cardiomyopathy, hypertrophic cardiomyopathy), full gene sequence rhd (rh blood group, d antigen) (eg, hemolytic disease of the fetus and newborn, rh maternal/fetal compatibility), deletion analysis							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(eg, exons 4, 5, and 7, pseudogene) rhd (rh blood group, d antigen) (eg, hemolytic disease of the fetus and newborn, rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene), performed on cell-free fetal dna in maternal blood (for human erythrocyte gene analysis of rhd, use a separate unit of 81403) sh2d1a (sh2 domain containing 1a) (eg, x-linked lymphoproliferative syndrome), duplication/deletion analysis twist1 (twist homolog 1 [drosophila]) (eg, saethre-chotzen syndrome), duplication/deletion analysis uba1 (ubiquitin-like modifier activating enzyme 1) (eg, spinal muscular atrophy, x-linked), targeted sequence analysis (eg, exon 15) vhl (von hippel-lindau tumor suppressor) (eg, von hippel-lindau familial cancer syndrome), deletion/duplication analysis vwf (von willebrand factor) (eg, von willebrand disease types 2a, 2b, 2m), targeted sequence analysis (eg, exon 28)							

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81404	Molecular pathology procedure, level 5 (eg, analysis of 2-5 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by southern blot analysis) acads (acyl-coa dehydrogenase, c-2 to c-3 short chain) (eg, short chain acyl-coa dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) aqp2 (aquaporin 2 [collecting duct]) (eg, nephrogenic diabetes insipidus), full gene sequence arx (aristaless related homeobox) (eg, x-linked lissencephaly with ambiguous genitalia, x-linked mental retardation), full gene sequence avpr2 (arginine vasopressin receptor 2) (eg, nephrogenic diabetes insipidus), full gene sequence bbs10 (bardet-biedl syndrome 10) (eg, bardet-biedl syndrome), full gene sequence btd (biotinidase) (eg, biotinidase deficiency), full gene sequence c10orf2 (chromosome 10 open reading frame 2) (eg, mitochondrial dna depletion syndrome), full gene sequence cav3 (caveolin 3) (eg, cav3-related distal myopathy, limb-girdle muscular dystrophy type 1c), full gene sequence cd40lg (cd40 ligand) (eg, x-linked hyper igm syndrome), full gene sequence cdkn2a (cyclin-dependent kinase inhibitor 2a) (eg, cdkn2a-related cutaneous malignant melanoma, familial atypical mole-malignant melanoma syndrome), full gene sequence clrn1 (clarin 1) (eg, usher syndrome, type 3), full gene sequence cox6b1 (cytochrome c oxidase subunit vib polypeptide 1) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence cpt2 (carnitine palmitoyltransferase 2) (eg, carnitine palmitoyltransferase ii deficiency), full gene sequence crx (cone-rod homeobox) (eg, cone-rod dystrophy 2, leber congenital amaurosis), full gene sequence cyp1b1 (cytochrome p450, family 1, subfamily b, polypeptide 1) (eg, primary congenital glaucoma), full gene sequence egr2 (early growth response 2) (eg, charcot-marie-tooth), full gene sequence emd (emerin) (eg, emery-dreifuss	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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	muscular dystrophy), duplication/deletion analysis epm2a (epilepsy, progressive myoclonus type 2a, lafora disease [laforin]) (eg, progressive myoclonus epilepsy), full gene sequence fgf23 (fibroblast growth factor 23) (eg, hypophosphatemic rickets), full gene sequence fgfr2 (fibroblast growth factor receptor 2) (eg, craniosynostosis, apert syndrome, crouzon syndrome), targeted sequence analysis (eg, exons 8, 10) fgfr3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), targeted sequence analysis (eg, exons 8, 11, 12, 13) fhl1 (four and a half lim domains 1) (eg, emery-dreifuss muscular dystrophy), full gene sequence fkrp (fukutin related protein) (eg, congenital muscular dystrophy type 1c [mdc1c], limb-girdle muscular dystrophy [lgmd] type 2i), full gene sequence foxg1 (forkhead box g1) (eg, rett syndrome), full gene sequence fshmd1a (facioscapulohumeral muscular dystrophy 1a) (eg, facioscapulohumeral muscular dystrophy), evaluation to detect abnormal (eg, deleted) alleles fshmd1a (facioscapulohumeral muscular dystrophy 1a) (eg, facioscapulohumeral muscular dystrophy), characterization of haplotype(s) (ie, chromosome 4a and 4b haplotypes) gh1 (growth hormone 1) (eg, growth hormone deficiency), full gene sequence gp1bb (glycoprotein ib [platelet], beta polypeptide) (eg, bernard-soulier syndrome type b), full gene sequence (for common deletion variants of alpha globin 1 and alpha globin 2 genes, use 81257) hnf1b (hnf1 homeobox b) (eg, maturity-onset diabetes of the young [mody]), duplication/deletion analysis hras (v-ha-ras harvey rat sarcoma viral oncogene homolog) (eg, costello syndrome), full gene sequence hsd3b2 (hydroxy-delta-5-steroid dehydrogenase, 3 beta- and steroid delta-isomerase 2) (eg, 3-beta-hydroxysteroid dehydrogenase type ii deficiency), full gene sequence hsd11b2 (hydroxysteroid [11-beta] dehydrogenase 2) (eg, mineralocorticoid excess syndrome), full gene sequence hspb1 (heat shock 27kda protein 1) (eg, charcot-marie-tooth disease),							

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	full gene sequence ins (insulin) (eg, diabetes mellitus), full gene sequence kcnj1 (potassium inwardly-rectifying channel, subfamily j, member 1) (eg, bartter syndrome), full gene sequence kcnj10 (potassium inwardly-rectifying channel, subfamily j, member 10) (eg, sesame syndrome, east syndrome, sensorineural hearing loss), full gene sequence litaf (lipopolysaccharide-induced tnf factor) (eg, charcot-marie-tooth), full gene sequence mefv (mediterranean fever) (eg, familial mediterranean fever), full gene sequence men1 (multiple endocrine neoplasia i) (eg, multiple endocrine neoplasia type 1, wermer syndrome), duplication/deletion analysis mmachc (methylmalonic aciduria [cobalamin deficiency] cblc type, with homocystinuria) (eg, methylmalonic acidemia and homocystinuria), full gene sequence mpv17 (mpv17 mitochondrial inner membrane protein) (eg, mitochondrial dna depletion syndrome), duplication/deletion analysis ndp (norrie disease [pseudoglioma]) (eg, norrie disease), full gene sequence ndufa1 (nadh dehydrogenase [ubiquinone] 1 alpha subcomplex, 1, 7.5kda) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence ndufaf2 (nadh dehydrogenase [ubiquinone] 1 alpha subcomplex, assembly factor 2) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence ndufs4 (nadh dehydrogenase [ubiquinone] fe-s protein 4, 18kda [nadh-coenzyme q reductase]) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence nipa1 (non-imprinted in prader-willi/angelman syndrome 1) (eg, spastic paraplegia), full gene sequence nlgn4x (neuroligin 4, x-linked) (eg, autism spectrum disorders), duplication/deletion analysis npc2 (niemann-pick disease, type c2 [epididymal secretory protein e1]) (eg, niemann-pick disease type c2), full gene sequence nr0b1 (nuclear receptor subfamily 0, group b, member 1) (eg, congenital adrenal hypoplasia), full gene sequence pdx1 (pancreatic and duodenal homeobox 1) (eg, maturity-onset diabetes of the							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	young [mody]), full gene sequence phox2b (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), full gene sequence plp1 (proteolipid protein 1) (eg, pelizaeus-merzbacher disease, spastic paraplegia), duplication/deletion analysis pqbp1 (polyglutamine binding protein 1) (eg, renpenning syndrome), duplication/deletion analysis prnp (prion protein) (eg, genetic prion disease), full gene sequence prop1 (prop paired-like homeobox 1) (eg, combined pituitary hormone deficiency), full gene sequence prph2 (peripherin 2 [retinal degeneration, slow]) (eg, retinitis pigmentosa), full gene sequence prss1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), full gene sequence raf1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, leopard syndrome), targeted sequence analysis (eg, exons 7, 12, 14, 17) ret (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2b and familial medullary thyroid carcinoma), common variants (eg, m918t, 2647_2648delinstt, a883f) rho (rhodopsin) (eg, retinitis pigmentosa), full gene sequence rp1 (retinitis pigmentosa 1) (eg, retinitis pigmentosa), full gene sequence scn1b (sodium channel, voltage-gated, type i, beta) (eg, brugada syndrome), full gene sequence sco2 (sco cytochrome oxidase deficient homolog 2 [sco1l]) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence sdhc (succinate dehydrogenase complex, subunit c, integral membrane protein, 15kda) (eg, hereditary paraganglioma-pheochromocytoma syndrome), duplication/deletion analysis sdhd (succinate dehydrogenase complex, subunit d, integral membrane protein) (eg, hereditary paraganglioma), full gene sequence sgcg (sarcoglycan, gamma [35kda dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), duplication/deletion analysis sh2d1a (sh2 domain containing 1a) (eg, x-linked lymphoproliferative syndrome), full gene sequence slc16a2 (solute carrier family 16, member 2							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	[thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, allan-herndon-dudley syndrome), duplication/deletion analysis slc25a20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), duplication/deletion analysis slc25a4 (solute carrier family 25 [mitochondrial carrier; adenine nucleotide translocator], member 4) (eg, progressive external ophthalmoplegia), full gene sequence sod1 (superoxide dismutase 1, soluble) (eg, amyotrophic lateral sclerosis), full gene sequence spink1 (serine peptidase inhibitor, kazal type 1) (eg, hereditary pancreatitis), full gene sequence stk11 (serine/threonine kinase 11) (eg, peutz-jeghers syndrome), duplication/deletion analysis taco1 (translational activator of mitochondrial encoded cytochrome c oxidase i) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence thap1 (thap domain containing, apoptosis associated protein 1) (eg, torsion dystonia), full gene sequence tor1a (torsin family 1, member a [torsin a]) (eg, torsion dystonia), full gene sequence ttpa (tocopherol [alpha] transfer protein) (eg, ataxia), full gene sequence ttr (transthyretin) (eg, familial transthyretin amyloidosis), full gene sequence twist1 (twist homolog 1 [drosophila]) (eg, saethre-chotzen syndrome), full gene sequence tyr (tyrosinase [oculocutaneous albinism ia]) (eg, oculocutaneous albinism ia), full gene sequence ugt1a1 (udp glucuronosyltransferase 1 family, polypeptide a1) (eg, hereditary unconjugated hyperbilirubinemia [crigler-najjar syndrome]) full gene sequence ush1g (usher syndrome 1g [autosomal recessive]) (eg, usher syndrome, type 1), full gene sequence vhl (von hippel-lindau tumor suppressor) (eg, von hippel-lindau familial cancer syndrome), full gene sequence vwf (von willebrand factor) (eg, von willebrand disease type 1c), targeted sequence analysis (eg, exons 26, 27, 37) zeb2 (zinc finger e-box binding homeobox 2) (eg, mowat-wilson syndrome), duplication/deletion							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	analysis znf41 (zinc finger protein 41) (eg, x-linked mental retardation 89), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81405	Molecular pathology procedure, level 6 (eg, analysis of 6-10 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) abcd1 (atp-binding cassette, sub-family d [ald], member 1) (eg, adrenoleukodystrophy), full gene sequence acads (acyl-coa dehydrogenase, c-2 to c-3 short chain) (eg, short chain acyl-coa dehydrogenase deficiency), full gene sequence acta2 (actin, alpha 2, smooth muscle, aorta) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence actc1 (actin, alpha, cardiac muscle 1) (eg, familial hypertrophic cardiomyopathy), full gene sequence ankrd1 (ankyrin repeat domain 1) (eg, dilated cardiomyopathy), full gene sequence aptx (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequence arsa (arylsulfatase a) (eg, arylsulfatase a deficiency), full gene sequence bckdha (branched chain keto acid dehydrogenase e1, alpha polypeptide) (eg, maple syrup urine disease, type 1a), full gene sequence bcs1l (bcs1-like [s. cerevisiae]) (eg, leigh syndrome, mitochondrial complex iii deficiency, gracile syndrome), full gene sequence bmpr2 (bone morphogenetic protein receptor, type ii [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), duplication/deletion analysis casq2 (calsequestrin 2 [cardiac muscle]) (eg, catecholaminergic polymorphic ventricular tachycardia), full gene sequence casr (calcium-sensing receptor) (eg, hypocalcemia), full gene sequence cdkl5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), duplication/deletion analysis chrna4 (cholinergic receptor, nicotinic, alpha 4) (eg, nocturnal frontal lobe epilepsy), full gene sequence chrnb2 (cholinergic receptor, nicotinic, beta 2 [neuronal]) (eg, nocturnal frontal lobe epilepsy), full gene sequence cox10 (cox10 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence cox15 (cox15 homolog, cytochrome c	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	oxidase assembly protein) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence cpox (coproporphyrinogen oxidase) (eg, hereditary coproporphyria), full gene sequence ctrc (chymotrypsin c) (eg, hereditary pancreatitis), full gene sequence cyp11b1 (cytochrome p450, family 11, subfamily b, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence cyp17a1 (cytochrome p450, family 17, subfamily a, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence cyp21a2 (cytochrome p450, family 21, subfamily a, polypeptide2) (eg, steroid 21-hydroxylase isoform, congenital adrenal hyperplasia), full gene sequence cytogenomic constitutional targeted microarray analysis of chromosome 22q13 by interrogation of genomic regions for copy number and single nucleotide polymorphism (snp) variants for chromosomal abnormalities (when performing cytogenomic [genome-wide] analysis for constitutional chromosomal abnormalities, see 81228, 81229, 81349) (do not report analyte-specific molecular pathology procedures separately when the specific analytes are included as part of the microarray analysis of chromosome 22q13) (do not report 88271 when performing cytogenomic microarray analysis) dbt (dihydrolipoamide branched chain transacylase e2) (eg, maple syrup urine disease, type 2), duplication/deletion analysis dcx (doublecortin) (eg, x-linked lissencephaly), full gene sequence des (desmin) (eg, myofibrillar myopathy), full gene sequence dfnb59 (deafness, autosomal recessive 59) (eg, autosomal recessive nonsyndromic hearing impairment), full gene sequence dguok (deoxyguanosine kinase) (eg, hepatocerebral mitochondrial dna depletion syndrome), full gene sequence dhcr7 (7-dehydrocholesterol reductase) (eg, smith-lemli-opitz syndrome), full gene sequence eif2b2 (eukaryotic translation initiation factor 2b, subunit 2 beta, 39kda) (eg, leukoencephalopathy with vanishing white matter), full gene sequence emd (emerin) (eg, emery-							

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	dreifuss muscular dystrophy), full gene sequence eng (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), duplication/deletion analysis eya1 (eyes absent homolog 1 [drosophila]) (eg, branchio-oto-renal [bor] spectrum disorders), duplication/deletion analysis fgfr1 (fibroblast growth factor receptor 1) (eg, kallmann syndrome 2), full gene sequence fh (fumarate hydratase) (eg, fumarate hydratase deficiency, hereditary leiomyomatosis with renal cell cancer), full gene sequence fktn (fukutin) (eg, limb-girdle muscular dystrophy [lgmd] type 2m or 2l), full gene sequence ftsj1 (ftsj rna methyltransferase homolog 1 [e. coli]) (eg, x-linked mental retardation 9), duplication/deletion analysis gabrg2 (gamma-aminobutyric acid [gaba] a receptor, gamma 2) (eg, generalized epilepsy with febrile seizures), full gene sequence gch1 (gtp cyclohydrolase 1) (eg, autosomal dominant dopa-responsive dystonia), full gene sequence gdap1 (ganglioside-induced differentiation-associated protein 1) (eg, charcot-marie-tooth disease), full gene sequence gfap (glial fibrillary acidic protein) (eg, alexander disease), full gene sequence ghr (growth hormone receptor) (eg, laron syndrome), full gene sequence ghrhr (growth hormone releasing hormone receptor) (eg, growth hormone deficiency), full gene sequence gla (galactosidase, alpha) (eg, fabry disease), full gene sequence hnf1a (hnf1 homeobox a) (eg, maturity-onset diabetes of the young [mody]), full gene sequence hnf1b (hnf1 homeobox b) (eg, maturity-onset diabetes of the young [mody]), full gene sequence htra1 (htra serine peptidase 1) (eg, macular degeneration), full gene sequence ids (iduronate 2-sulfatase) (eg, mucopolysacchridosis, type ii), full gene sequence il2rg (interleukin 2 receptor, gamma) (eg, x-linked severe combined immunodeficiency), full gene sequence ispd (isoprenoid synthase domain containing) (eg, muscle-eye-brain disease, walker-warburg syndrome), full gene sequence kras (kirsten rat sarcoma viral oncogene homolog) (eg, noonan							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(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							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	gene sequence reep1 (receptor accessory protein 1) (eg, spastic paraplegia), full gene sequence ret (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2a and familial medullary thyroid carcinoma), targeted sequence analysis (eg, exons 10, 11, 13-16) rps19 (ribosomal protein s19) (eg, diamond-blackfan anemia), full gene sequence rrm2b (ribonucleotide reductase m2 b [tp53 inducible]) (eg, mitochondrial dna depletion), full gene sequence sco1 (sco cytochrome oxidase deficient homolog 1) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence sdhb (succinate dehydrogenase complex, subunit b, iron sulfur) (eg, hereditary paraganglioma), full gene sequence sdhc (succinate dehydrogenase complex, subunit c, integral membrane protein, 15kda) (eg, hereditary paraganglioma-pheochromocytoma syndrome), full gene sequence sgca (sarcoglycan, alpha [50kda dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence sgcb (sarcoglycan, beta [43kda dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence sgcd (sarcoglycan, delta [35kda dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence sgce (sarcoglycan, epsilon) (eg, myoclonic dystonia), duplication/deletion analysis sgcg (sarcoglycan, gamma [35kda dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence shoc2 (soc-2 suppressor of clear homolog) (eg, noonan-like syndrome with loose anagen hair), full gene sequence shox (short stature homeobox) (eg, langer mesomelic dysplasia), full gene sequence sil1 (sil1 homolog, endoplasmic reticulum chaperone [s. cerevisiae]) (eg, ataxia), full gene sequence slc2a1 (solute carrier family 2 [facilitated glucose transporter], member 1) (eg, glucose transporter type 1 [glut 1] deficiency syndrome), full gene sequence slc16a2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter							

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	deficiency, allan-herndon-dudley syndrome), full gene sequence slc22a5 (solute carrier family 22 [organic cation/carnitine transporter], member 5) (eg, systemic primary carnitine deficiency), full gene sequence slc25a20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), full gene sequence smad4 (smad family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), duplication/deletion analysis spast (spastin) (eg, spastic paraplegia), duplication/deletion analysis spg7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), duplication/deletion analysis spred1 (sprouty-related, evh1 domain containing 1) (eg, legius syndrome), full gene sequence stat3 (signal transducer and activator of transcription 3 [acute-phase response factor]) (eg, autosomal dominant hyper-ige syndrome), targeted sequence analysis (eg, exons 12, 13, 14, 16, 17, 20, 21) stk11 (serine/threonine kinase 11) (eg, peutz-jeghers syndrome), full gene sequence surf1 (surfeit 1) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence tardbp (tar dna binding protein) (eg, amyotrophic lateral sclerosis), full gene sequence tbx5 (t-box 5) (eg, holt-oram syndrome), full gene sequence tcf4 (transcription factor 4) (eg, pitt-hopkins syndrome), duplication/deletion analysis tgfbr1 (transforming growth factor, beta receptor 1) (eg, marfan syndrome), full gene sequence tgfbr2 (transforming growth factor, beta receptor 2) (eg, marfan syndrome), full gene sequence thrb (thyroid hormone receptor, beta) (eg, thyroid hormone resistance, thyroid hormone beta receptor deficiency), full gene sequence or targeted sequence analysis of >5 exons tk2 (thymidine kinase 2, mitochondrial) (eg, mitochondrial dna depletion syndrome), full gene sequence tnnc1 (troponin c type 1 [slow]) (eg, hypertrophic cardiomyopathy or dilated cardiomyopathy), full gene sequence tnni3							

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	(troponin i, type 3 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence tpm1 (tropomyosin 1 [alpha]) (eg, familial hypertrophic cardiomyopathy), full gene sequence tsc1 (tuberous sclerosis 1) (eg, tuberous sclerosis), duplication/deletion analysis tymp (thymidine phosphorylase) (eg, mitochondrial dna depletion syndrome), full gene sequence vwf (von willebrand factor) (eg, von willebrand disease type 2n), targeted sequence analysis (eg, exons 18-20, 23-25) wt1 (wilms tumor 1) (eg, denys-drash syndrome, familial wilms tumor), full gene sequence zeb2 (zinc finger e-box binding homeobox 2) (eg, mowat-wilson syndrome), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81406	Molecular pathology procedure, level 7 (eg, analysis of 11-25 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons) acadvl (acyl-coa dehydrogenase, very long chain) (eg, very long chain acyl-coenzyme a dehydrogenase deficiency), full gene sequence actn4 (actinin, alpha 4) (eg, focal segmental glomerulosclerosis), full gene sequence afg3l2 (afg3 atpase family gene 3-like 2 [s. cerevisiae]) (eg, spinocerebellar ataxia), full gene sequence aire (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequence aldh7a1 (aldehyde dehydrogenase 7 family, member a1) (eg, pyridoxine-dependent epilepsy), full gene sequence ano5 (anoctamin 5) (eg, limb-girdle muscular dystrophy), full gene sequence anos1 (anosmin-1) (eg, kallmann syndrome 1), full gene sequence app (amyloid beta [a4] precursor protein) (eg, alzheimer disease), full gene sequence ass1 (argininosuccinate synthase 1) (eg, citrullinemia type i), full gene sequence atl1 (atlastin gtpase 1) (eg, spastic paraplegia), full gene sequence atp1a2 (atpase, na+/k+ transporting, alpha 2 polypeptide) (eg, familial hemiplegic migraine), full gene sequence atp7b (atpase, cu++ transporting, beta polypeptide) (eg, wilson disease), full gene sequence bbs1 (bardet-biedl syndrome 1) (eg, bardet-biedl syndrome), full gene sequence bbs2 (bardet-biedl syndrome 2) (eg, bardet-biedl syndrome), full gene sequence bckdhb (branched-chain keto acid dehydrogenase e1, beta polypeptide) (eg, maple syrup urine disease, type 1b), full gene sequence best1 (bestrophin 1) (eg, vitelliform macular dystrophy), full gene sequence bmpr2 (bone morphogenetic protein receptor, type ii [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), full gene sequence braf (b-raf proto-oncogene, serine/threonine kinase) (eg, noonan syndrome), full gene sequence bscl2 (berardinelli-seip congenital lipodystrophy 2 [seipin]) (eg, berardinelli-seip congenital lipodystrophy), full	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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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							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	ventricular dysplasia/cardiomyopathy 8), full gene sequence efhc1 (ef-hand domain [c-terminal] containing 1) (eg, juvenile myoclonic epilepsy), full gene sequence eif2b3 (eukaryotic translation initiation factor 2b, subunit 3 gamma, 58kda) (eg, leukoencephalopathy with vanishing white matter), full gene sequence eif2b4 (eukaryotic translation initiation factor 2b, subunit 4 delta, 67kda) (eg, leukoencephalopathy with vanishing white matter), full gene sequence eif2b5 (eukaryotic translation initiation factor 2b, subunit 5 epsilon, 82kda) (eg, childhood ataxia with central nervous system hypomyelination/vanishing white matter), full gene sequence eng (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), full gene sequence eya1 (eyes absent homolog 1 [drosophila]) (eg, branchio-oto-renal [bor] spectrum disorders), full gene sequence f8 (coagulation factor viii) (eg, hemophilia a), duplication/deletion analysis fah (fumarylacetoacetate hydrolase [fumarylacetoacetase]) (eg, tyrosinemia, type 1), full gene sequence fastkd2 (fast kinase domains 2) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence fig4 (fig4 homolog, sac1 lipid phosphatase domain containing [s. cerevisiae]) (eg, charcot-marie-tooth disease), full gene sequence ftsj1 (ftsj rna methyltransferase homolog 1 [e. coli]) (eg, x-linked mental retardation 9), full gene sequence fus (fused in sarcoma) (eg, amyotrophic lateral sclerosis), full gene sequence gaa (glucosidase, alpha; acid) (eg, glycogen storage disease type ii [pompe disease]), full gene sequence galc (galactosylceramidase) (eg, krabbe disease), full gene sequence galt (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), full gene sequence gars (glycyl-trna synthetase) (eg, charcot-marie-tooth disease), full gene sequence gcdh (glutaryl-coa dehydrogenase) (eg, glutaricacidemia type 1), full gene sequence gck (glucokinase [hexokinase 4]) (eg, maturity-onset diabetes of the young [mody]), full gene sequence glud1 (glutamate dehydrogenase 1) (eg, familial							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	hyperinsulinism), full gene sequence gne (glucosamine [udp-n-acetyl]-2-epimerase/n-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [ibm2], nonaka myopathy), full gene sequence grn (granulin) (eg, frontotemporal dementia), full gene sequence hadha (hydroxyacyl-coa dehydrogenase/3-ketoacyl-coa thiolase/enoyl-coa hydratase [trifunctional protein] alpha subunit) (eg, long chain acyl-coenzyme a dehydrogenase deficiency), full gene sequence hadhb (hydroxyacyl-coa dehydrogenase/3-ketoacyl-coa thiolase/enoyl-coa hydratase [trifunctional protein], beta subunit) (eg, trifunctional protein deficiency), full gene sequence hexa (hexosaminidase a, alpha polypeptide) (eg, tay-sachs disease), full gene sequence hlcs (hlcs holocarboxylase synthetase) (eg, holocarboxylase synthetase deficiency), full gene sequence hmbs (hydroxymethylbilane synthase) (eg, acute intermittent porphyria), full gene sequence hnf4a (hepatocyte nuclear factor 4, alpha) (eg, maturity-onset diabetes of the young [mody]), full gene sequence idua (iduronidase, alpha-l-) (eg, mucopolysaccharidosis type i), full gene sequence inf2 (inverted formin, fh2 and wh2 domain containing) (eg, focal segmental glomerulosclerosis), full gene sequence ivd (isovaleryl-coa dehydrogenase) (eg, isovaleric acidemia), full gene sequence jag1 (jagged 1) (eg, alagille syndrome), duplication/deletion analysis jup (junction plakoglobin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence kcnh2 (potassium voltage-gated channel, subfamily h [eag-related], member 2) (eg, short qt syndrome, long qt syndrome), full gene sequence kcnq1 (potassium voltage-gated channel, kqt-like subfamily, member 1) (eg, short qt syndrome, long qt syndrome), full gene sequence kcnq2 (potassium voltage-gated channel, kqt-like subfamily, member 2) (eg, epileptic encephalopathy), full gene sequence ldb3 (lim domain binding 3) (eg, familial dilated cardiomyopathy, myofibrillar myopathy), full gene							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	sequence ldlr (low density lipoprotein receptor) (eg, familial hypercholesterolemia), full gene sequence lepr (leptin receptor) (eg, obesity with hypogonadism), full gene sequence lhcgr (luteinizing hormone/choriogonadotropin receptor) (eg, precocious male puberty), full gene sequence lmna (lamin a/c) (eg, emery-dreifuss muscular dystrophy [edmd1, 2 and 3] limb-girdle muscular dystrophy [lgmd] type 1b, dilated cardiomyopathy [cmd1a], familial partial lipodystrophy [fpld2]), full gene sequence lrp5 (low density lipoprotein receptor-related protein 5) (eg, osteopetrosis), full gene sequence map2k1 (mitogen-activated protein kinase 1) (eg, cardiofaciocutaneous syndrome), full gene sequence map2k2 (mitogen-activated protein kinase 2) (eg, cardiofaciocutaneous syndrome), full gene sequence mapt (microtubule-associated protein tau) (eg, frontotemporal dementia), full gene sequence mccc1 (methylcrotonoyl-coa carboxylase 1 [alpha]) (eg, 3-methylcrotonyl-coa carboxylase deficiency), full gene sequence mccc2 (methylcrotonoyl-coa carboxylase 2 [beta]) (eg, 3-methylcrotonyl carboxylase deficiency), full gene sequence mfn2 (mitofusin 2) (eg, charcot-marie-tooth disease), full gene sequence mtm1 (myotubularin 1) (eg, x-linked centronuclear myopathy), full gene sequence mut (methylmalonyl coa mutase) (eg, methylmalonic acidemia), full gene sequence mutyh (muty homolog [e. coli]) (eg, myh-associated polyposis), full gene sequence ndufs1 (nadh dehydrogenase [ubiquinone] fe-s protein 1, 75kda [nadh-coenzyme q reductase]) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence nf2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), full gene sequence notch3 (notch 3) (eg, cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy [cadasil]), targeted sequence analysis (eg, exons 1-23) npc1 (niemann-pick disease, type c1) (eg, niemann-pick disease), full gene sequence nphp1 (nephronophthisis 1 [juvenile]) (eg, joubert							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	syndrome), full gene sequence nsd1 (nuclear receptor binding set domain protein 1) (eg, sotos syndrome), full gene sequence opa1 (optic atrophy 1) (eg, optic atrophy), duplication/deletion analysis optn (optineurin) (eg, amyotrophic lateral sclerosis), full gene sequence pafah1b1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kda]) (eg, lissencephaly, miller-dieker syndrome), full gene sequence pah (phenylalanine hydroxylase) (eg, phenylketonuria), full gene sequence park2 (parkinson protein 2, e3 ubiquitin protein ligase [parkin]) (eg, parkinson disease), full gene sequence pax2 (paired box 2) (eg, renal coloboma syndrome), full gene sequence pc (pyruvate carboxylase) (eg, pyruvate carboxylase deficiency), full gene sequence pcca (propionyl coa carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), full gene sequence pccb (propionyl coa carboxylase, beta polypeptide) (eg, propionic acidemia), full gene sequence pcdh15 (protocadherin-related 15) (eg, usher syndrome type 1f), duplication/deletion analysis pcsk9 (proprotein convertase subtilisin/kexin type 9) (eg, familial hypercholesterolemia), full gene sequence pdha1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), full gene sequence pdhx (pyruvate dehydrogenase complex, component x) (eg, lactic acidosis), full gene sequence phex (phosphate-regulating endopeptidase homolog, x-linked) (eg, hypophosphatemic rickets), full gene sequence pkd2 (polycystic kidney disease 2 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence pkp2 (plakophilin 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 9), full gene sequence pnkd (paroxysmal nonkinesigenic dyskinesia) (eg, paroxysmal nonkinesigenic dyskinesia), full gene sequence polg (polymerase [dna directed], gamma) (eg, alpers-huttenlocher syndrome, autosomal dominant progressive external ophthalmoplegia), full gene sequence pomgnt1 (protein o-linked mannose beta1,2-n acetylglucosaminyltransferase) (eg, muscle-eye-							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	brain disease, walker-warburg syndrome), full gene sequence pomt1 (protein-o-mannosyltransferase 1) (eg, limb-girdle muscular dystrophy [lgmd] type 2k, walker-warburg syndrome), full gene sequence pomt2 (protein-o-mannosyltransferase 2) (eg, limb-girdle muscular dystrophy [lgmd] type 2n, walker-warburg syndrome), full gene sequence ppox (protoporphyrinogen oxidase) (eg, variegate porphyria), full gene sequence prkag2 (protein kinase, amp-activated, gamma 2 non-catalytic subunit) (eg, familial hypertrophic cardiomyopathy with wolff-parkinson-white syndrome, lethal congenital glycogen storage disease of heart), full gene sequence prkcg (protein kinase c, gamma) (eg, spinocerebellar ataxia), full gene sequence psen2 (presenilin 2 [alzheimer disease 4]) (eg, alzheimer disease), full gene sequence ptpn11 (protein tyrosine phosphatase, non-receptor type 11) (eg, noonan syndrome, leopard syndrome), full gene sequence pygm (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type v, mcardle disease), full gene sequence raf1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, leopard syndrome), full gene sequence ret (ret proto-oncogene) (eg, hirschsprung disease), full gene sequence rpe65 (retinal pigment epithelium-specific protein 65kda) (eg, retinitis pigmentosa, leber congenital amaurosis), full gene sequence ryr1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), targeted sequence analysis of exons with functionally-confirmed mutations scn4a (sodium channel, voltage-gated, type iv, alpha subunit) (eg, hyperkalemic periodic paralysis), full gene sequence scnn1a (sodium channel, nonvoltage-gated 1 alpha) (eg, pseudohypoaldosteronism), full gene sequence scnn1b (sodium channel, nonvoltage-gated 1, beta) (eg, liddle syndrome, pseudohypoaldosteronism), full gene sequence scnn1g (sodium channel, nonvoltage-gated 1, gamma) (eg, liddle syndrome, pseudohypoaldosteronism), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	sdha (succinate dehydrogenase complex, subunit a, flavoprotein [fp]) (eg, leigh syndrome, mitochondrial complex ii deficiency), full gene sequence setx (senataxin) (eg, ataxia), full gene sequence sgce (sarcoglycan, epsilon) (eg, myoclonic dystonia), full gene sequence sh3tc2 (sh3 domain and tetratricopeptide repeats 2) (eg, charcot-marie-tooth disease), full gene sequence slc9a6 (solute carrier family 9 [sodium/hydrogen exchanger], member 6) (eg, christianson syndrome), full gene sequence slc26a4 (solute carrier family 26, member 4) (eg, pendred syndrome), full gene sequence slc37a4 (solute carrier family 37 [glucose-6-phosphate transporter], member 4) (eg, glycogen storage disease type ib), full gene sequence smad4 (smad family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), full gene sequence sos1 (son of sevenless homolog 1) (eg, noonan syndrome, gingival fibromatosis), full gene sequence spast (spastin) (eg, spastic paraplegia), full gene sequence spg7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), full gene sequence stxbp1 (syntaxin-binding protein 1) (eg, epileptic encephalopathy), full gene sequence taz (tafazzin) (eg, methylglutaconic aciduria type 2, barth syndrome), full gene sequence tcf4 (transcription factor 4) (eg, pitt-hopkins syndrome), full gene sequence th (tyrosine hydroxylase) (eg, segawa syndrome), full gene sequence tmem43 (transmembrane protein 43) (eg, arrhythmogenic right ventricular cardiomyopathy), full gene sequence tnnt2 (troponin t, type 2 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence trpc6 (transient receptor potential cation channel, subfamily c, member 6) (eg, focal segmental glomerulosclerosis), full gene sequence tsc1 (tuberous sclerosis 1) (eg, tuberous sclerosis), full gene sequence tsc2 (tuberous sclerosis 2) (eg, tuberous sclerosis), duplication/deletion analysis ube3a (ubiquitin protein ligase e3a) (eg, angelman syndrome), full							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	gene sequence umod (uromodulin) (eg, glomerulocystic kidney disease with hyperuricemia and isosthenuria), full gene sequence vwf (von willebrand factor) (von willebrand disease type 2a), extended targeted sequence analysis (eg, exons 11-16, 24-26, 51, 52) was (wiskott-aldrich syndrome [eczema-thrombocytopenia]) (eg, wiskott-aldrich syndrome), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81407	Molecular pathology procedure, level 8 (eg, analysis of 26-50 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) abcc8 (atp-binding cassette, sub-family c [cftr/mrp], member 8) (eg, familial hyperinsulinism), full gene sequence agl (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type iii), full gene sequence ahi1 (abelson helper integration site 1) (eg, joubert syndrome), full gene sequence apob (apolipoprotein b) (eg, familial hypercholesterolemia type b) full gene sequence aspm (asp [abnormal spindle] homolog, microcephaly associated [drosophila]) (eg, primary microcephaly), full gene sequence chd7 (chromodomain helicase dna binding protein 7) (eg, charge syndrome), full gene sequence col4a4 (collagen, type iv, alpha 4) (eg, alport syndrome), full gene sequence col4a5 (collagen, type iv, alpha 5) (eg, alport syndrome), duplication/deletion analysis col6a1 (collagen, type vi, alpha 1) (eg, collagen type vi-related disorders), full gene sequence col6a2 (collagen, type vi, alpha 2) (eg, collagen type vi-related disorders), full gene sequence col6a3 (collagen, type vi, alpha 3) (eg, collagen type vi-related disorders), full gene sequence crebbp (creb binding protein) (eg, rubinstein-taybi syndrome), full gene sequence f8 (coagulation factor viii) (eg, hemophilia a), full gene sequence jag1 (jagged 1) (eg, alagille syndrome), full gene sequence kdm5c (lysine [k]-specific demethylase 5c) (eg, x-linked mental retardation), full gene sequence kiaa0196 (kiaa0196) (eg, spastic paraplegia), full gene sequence l1cam (l1 cell adhesion molecule) (eg, masa syndrome, x-linked hydrocephaly), full gene sequence lamb2 (laminin, beta 2 [laminin s]) (eg, pierson syndrome), full gene sequence mybpc3 (myosin binding protein c, cardiac) (eg, familial hypertrophic cardiomyopathy), full gene sequence myh6 (myosin, heavy chain 6, cardiac muscle, alpha) (eg, familial dilated cardiomyopathy), full	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	gene sequence myh7 (myosin, heavy chain 7, cardiac muscle, beta) (eg, familial hypertrophic cardiomyopathy, liang distal myopathy), full gene sequence myo7a (myosin viia) (eg, usher syndrome, type 1), full gene sequence notch1 (notch 1) (eg, aortic valve disease), full gene sequence nphs1 (nephrosis 1, congenital, finnish type [nephrin]) (eg, congenital finnish nephrosis), full gene sequence opa1 (optic atrophy 1) (eg, optic atrophy), full gene sequence pcdh15 (protocadherin-related 15) (eg, usher syndrome, type 1), full gene sequence pkd1 (polycystic kidney disease 1 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence plce1 (phospholipase c, epsilon 1) (eg, nephrotic syndrome type 3), full gene sequence scn1a (sodium channel, voltage-gated, type 1, alpha subunit) (eg, generalized epilepsy with febrile seizures), full gene sequence scn5a (sodium channel, voltage-gated, type v, alpha subunit) (eg, familial dilated cardiomyopathy), full gene sequence slc12a1 (solute carrier family 12 [sodium/potassium/chloride transporters], member 1) (eg, bartter syndrome), full gene sequence slc12a3 (solute carrier family 12 [sodium/chloride transporters], member 3) (eg, gitelman syndrome), full gene sequence spg11 (spastic paraplegia 11 [autosomal recessive]) (eg, spastic paraplegia), full gene sequence sptbn2 (spectrin, beta, non-erythrocytic 2) (eg, spinocerebellar ataxia), full gene sequence tmem67 (transmembrane protein 67) (eg, joubert syndrome), full gene sequence tsc2 (tuberous sclerosis 2) (eg, tuberous sclerosis), full gene sequence ush1c (usher syndrome 1c [autosomal recessive, severe]) (eg, usher syndrome, type 1), full gene sequence vps13b (vacuolar protein sorting 13 homolog b [yeast]) (eg, cohen syndrome), duplication/deletion analysis wdr62 (wd repeat domain 62) (eg, primary autosomal recessive microcephaly), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81408	Molecular pathology procedure, level 9 (eg, analysis of >50 exons in a single gene by dna sequence analysis) abca4 (atp-binding cassette, sub-family a [abc1], member 4) (eg, stargardt disease, age-related macular degeneration), full gene sequence atm (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence cdh23 (cadherin-related 23) (eg, usher syndrome, type 1), full gene sequence cep290 (centrosomal protein 290kda) (eg, joubert syndrome), full gene sequence col1a1 (collagen, type i, alpha 1) (eg, osteogenesis imperfecta, type i), full gene sequence col1a2 (collagen, type i, alpha 2) (eg, osteogenesis imperfecta, type i), full gene sequence col4a1 (collagen, type iv, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence col4a3 (collagen, type iv, alpha 3 [goodpasture antigen]) (eg, alport syndrome), full gene sequence col4a5 (collagen, type iv, alpha 5) (eg, alport syndrome), full gene sequence dmd (dystrophin) (eg, duchenne/becker muscular dystrophy), full gene sequence dysf (dysferlin, limb girdle muscular dystrophy 2b [autosomal recessive]) (eg, limb-girdle muscular dystrophy), full gene sequence fbn1 (fibrillin 1) (eg, marfan syndrome), full gene sequence itpr1 (inositol 1,4,5-trisphosphate receptor, type 1) (eg, spinocerebellar ataxia), full gene sequence lama2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence lrrk2 (leucine-rich repeat kinase 2) (eg, parkinson disease), full gene sequence myh11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence neb (nebulin) (eg, nemaline myopathy 2), full gene sequence nf1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence pkhd1 (polycystic kidney and hepatic disease 1) (eg, autosomal recessive polycystic kidney disease), full gene sequence ryr1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), full gene sequence ryr2 (ryanodine receptor 2 [cardiac]) (eg, catecholaminergic polymorphic ventricular tachycardia,	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	arrhythmogenic right ventricular dysplasia), full gene sequence or targeted sequence analysis of > 50 exons ush2a (usher syndrome 2a [autosomal recessive, mild]) (eg, usher syndrome, type 2), full gene sequence vps13b (vacuolar protein sorting 13 homolog b [yeast]) (eg, cohen syndrome), full gene sequence vwf (von willebrand factor) (eg, von willebrand disease types 1 and 3), full gene sequence							
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, part of CLFS.	☑
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, kras mutational analysis)	Feb 2010	Archival Retrieval for Mutational Analysis	17	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	Jan 2013	Optical Endomicroscopy	15	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	Feb 2007	Manual Microdisection	12	CPT 2008	September 2011	Survey for January 2014 (added 88380 as part of the family).	☑
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	Feb 2007	Manual Microdisection	12	CPT 2008	September 2013	Survey for January 2014 (added 88380 as part of the family).	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
88384	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated. Code Deleted	☑
88385	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated. Code Deleted	☑
88386	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated. Code Deleted	☑
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (list separately in addition to code for primary procedure)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose	Sept 2023	SARS-CoV-2-Immunization Administration	18	CPT 2023	April 2028		☐
90769	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90770	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90771	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90867	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	Sept 2025	Remain on the screens in which they were identified (Contractor Priced High Volume and New Technology/New Services) and the Workgroup will review again in 3 years (April 2024). When these codes are moved from contractor priced to the assignment to RVUs the issues around the direct to indirect practice expense ratio specific to codes 90867-90869 should be addressed. In April 2024, the Workgroup recommended to review in September 2024 with an update from the specialty society. The specialties indicated that there are changes in protocol for these services and coding changes are necessary. These codes are also contractor priced. The Workgroup questioned what specific coding changes would be included in a CCA. The specialty society will return at the next meeting to elaborate on the coding changes necessary. The specialty societies should also consider	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							any Category III codes that are related to these services when drafting their CCA. In September 2024, the specialty societies submitted an action plan requesting that codes 90867-90879 be referred to CPT Editorial Panel to modify the existing codes as well as develop a technology agnostic code or set of codes for the May 2025 CPT meeting/September 2025 RUC meeting. The RUC recommended that 90867-90869 be referred to CPT May 2025 meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90868	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent delivery and management, per session	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	Sept 2025	Remain on the screens in which they were identified (Contractor Priced High Volume and New Technology/New Services) and the Workgroup will review again in 3 years (April 2024). When these codes are moved from contractor priced to the assignment to RVUs the issues around the direct to indirect practice expense ratio specific to codes 90867-90869 should be addressed. In April 2024, the Workgroup recommended to review in September 2024 with an update from the specialty society. The specialties indicated that there are changes in protocol for these services and coding changes are necessary. These codes are also contractor priced. The Workgroup questioned what specific coding changes would be included in a CCA. The specialty society will return at the next meeting to elaborate on the coding changes necessary. The specialty societies should also consider	☐

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							any Category III codes that are related to these services when drafting their CCA. In September 2024, the specialty societies submitted an action plan requesting that codes 90867-90879 be referred to CPT Editorial Panel to modify the existing codes as well as develop a technology agnostic code or set of codes for the May 2025 CPT meeting/September 2025 RUC meeting. The RUC recommended that 90867-90869 be referred to CPT May 2025 meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90869	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent motor threshold re-determination with delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	Sept 2025	Remain on the screens in which they were identified (Contractor Priced High Volume and New Technology/New Services) and the Workgroup will review again in 3 years (April 2024). When these codes are moved from contractor priced to the assignment to RVUs the issues around the direct to indirect practice expense ratio specific to codes 90867-90869 should be addressed. In April 2024, the Workgroup recommended to review in September 2024 with an update from the specialty society. The specialties indicated that there are changes in protocol for these services and coding changes are necessary. These codes are also contractor priced. The Workgroup questioned what specific coding changes would be included in a CCA. The specialty society will return at the next meeting to elaborate on the coding changes necessary. The specialty societies should also consider	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							any Category III codes that are related to these services when drafting their CCA. In September 2024, the specialty societies submitted an action plan requesting that codes 90867-90879 be referred to CPT Editorial Panel to modify the existing codes as well as develop a technology agnostic code or set of codes for the May 2025 CPT meeting/September 2025 RUC meeting. The RUC recommended that 90867-90869 be referred to CPT May 2025 meeting.	
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Apr 2012	Wireless Motility Capsule	27	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Jan 2021	Colon Capsule Endoscopy	21	CPT 2022	April 2026		☐
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	Apr 2010	Colon Motility	21	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	April 2015	Liver Elastography	19	CPT 2016		Surveyed for January 2020. Decreased.	☑
92065	Orthoptic training; performed by a physician or other qualified health care professional	Apr 2021	Orthoptic Training	10	CPT 2023	April 2027		☐
92066	Orthoptic training; under supervision of a physician or other qualified health care professional	Apr 2021	Orthoptic Training	10	CPT 2023	April 2027		☐
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	Apr 2010	Anterior Segment Imaging	22	CPT 2011		Survey for October 2015. The RUC noted that it is the specialty societies decision whether 92133 and 92134 need to be surveyed with this service.	☑
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
92137	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina, including OCT angiography	Sep 2023	Optical Coherence Tomography (OCT)	08	CPT 2025	April 2029		☐
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	Apr 2014	Corneal Hysteresis Determination	23	CPT 2015	October 2018	Survey for January 2019.	☑
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
92228	Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2011	April 2025	Was reviewed in Sept 2014, Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☐
92229	Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2021	April 2025		☐
92284	Diagnostic dark adaptation examination with interpretation and report	Apr 2024	Dark Adaptation Diagnostic Screening and Services	05	CPT 2026	April 2030	This service was revised for CPT 2023 and reviewed at the April 2021 RUC meeting when it was first placed on the new technology list. It was reviewed at the RAW in September 2023 and was referred to CPT and CPT Assistant. The RUC reviewed the typical technology used to perform this service when it was re-evaluated, acknowledging that the device included in proposed direct practice costs recently was very recently replaced with a newer technology. This service was reviewed at the April 2024 meeting along with 922X1 and placed back on the new technology list for review after 3 years of data.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
922X1		Apr 2024	Dark Adaptation Diagnostic Screening and Services	05	CPT 2026	April 2030		☐
92517	Vestibular evoked myogenic potential (vemp) testing, with interpretation and report; cervical (cvemp)	Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	April 2025		☐
92518	Vestibular evoked myogenic potential (vemp) testing, with interpretation and report; ocular (ovemp)	Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	April 2025		☐
92519	Vestibular evoked myogenic potential (vemp) testing, with interpretation and report; cervical (cvemp) and ocular (ovemp)	Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	April 2025		☐
92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	Apr 2024	Coronary Therapeutic Services and Procedures	06	CPT 2026	April 2030		☐
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	Apr 2015	Arterial Pressure Waveform Analysis	20	CPT 2016	April 2022	Review in 2 years (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93150	Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
93151	Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93152	Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
93153	Interrogation without programming of implanted phrenic nerve stimulator system	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
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		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93242	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		☐
93243	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		☐
93244	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		☐
93245	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		☐
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		☐
93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		☐
93248	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		☐
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	Jan 2018	Pulmonary Wireless Pressure Sensor Services	08	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	Jan 2023	Remote Interrogation Device Evaluation - Cardiovascular (PE Only)	20	CPT 2020	April 2027	This service was first flagged at the April 2008 meeting, Tab 23 Cardiac Device Monitoring, for CPT 2009 and reviewed at the RAW in September 2012. An Ad Hoc Workgroup was developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutralilty. In October 2018, 93297 and 93298 were reviewed and placed on the new technology/new services list for April 2024. CMS did not accept the practice expense for these services and instead created G2066 to report the practice expense associated with these services. In January 2023, the RUC affirmed the work RVUs and recommended direct PE inputs for 93297, 93298 and G2066. These services were placed back on the new technology/new services list to assess the work and PE in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	Jan 2023	Remote Interrogation Device Evaluation - Cardiovascular (PE Only)	20	CPT 2020	April 2027	This service was first flagged at the April 2008 meeting, Tab 23 Cardiac Device Monitoring, for CPT 2009 and reviewed at the RAW in September 2012. An Ad Hoc Workgroup was developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutralilty. In October 2018, 93297 and 93298 were reviewed and placed on the new technology/new services list for April 2024. CMS did not accept the practice expense for these services and instead created G2066 to report the practice expense associated with these services. In January 2023, the RUC affirmed the work RVUs and recommended direct PE inputs for 93297, 93298 and G2066. These services were placed back on the new technology/new services list to assess the work and PE in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93299	Code Deleted CPT 2020	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93319	3d echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (list separately in addition to code for echocardiographic imaging)	Oct 2020	3D Imaging of Cardiac Structures	09	CPT 2022	April 2026		☐
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (list separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (list separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (list separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (list separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		☐
93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (list separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		☐
93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (list separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		☐
93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (mapcas) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (list separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		☐
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	Jan 2013	Percutaneous Alcohol Ablation of Septum	17	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93584	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	☐
93585	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; azygos/hemiazygos venous system (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	☐
93586	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; coronary sinus (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93587	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating at or above the heart (eg, from innominate vein) (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	☐
93588	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating below the heart (eg, from the inferior vena cava) (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	☐
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (list separately in addition to code for primary procedure)	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		☐
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		☐
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		☐
93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		☐
93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		☐
93598	Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (list separately in addition to code for primary procedure)	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93982	Code Deleted	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94013	Measurement of lung volumes (ie, functional residual capacity [frc], forced vital capacity [fvc], and expiratory reserve volume [erv]) in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)	Jan 2021	Outpatient Pulmonary Rehabilitation Services	23	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)	Jan 2021	Outpatient Pulmonary Rehabilitation Services	23	CPT 2022	April 2026		☐
95700	Electroencephalogram (eeg) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by eeg technologist, minimum of 8 channels	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95705	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, 2-12 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95706	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, 2-12 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95707	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95708	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, each increment of 12-26 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95709	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95710	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95711	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, 2-12 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95712	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, 2-12 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95713	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95714	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, each increment of 12-26 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95715	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95716	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95717	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of eeg recording; without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95718	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of eeg recording; with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95719	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of eeg recording, interpretation and report after each 24-hour period; without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95720	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of eeg recording, interpretation and report after each 24-hour period; with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95721	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of eeg recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95722	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of eeg recording, with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95723	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of eeg recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95724	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of eeg recording, with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95725	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of eeg recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95726	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of eeg recording, with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Apr 2008	Actigraphy Sleep Assessment	25	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	Jan 2018	Electrocorticography	18	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes f-wave study when performed, with interpretation and report	Feb 2009	Nerve Conduction Tests	18	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95919	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral	Oct 2021	Quantitative Pupillometry Services	09	CPT 2023	April 2027		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (list separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (list separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	Apr 2024	Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration	07	CPT 2026	April 2030	CPT codes 96380 and 96381 were be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions. The RUC noted at that time, the Relativity Assessment Workgroup may want to examine the typical patient, since the specialty societies and RUC believe the typical patient receiving the RSV monoclonal antibody to be much younger than 6 months old.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	Apr 2024	Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration	07	CPT 2026	April 2030	CPT codes 96380 and 96381 were be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions. The RUC noted at that time, the Relativity Assessment Workgroup may want to examine the typical patient, since the specialty societies and RUC believe the typical patient receiving the RSV monoclonal antibody to be much younger than 6 months old.	☐
96547	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure)	Sep 2023	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	10	CPT 2024	April 2029		☐
96548	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; each additional 30 minutes (List separately in addition to code for primary procedure)	Sep 2023	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	10	CPT 2024	April 2029		☐
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	Feb 2006	Whole Body Integumentary Photography	19	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
96931	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
96932	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
96933	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
96934	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (list separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
96935	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (list separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
96936	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (list separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
97037	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction	Sep 2022	Post Operative Low-Level Laser Therapy	06	CPT 2024	April 2028	The RUC recommends that CPT code 9X022 be placed on the New Technology list to review when utilization is available, identifying who is performing the service.	☐
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes (List separately in addition to code for primary service)	Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		☐
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers	Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		☐
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (dme), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (dme), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Oct 2013	HCPAC - Ultrasonic Wound Assessment	17	CPT 2015	October 2018	Survey for January 2019.	☑
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
98970	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	April 2025	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98971	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	April 2025	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available.	☐
98972	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	April 2025	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available.	☐
98975	Remote therapeutic monitoring (eg, therapy adherence, therapy response); initial set-up and patient education on use of equipment	Jan 2021	Remote Therapeutic Monitoring	24	CPT 2022	April 2027	Delayed review one year to be reviewed with 989X6 from Jan 2022 meeting, tab 12	☐
98976	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days	Jan 2021	Remote Therapeutic Monitoring	24	CPT 2022	April 2027	Delayed review one year to be reviewed with 989X6 from Jan 2022 meeting, tab 12	☐
98977	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days	Jan 2021	Remote Therapeutic Monitoring	24	CPT 2022	April 2027	Delayed review one year to be reviewed with 989X6 from Jan 2022 meeting, tab 12	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98978	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days	Jan 2022	Cognitive Behavioral Therapy Monitoring	12	CPT 2023	April 2027		☐
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes	Jan 2021	Remote Therapeutic Monitoring	24	CPT 2022	April 2027	Delayed review one year to be reviewed with 989X6 from Jan 2022 meeting, tab 12	☐
98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (list separately in addition to code for primary procedure)	Jan 2021	Remote Therapeutic Monitoring	24	CPT 2022	April 2027	Delayed review one year to be reviewed with 989X6 from Jan 2022 meeting, tab 12	☐
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. when using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. when using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. when using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. when using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. when using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. when using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. when using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. when using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99363	Code Deleted	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
99364	Code Deleted	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (list separately in addition to the code of the outpatient evaluation and management service)	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	April 2025	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available.	☐
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	April 2025	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	April 2025	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available.	☐
99424	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99425	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		☐
99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99427	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		☐
99437	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 30 minutes by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99439	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	☐
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99446	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99447	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99448	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99449	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99451	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	Jan 2018	Interprofessional Internet Consultation	21	CPT 2019	April 2025	Review in 2 years (April 2025).	☐
99452	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	Jan 2018	Interprofessional Internet Consultation	21	CPT 2019	April 2025	Review in 2 years (April 2025).	☐
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	Jan 2018	Chronic Care Remote Physiologic Monitoring	20	CPT 2019	January 2025	At the April 2024 meeting the Workgroup reviewed an action plan for 99453-99458 and requested to review September 2024 with an update from the specialty societies. A CCA for remote monitoring was reviewed at the September 2024 CPT Meeting which included codes 99453-99458. CPT codes 99453-99458 will be surveyed and reviewed at the January 2025 RUC meeting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	January 2025	At the April 2024 meeting the Workgroup reviewed an action plan for 99453-99458 and requested to review September 2024 with an update from the specialty societies. A CCA for remote monitoring was reviewed at the September 2024 CPT Meeting which included codes 99453-99458. CPT codes 99453-99458 will be surveyed and reviewed at the January 2025 RUC meeting.	☐
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	January 2025	At the April 2024 meeting the Workgroup reviewed an action plan for 99453-99458 and requested to review September 2024 with an update from the specialty societies. A CCA for remote monitoring was reviewed at the September 2024 CPT Meeting which included codes 99453-99458. CPT codes 99453-99458 will be surveyed and reviewed at the January 2025 RUC meeting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	January 2025	At the April 2024 meeting the Workgroup reviewed an action plan for 99453-99458 and requested to review September 2024 with an update from the specialty societies. A CCA for remote monitoring was reviewed at the September 2024 CPT Meeting which included codes 99453-99458. CPT codes 99453-99458 will be surveyed and reviewed at the January 2025 RUC meeting.	☐
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient	Jan 2019	Self-Measured Blood Pressure Monitoring	19	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	September 2022	Surveyed for September 2022 and recommended an increase.	☑
99487	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2013	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	☐
99488	Code Deleted	Oct 2012	Complex Chronic Care Coordination Services	09	CPT 2013	October 2017	Code Deleted	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99489	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2013	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	☐
99490	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2015	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	☐
99491	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, review by the psychiatric consultant with modifications of the plan if recommended, entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant, and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	April 2023	In January 2020, the RUC identified Psychiatric Collaborative Care Management Services via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommended that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. However, due to the incorrect reporting of these services by one specific provider, the referral for a CPT Assistant article was removed. This family is on the new technology/new services screen and is scheduled for review at the April 2023	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							Relativity Assessment Workgroup meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation, participation in weekly caseload consultation with the psychiatric consultant, ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales, and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	April 2023	In January 2020, the RUC identified Psychiatric Collaborative Care Management Services (CPT codes 99492, 99493 and 99494) via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommends that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. However, due to the incorrect reporting of these services by one specific provider, the referral for a CPT Assistant article was removed. This family is on the new technology/new services screen and is	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							scheduled for review at the April 2023 Relativity Assessment Workgroup meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (list separately in addition to code for primary procedure)	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	April 2023	In January 2020, the RUC identified Psychiatric Collaborative Care Management Services (CPT codes 99492, 99493 and 99494) via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommends that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. However, due to the incorrect reporting of these services by one specific provider, the referral for a CPT Assistant article was removed. This family is on the new technology/new services screen and is	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							scheduled for review at the April 2023 Relativity Assessment Workgroup meeting.	
99495	Transitional care management services with the following required elements: communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge at least moderate level of medical decision making during the service period face-to-face visit, within 14 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	October 2017	Survey for October 2018	☑
99496	Transitional care management services with the following required elements: communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge high level of medical decision making during the service period face-to-face visit, within 7 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	October 2017	Survey for October 2018	☑
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	Jan 2014	Advance Care Planning	19	CPT 2015	April 2022	Review in 2 years (October 2019). In Oct 2019, indicated to review in another 2 years (January 2022).	☑
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (list separately in addition to code for primary procedure)	Jan 2014	Advance Care Planning	19	CPT 2015	April 2022	Review in 2 years (October 2019). In Oct 2019, indicated to review in another 2 years (January 2022).	☑
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes		Fecal Bacteriotherapy		CPT 2013	October 2018		☑

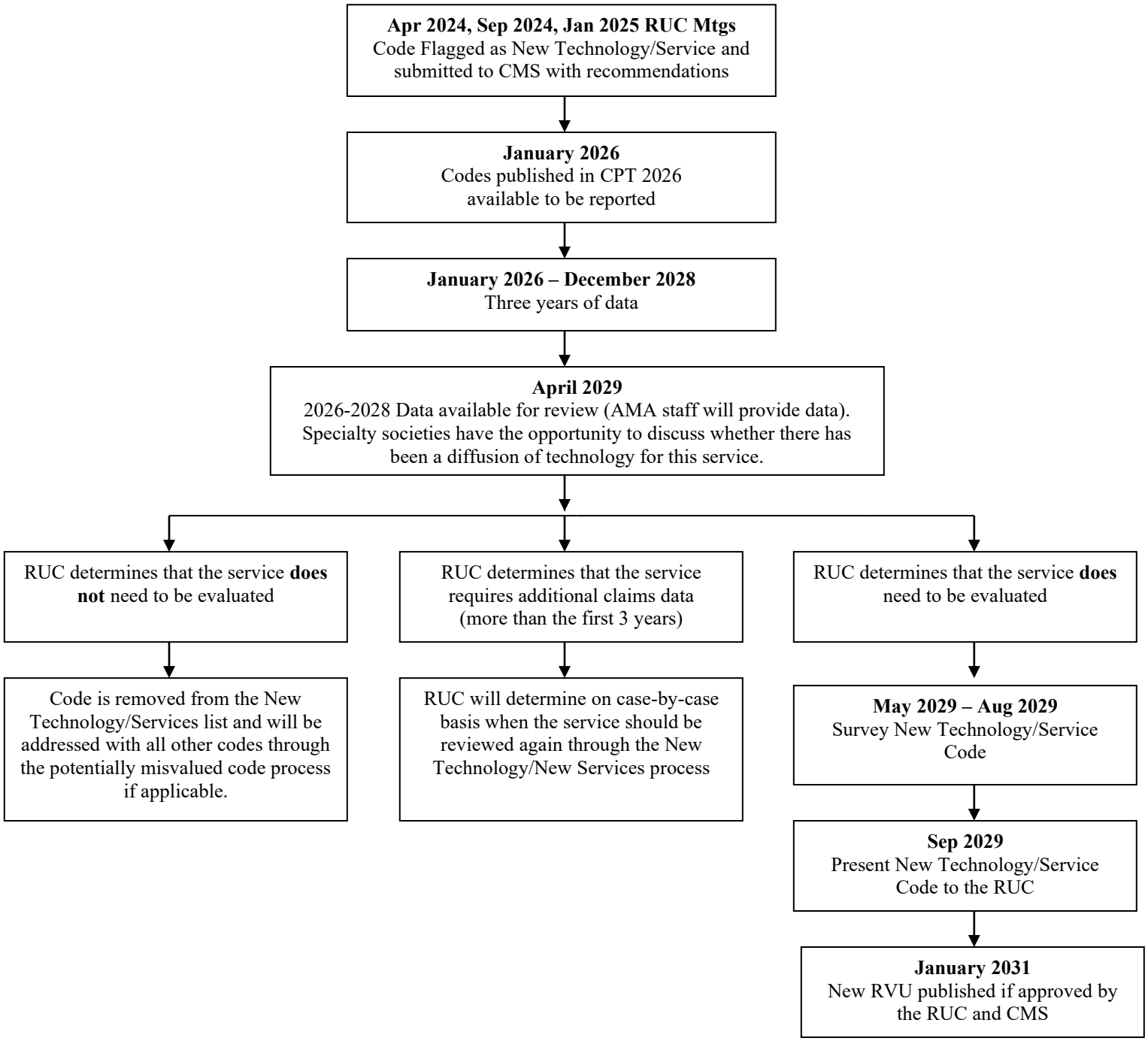
CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Jan 2023	Remote Interrogation Device Evaluation - Cardiovascular (PE Only)	20		April 2027	Codes 93297 and 93298 were first flagged at the April 2008 meeting, Tab 23 Cardiac Device Monitoring, for CPT 2009 and reviewed at the RAW in September 2012. An Ad Hoc Workgroup was developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutralilty. In October 2018, 93297 and 93298 were reviewed and placed on the new technology/new services list for April 2024. CMS did not accept the practice expense for these services and instead created G2066 to report the practice expense associated with these services. In January 2023, the RUC affirmed the work RVUs and recommended direct PE inputs for 93297, 93298 and G2066. These services were placed back on the new technology/new services list to assess the work and PE in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete

New Technology/Services Timeline

1. Code is identified as a new technology/service at the RUC meeting in which it is initially reviewed.
2. Code is flagged in the next version of the RUC database with date to be reviewed
3. Code will be reviewed in 5 years (depending on what meeting in the CPT/RUC cycle it is initially reviewed) after at least three years of data are available.

Example



Revised January 2024

Specialty Society Acronym List October 2024

Society	Acronym
Aerospace Medical Association	AsMA
AMDA-The Society for Post-Acute and Long-Term Care Medicine	AMDA
American Academy of Allergy, Asthma & Immunology	AAAAI
American Academy of Child and Adolescent Psychiatry	AACAP
American Academy of Cosmetic Surgery	AACS
American Academy of Dermatology Association	AADA
American Academy of Family Physicians	AAFP
American Academy of Hospice and Palliative Medicine	AAHPM
American Academy of Neurology	AAN
American Academy of Ophthalmology	AAO
American Academy of Orthopaedic Surgeons	AAOS
American Academy of Otolaryngic Allergy	AAOA
American Academy of Otolaryngology - Head and Neck Surgery	AAO-HNS
American Academy of Pain Medicine	AAPM
American Academy of Pediatrics	AAP
American Academy of Physical Medicine and Rehabilitation	AAPMR
American Academy of Sleep Medicine	AASM
American Association for Thoracic Surgery	AATS
American Association of Clinical Endocrinology	AACE
American Association of Clinical Urologist, Inc.	AACU
American Association of Neurological Surgeons	AANS
American Association of Neuromuscular & Electrodiagnostic Medicine	AANEM

Society	Acronym
American Burn Association	ABA
American Clinical Neurophysiology Society	ACNS
American College of Allergy, Asthma & Immunology	ACAAI
American College of Cardiology	ACC
American College of Chest Physicians	CHEST
American College of Emergency Physicians	ACEP
American College of Gastroenterology	ACG
American College of Medical Genetics	ACMG
American College of Mohs Surgery	ACMS
American College of Nuclear Medicine	ACNM
American College of Obstetricians and Gynecologists	ACOG
American College of Physicians	ACP
American College of Radiation Oncology	ACRO
American College of Radiology	ACR
American College of Rheumatology	ACRh
American College of Surgeons	ACS
American Dental Association	ADA
American Gastroenterological Association	AGA
American Geriatrics Society	AGS
American Medical Group Association	AMGA
American Medical Women's Association	AMWA
American Orthopaedic Foot and Ankle Society	AOFAS
American Osteopathic Association	AOA
American Pediatric Surgical Association	APSA

Society	Acronym
American Psychiatric Association	APA(psychiatry)
American Rhinologic Society	ARS
American Roentgen Ray Society	ARRS
American Society for Clinical Pathology	ASCP
American Society for Dermatologic Surgery	ASDS
American Society for Gastrointestinal Endoscopy	ASGE
American Society for Metabolic and Bariatric Surgery	ASMBS
American Society for Radiation Oncology	ASTRO
American Society for Reproductive Medicine	ASRM
American Society for Surgery of the Hand	ASSH
American Society for Transplantation and Cellular Therapy	ASTCT
American Society of Addiction Medicine	ASAM
American Society of Anesthesiologists	ASA
American Society of Breast Surgeons	ASBS
American Society of Cataract and Refractive Surgery	ASCRS(cat)
American Society of Clinical Oncology	ASCO
American Society of Colon and Rectal Surgeons	ASCRS(col)
American Society of Cytopathology	ASC
American Society of Dermatopathology	ASDP
American Society of Echocardiography	ASE
American Society of General Surgeons	ASGS
American Society of Interventional Pain Physicians	ASIPP
American Society of Neuroradiology	ASNR
American Society of Nuclear Cardiology	ASNC

Society	Acronym
American Society of Ophthalmic Plastic and Reconstructive Surgery	ASOPRS
American Society of Plastic Surgeons	ASPS
American Society of Regional Anesthesia and Pain Medicine	ASRA
American Society of Retina Specialists	ASRS
American Society of Transplant Surgeons	ASTS
American Thoracic Society	ATS
American Urological Association	AUA
American Vein and Lymphatic Society	AVLS
American Venous Forum	AVF
Association of Academic Radiology	AAR
College of American Pathologists	CAP
Congress of Neurological Surgeons	CNS
Endocrine Society	ES
Heart Rhythm Society	HRS
Infectious Diseases Society of America	IDSA
International Pain and Spine Intervention Society	IPSIS
International Society for the Advancement of Spine Surgery	ISASS
National Association of Medical Examiners	NAME
North American Neuromodulation Society	NANS
North American Neuro-Ophthalmology Society	NANOS
North American Spine Society	NASS
Outpatient Endovascular and Interventional Society	OEIS
Radiological Society of North America	RSNA
Renal Physicians Association	RPA

Society	Acronym
Society for Cardiovascular Magnetic Resonance	SCMR
Society for Investigative Dermatology	SID
Society for Vascular Surgery	SVS
Society of American Gastrointestinal and Endoscopic Surgeons	SAGES
Society of Cardiovascular Computed Tomography	SCCT
Society of Critical Care Medicine	SCCM
Society of Hospital Medicine	SHM
Society of Interventional Radiology	SIR
Society of Laparoscopic & Robotic Surgeons	SLS
Society of Nuclear Medicine and Molecular Imaging	SNMMI
Society of Thoracic Surgeons	STS
The Society for Cardiovascular Angiography and Interventions	SCAI
The Society for Pediatric Dermatology	SPD
Underseas and Hyperbaric Medical Society	UHMS

CPT Code	Global	Total CY2026 Physician Time - before applying post-op visit increase	Total CY2026 Physician Time with RUC Recommended Office Visit, Hospital Visit and Discharge Visit Times	Change in Total Physician Time	Percent Change - Total Time	CY2025 Work RVU before applying post-op visit increase	Surgical Global Work RVU After Incorporating RUC Recommendation for Bundled Office, Hospital and Discharge Visits	Change in Work RVU	Percent Change - Work RVU	Change in Clinical Staff Time	_99204	_99211	_99212	_99213	_99214	_99215	_99231	_99232	_99233	_99238	_99239	_99291	_99292
27465	090	450	481	31	7%	21.13	23.20	2.07	10%	-2				3	1		1	1		1			
27466	090	457	488	31	7%	22.65	24.72	2.07	9%	-2				3	1		1	1		1			
27715	090	457	488	31	7%	22.50	24.57	2.07	9%	-2				3	1		1	1		1			
52500	090	169	185	16	9%	6.00	6.86	0.86	14%	-2				1	1					0.5			
52601	090	222	238	16	7%	10.00	10.86	0.86	9%	-2				1	1					0.5			
52630	090	212	228	16	8%	6.55	7.41	0.86	13%	-2				1	1					0.5			
52648	090	226	242	16	7%	10.05	10.91	0.86	9%	-2				1	1					0.5			
52649	090	263	279	16	6%	14.56	15.42	0.86	6%	-2				1	1					0.5			
55840	090	418	432	14	3%	21.36	22.62	1.26	6%	-4					2			1		1			
55842	090	438	452	14	3%	21.36	22.62	1.26	6%	-4					2			1		1			
55845	090	452	466	14	3%	25.18	26.44	1.26	5%	-4					2			1		1			
55866	090	404	422	18	4%	22.46	23.41	0.95	4%	-4					2					0.5			
55867	090	372	388	16	4%	19.53	20.39	0.86	4%	-2				1	1					0.5			
27458	090	621	688	67	11%	26.65	30.40	3.75	14%	-3				6	1	1	1	1		1			
27713	090	641	708	67	10%	28.00	31.75	3.75	13%	-3				6	1	1	1	1		1			
52443	090	234	250	16	7%	10.25	11.11	0.86	8%	-2				1	1					0.5			
55868	090	414	432	18	4%	22.46	23.41	0.95	4%	-4					2					0.5			
55869	090	434	452	18	4%	29.35	30.30	0.95	3%	-4					2					0.5			

CPT Code	Short Descriptor	Global	Total CY2025 CMS Proposed NPRM Physician Time - Current	Total CY2025 CMS Proposed NPRM Physician Time with RUC Recommended Office Visit, Hospital Visit and Discharge Visit Times	Change in Total Physician Time	Percent Change - Total Time	Total CY2025 CMS Proposed NPRM Surgical Global wRVU	CMS Proposed NPRM Surgical Global wRVU After Incorporating RUC Proposal for Bundled Office, Hospital and Discharge Visits	Change in Work RVU	Percent Change - Work RVU	Change in Clinical Staff Time	_99204	_99211	_99212	_99213	_99214	_99215	_99231	_99232	_99233	_99238	_99239	_99291	_99292
10040	Acne surgery	010	34	36	2	6%	0.91	1.13	0.22	24%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
10060	I&d abscess simple/single	010	57	59	2	4%	1.22	1.44	0.22	18%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
10061	I&d abscess comp/multiple	010	83	87	4	5%	2.45	2.89	0.44	18%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
10080	I&d pilonidal cyst simple	010	47	49	2	4%	1.22	1.44	0.22	18%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
10081	I&d pilonidal cyst comp	010	61	63	2	3%	2.50	2.72	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
10120	Inc&rmvl fb subq tiss smpl	010	48	50	2	4%	1.22	1.44	0.22	18%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
10121	Inc&rmvl fb subq tiss comp	010	88	90	2	2%	2.74	2.96	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
10140	I&d hmtma seroma/fluid collj	010	66	68	2	3%	1.58	1.80	0.22	14%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
10160	Pnxr aspir absc hmtma bulla	010	61	63	2	3%	1.25	1.47	0.22	18%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
10180	I&d complex po wound infctj	010	52	54	2	4%	2.30	2.52	0.22	10%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11010	Debride skin at fx site	010	125	125	0	0%	4.19	4.19	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11200	Rmvl skin tags up to&inc 15	010	29	31	2	7%	0.82	1.04	0.22	27%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11400	Exc tr-ext b9+marg 0.5 cm<	010	36	38	2	6%	0.90	1.12	0.22	24%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11401	Exc tr-ext b9+marg 0.6-1 cm	010	51	53	2	4%	1.28	1.50	0.22	17%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11402	Exc tr-ext b9+marg 1.1-2 cm	010	56	58	2	4%	1.45	1.67	0.22	15%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11403	Exc tr-ext b9+marg 2.1-3cm	010	76	78	2	3%	1.84	2.06	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11404	Exc tr-ext b9+marg 3.1-4 cm	010	86	88	2	2%	2.11	2.33	0.22	10%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11406	Exc tr-ext b9+marg >4.0 cm	010	113	120	7	6%	3.52	3.85	0.33	9%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11420	Exc h-f-nk-sp b9+marg 0.5/<	010	36	38	2	6%	1.03	1.25	0.22	21%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11421	Exc h-f-nk-sp b9+marg 0.6-1	010	51	53	2	4%	1.47	1.69	0.22	15%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11422	Exc h-f-nk-sp b9+marg 1.1-2	010	56	58	2	4%	1.68	1.90	0.22	13%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11423	Exc h-f-nk-sp b9+marg 2.1-3	010	76	78	2	3%	2.06	2.28	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11424	Exc h-f-nk-sp b9+marg 3.1-4	010	86	88	2	2%	2.48	2.70	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11426	Exc h-f-nk-sp b9+marg >4 cm	010	113	120	7	6%	4.09	4.42	0.33	8%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11440	Exc face-mm b9+marg 0.5 cm/<	010	36	38	2	6%	1.05	1.27	0.22	21%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11441	Exc face-mm b9+marg 0.6-1 cm	010	51	53	2	4%	1.53	1.75	0.22	14%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11442	Exc face-mm b9+marg 1.1-2 cm	010	56	58	2	4%	1.77	1.99	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11443	Exc face-mm b9+marg 2.1-3 cm	010	76	78	2	3%	2.34	2.56	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11444	Exc face-mm b9+marg 3.1-4 cm	010	86	88	2	2%	3.19	3.41	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11446	Exc face-mm b9+marg >4 cm	010	113	120	7	6%	4.80	5.13	0.33	7%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11450	Exc skn hdrdnt ax smpl/ntrm	090	93.5	104	10.5	11%	3.22	3.72	0.50	15%	0	0	0	0	1.5	0	0	0	0	0	0	0	0	0
11451	Exc skn hdrdnt ax complex	090	99.5	110	10.5	11%	4.43	4.93	0.50	11%	0	0	0	0	1.5	0	0	0	0	0	0	0	0	0
11462	Exc skn hdrdnt ing smpl/ntrm	090	98.5	109	10.5	11%	3.00	3.50	0.50	17%	0	0	0	0	1.5	0	0	0	0	0	0	0	0	0
11463	Exc skn hdrdnt ing complex	090	109.5	120	10.5	10%	4.43	4.93	0.50	11%	0	0	0	0	1.5	0	0	0	0	0	0	0	0	0
11470	Exc skn h/p/p/u smpl/ntrm	090	100.5	111	10.5	10%	3.74	4.24	0.50	13%	0	0	0	0	1.5	0	0	0	0	0	0	0	0	0
11471	Exc skn h/p/p/u complex	090	107.5	118	10.5	10%	4.89	5.39	0.50	10%	0	0	0	0	1.5	0	0	0	0	0	0	0	0	0
11600	Exc tr-ext mal+marg 0.5 cm/<	010	48	55	7	15%	1.63	1.96	0.33	20%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11601	Exc tr-ext mal+marg 0.6-1 cm	010	63	70	7	11%	2.07	2.40	0.33	16%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11602	Exc tr-ext mal+marg 1.1-2 cm	010	68	75	7	10%	2.27	2.60	0.33	15%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11603	Exc tr-ext mal+marg 2.1-3 cm	010	93	100	7	8%	2.82	3.15	0.33	12%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11604	Exc tr-ext mal+marg 3.1-4 cm	010	103	110	7	7%	3.17	3.50	0.33	10%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11606	Exc tr-ext mal+marg >4 cm	010	153	160	7	5%	5.02	5.35	0.33	7%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11620	Exc h-f-nk-sp mal+marg 0.5/<	010	48	55	7	15%	1.64	1.97	0.33	20%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11621	Exc s/n/h/f/g mal+mrg 0.6-1	010	63	70	7	11%	2.08	2.41	0.33	16%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11622	Exc s/n/h/f/g mal+mrg 1.1-2	010	68	75	7	10%	2.41	2.74	0.33	14%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11623	Exc s/n/h/f/g mal+mrg 2.1-3	010	93	100	7	8%	3.11	3.44	0.33	11%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11624	Exc s/n/h/f/g mal+mrg 3.1-4	010	103	110	7	7%	3.62	3.95	0.33	9%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11626	Exc s/n/h/f/g mal+mrg >4 cm	010	123	130	7	6%	4.61	4.94	0.33	7%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11640	Exc f/e/e/n/l mal+mrg 0.5cm<	010	48	55	7	15%	1.67	2.00	0.33	20%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11641	Exc f/e/e/n/l mal+mrg 0.6-1	010	63	70	7	11%	2.17	2.50	0.33	15%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11642	Exc f/e/e/n/l mal+mrg 1.1-2	010	68	75	7	10%	2.62	2.95	0.33	13%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11643	Exc f/e/e/n/l mal+mrg 2.1-3	010	93	100	7	8%	3.42	3.75	0.33	10%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11644	Exc f/e/e/n/l mal+mrg 3.1-4	010	108	115	7	6%	4.34	4.67	0.33	8%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11646	Exc f/e/e/n/l mal+mrg >4 cm	010	128	135	7	5%	6.26	6.59	0.33	5%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11750	Removal of nail bed	010	63	65	2	3%	1.58	1.80	0.22	14%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11760	Repair of nail bed	010	63	65	2	3%	1.63	1.85	0.22	13%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11762	Reconstruction of nail bed	010	111	113	2	2%	2.94	3.16	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11765	Excision of nail fold toe	010	59	61	2	3%	1.22	1.44	0.22	18%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11770	Remove pilonidal cyst simple	010	71	73	2	3%	2.66	2.88	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11771	Remove pilonidal cyst exten	090	236	250.5	14.5	6%	6.09	7.44	1.35	22%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0	0
11772	Remove pilonidal cyst compl	090	269	284.5	15.5	6%	7.35	8.81	1.46	20%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
11960	Insert tissue expander(s)	090	357	408	51	14%	11.49	14.13	2.64	23%	0	0	0	1	7	0	0	0	0	0	0.5	0	0	0
11970	Rplcmt tiss xpndr perm implt	090	216	227	11	5%	7.49	8.37	0.88	12%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
11971	Rmvl tis xpndr wo insj implt	090	215	228	13	6%	7.02	8.12	1.10	16%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
12020	Tx supfc wnd dehsn smpl clsr	010	64	66	2	3%	2.67	2.89	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0

12021	Tx supfc wnd dehsn w/packing	010	51	53	2	4%	1.89	2.11	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
12031	Intmd rpr s/a/t/ext 2.5 cm/<	010	56	58	2	4%	2.00	2.22	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
12032	Intmd rpr s/a/t/ext 2.6-7.5	010	68	70	2	3%	2.52	2.74	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
12034	Intmd rpr s/tr/ext 7.6-12.5	010	85	87	2	2%	2.97	3.19	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
12035	Intmd rpr s/a/t/ext 12.6-20	010	124	126	2	2%	3.50	3.83	0.33	9%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
12036	Intmd rpr s/a/t/ext 20.1-30	010	138	140	2	1%	4.23	4.56	0.33	8%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
12037	Intmd rpr s/tr/ext >30.0 cm	010	158	160	2	1%	5.00	5.33	0.33	7%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
12041	Intmd rpr n-hf/genit 2.5cm/<	010	59	61	2	3%	2.10	2.32	0.22	10%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
12042	Intmd rpr n-hf/genit2.6-7.5	010	69	71	2	3%	2.79	3.01	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
12044	Intmd rpr n-hf/genit7.6-12.5	010	85	87	2	2%	3.19	3.41	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
12045	Intmd rpr n-hf/genit12.6-20	010	146	155	9	6%	3.75	4.41	0.66	18%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
12046	Intmd rpr n-hf/genit20.1-30	010	164	173	9	5%	4.30	4.96	0.66	15%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
12047	Intmd rpr n-hf/genit >30.0cm	010	185	194	9	5%	4.95	5.61	0.66	13%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
12051	Intmd rpr face/mm 2.5 cm/<	010	58	60	2	3%	2.33	2.55	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
12052	Intmd rpr face/mm 2.6-5.0 cm	010	70	72	2	3%	2.87	3.09	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
12053	Intmd rpr face/mm 5.1-7.5 cm	010	80	82	2	2%	3.17	3.39	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
12054	Intmd rpr face/mm 7.6-12.5cm	010	96	98	2	2%	3.50	3.72	0.22	6%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
12055	Intmd rpr face/mm 12.6-20 cm	010	152	161	9	6%	4.50	5.16	0.66	15%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
12056	Intmd rpr face/mm 20.1-30.0	010	162	171	9	6%	5.30	5.96	0.66	12%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
12057	Intmd rpr face/mm >30.0 cm	010	184	193	9	5%	6.00	6.66	0.66	11%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
13100	Cmplx rpr trunk 1.1-2.5 cm	010	69	71	2	3%	3.00	3.22	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
13101	Cmplx rpr trunk 2.6-7.5 cm	010	82	84	2	2%	3.50	3.72	0.22	6%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
13120	Cmplx rpr s/a/l 1.1-2.5 cm	010	74	76	2	3%	3.23	3.45	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
13121	Cmplx rpr s/a/l 2.6-7.5 cm	010	85	87	2	2%	4.00	4.22	0.22	5%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
13131	Cmplx rpr f/c/c/m/n/ax/g/h/f	010	92	94	2	2%	3.73	3.95	0.22	6%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
13132	Cmplx rpr f/c/c/m/n/ax/g/h/f	010	97	99	2	2%	4.78	5.00	0.22	5%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
13151	Cmplx rpr e/n/e/l 1.1-2.5 cm	010	95	97	2	2%	4.34	4.56	0.22	5%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
13152	Cmplx rpr e/n/e/l 2.6-7.5 cm	010	100	102	2	2%	5.34	5.56	0.22	4%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
13160	Sec clsr surg wnd/dehsn xtn	090	363	403.5	40.5	11%	12.04	14.18	2.14	18%	0	0	0	0	4	0	0	2.5	0	0	1	0	0	0
14000	Tis trnfr trunk 10 sq cm/<	090	191.5	216	24.5	13%	6.37	7.53	1.16	18%	0	0	0	0	3.5	0	0	0	0	0	0	0	0	0
14001	Tis trnfr trunk 10.1-30sqcm	090	291	319	28	10%	8.78	10.21	1.43	16%	0	0	0	0	4	0	0	0	0	0	0.5	0	0	0
14020	Tis trnfr s/a/l 10 sq cm/<	090	223	251	28	13%	7.22	8.54	1.32	18%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
14021	Tis trnfr s/a/l 10.1-30 sqcm	090	288	316	28	10%	9.72	11.04	1.32	14%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
14040	Tis trnfr f/c/c/m/n/a/g/h/f	090	223	241	18	8%	8.60	9.70	1.10	13%	0	0	0	2	2	0	0	0	0	0	0	0	0	0
14041	Tis trnfr f/c/c/m/n/a/g/h/f	090	303	331	28	9%	10.83	12.15	1.32	12%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
14060	Tis trnfr e/n/e/l 10 sq cm/<	090	183	201	18	10%	9.23	10.33	1.10	12%	0	0	0	2	2	0	0	0	0	0	0	0	0	0
14061	Tis trnfr e/n/e/l10.1-30sqcm	090	341.5	373	31.5	9%	11.48	12.97	1.49	13%	0	0	0	0	4.5	0	0	0	0	0	0	0	0	0
14301	Tis trnfr any 30.1-60 sq cm	090	287	310	23	8%	12.65	13.97	1.32	10%	0	0	0	1	3	0	0	0	0	0	0.5	0	0	0
14350	Filleted finger/toe flap	090	318.5	350	31.5	10%	11.05	12.65	1.60	14%	0	0	0	0	4.5	0	0	0	0	0	0.5	0	0	0
15015	App skn cl ssp agrft t/a/l 1	090	0	0	0	#DIV/0!	0.00	0.00	-	#DIV/0!	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15017	App skn cll ssp f/n/g/hf 1st	090	0	0	0	#DIV/0!	0.00	0.00	-	#DIV/0!	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15050	Pinch graft up to 2 cm diam	090	190	218	28	15%	5.57	6.89	1.32	24%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
15100	Skin splt grft trnk/arm/leg	090	281	304	23	8%	9.90	11.46	1.56	16%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
15110	Epidrm autogrft trnk/arm/leg	090	306	296	-10	-3%	10.97	12.43	1.46	13%	0	0	0	3	0	0	0	0	4	0	0	0	0	0
15115	Epidrm a-grft face/nck/hf/g	090	356	346	-10	-3%	11.28	12.96	1.68	15%	0	0	0	3	0	0	0	0	4	0	1	0	0	0
15120	Skn splt a-grft fac/nck/hf/g	090	258	274	16	6%	10.15	11.14	0.99	10%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
15130	Derm autograft trnk/arm/leg	090	215	219	4	2%	7.53	8.83	1.30	17%	0	0	0	4	0	0	0	0	1	0	1	0	0	0
15135	Derm autograft face/nck/hf/g	090	223	227	4	2%	11.03	12.33	1.30	12%	0	0	0	4	0	0	0	0	1	0	1	0	0	0
15150	Cult skin grft t/arm/leg	090	326	320	-6	-2%	9.39	10.87	1.48	16%	0	0	0	3	0	0	0	0	3	0	1	0	0	0
15155	Cult skin graft f/n/hf/g	090	336	330	-6	-2%	10.14	11.62	1.48	15%	0	0	0	3	0	0	0	0	3	0	1	0	0	0
15200	Fth grf fr trnk 20 sq cm/<	090	287.5	312	24.5	9%	9.15	10.53	1.38	15%	0	0	0	0	3.5	0	0	0	0	0	1	0	0	0
15220	Fth grf fr s/a/l 20 sq cm/<	090	250	259	9	4%	8.09	9.19	1.10	14%	0	0	0	4.5	0	0	0	0	0	0	0.5	0	0	0
15240	Fth gr fr f/c/c/m/n/ax/g/h/f	090	288	320	32	11%	10.41	12.28	1.87	18%	0	0	0	2	4	0	0	0	0	0	0.5	0	0	0
15260	Fth grf fr n/e/e/l 20 sqcm/<	090	273	308	35	13%	11.64	13.29	1.65	14%	0	0	0	0	5	0	0	0	0	0	0	0	0	0
15570	Skin pedicle flap trunk	090	363	393	30	8%	10.21	11.97	1.76	17%	-2	0	0	1	2	1	0	1	0	0	1	0	0	0
15572	Skin pedicle flap arms/legs	090	297	320	23	8%	10.12	11.44	1.32	13%	0	0	0	1	3	0	0	0	0	0	0.5	0	0	0
15574	Pedcle fh/ch/ch/m/n/ax/g/h/f	090	314	337	23	7%	10.70	12.02	1.32	12%	0	0	0	1	3	0	0	0	0	0	0.5	0	0	0
15576	Pedicle e/n/e/l/ntroral	090	271	287	16	6%	9.37	10.36	0.99	11%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
15600	Delay flap trunk	090	179	183	4	2%	2.01	2.56	0.55	27%	0	0	0	2	0	0	0	0	0	0	0.5	0	0	0
15610	Delay flap arms/legs	090	179	183	4	2%	2.52	3.07	0.55	22%	0	0	0	2	0	0	0	0	0	0	0.5	0	0	0
15620	Delay flap f/c/c/n/ax/g/h/f	090	175.5	193	17.5	10%	3.75	4.58	0.83	22%	0	0	0	0	2.5	0	0	0	0	0	0	0	0	0
15630	Delay flap eye/nos/ear/lip	090	181.5	199	17.5	10%	4.08	4.91	0.83	20%	0	0	0	0	2.5	0	0	0	0	0	0	0	0	0
15650	Transfer skin pedicle flap	090	221.5	239	17.5	8%	4.77	5.71	0.94	20%	0	0	0	0	2.5	0	0	0	0	0	0.5	0	0	0
15730	Mdfc flap w/prsrv vasc pedcl	090	255.5	268.5	13	5%	13.50	14.60	1.10	8%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
15731	Forehead flap w/vasc pedicle	090	369	401	32	9%	14.38	16.12	1.74	12%	-2	0	0	1	3	1	0	0	0	0	0.5	0	0	0
15733	Musc myoq/fscq flp h&n pedcl	090	305	323	18	6%	15.68	16.89	1.21	8%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
15734	Muscle-skin graft trunk	090	596	617	21	4%	23.00	25.78	2.78	12%	-2	0	0	2	2	1	0	1	2	1	1	0	0	0
15736	Muscle-skin graft arm	090	396	428	32	8%	17.04	18.78	1.74	10%	-2	0	0	1	3	1	0	0	0	0	0.5	0	0	0
15738	Muscle-skin graft leg	090	516	548	32	6%	19.04	21.68	2.64	14%	0	0	0	1	4	0	0	2	2	0	1	0	0	0
15740	Island pedicle flap graft	090	365.5	402	36.5	10%	11.80	13.75	1.95	16%	0	0	0	0	4.5	0	0	1	0	0	1	0	0	0
15750	Neurovascular pedicle flap	090	400.5	437	36.5	9%	12.96	14.91	1.95	15%	0	0	0	0	4.5	0	0	1	0	0	1	0	0	0
15756	Free myo/skin flap microvasc	090	809	869	60	7%	36.94	40.40	3.46	9%	-2	0	1	3	2	0	0	8	0	0	1	0	0	0
15757	Free skin flap microvasc	090	829	880	51	6%	37.15	40.57	3.42	9%	-2	0	1	3	2	0	0	7	1	0	1	0	0	0

15758	Free fascial flap microvasc	090	809	855	46	6%	36.90	40.08	3.18	9%	-2	0	1	3	2	0	0	6	1	0	1	0	0	0
15760	Composite skin graft	090	278.5	303	24.5	9%	9.86	11.13	1.27	13%	0	0	0	0	3.5	0	0	0	0	0	0.5	0	0	0
15769	Grfg autol soft tiss dir exc	090	191	202	11	6%	6.68	7.67	0.99	15%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
15770	Derma-fat-fascia graft	090	302.5	334	31.5	10%	8.96	10.56	1.60	18%	0	0	0	0	4.5	0	0	0	0	0	0.5	0	0	0
15771	Grfg autol fat lipo 50 cc/<	090	181	192	11	6%	6.73	7.50	0.77	11%	0	0	0	2	1	0	0	0	0	0	0	0	0	0
15773	Grfg autol fat lipo 25 cc/<	090	180	191	11	6%	6.83	7.60	0.77	11%	0	0	0	2	1	0	0	0	0	0	0	0	0	0
15780	Dermabrasion total face	090	244.5	276	31.5	13%	8.73	10.33	1.60	18%	0	0	0	0	4.5	0	0	0	0	0	0.5	0	0	0
15781	Dermabrasion segmental face	090	144	151	7	5%	5.02	5.79	0.77	15%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
15782	Dermabrasion other than face	090	123	128	5	4%	4.44	4.99	0.55	12%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
15783	Dermabrasion suprfl any site	090	117	122	5	4%	4.41	4.96	0.55	12%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
15786	Abrasion lesion single	010	53	55	2	4%	2.08	2.30	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
15788	Chemical peel face epiderm	090	40	40	0	0%	2.09	2.09	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15789	Chemical peel face dermal	090	57	57	0	0%	4.91	4.91	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15792	Chemical peel nonfacial	090	36	36	0	0%	1.86	1.86	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15793	Chemical peel nonfacial	090	175	184	9	5%	3.96	4.95	0.99	25%	0	0	0	4.5	0	0	0	0	0	0	0	0	0	0
15819	Plastic surgery neck	090	316	344	28	9%	10.65	12.08	1.43	13%	0	0	0	0	4	0	0	0	0	0	0.5	0	0	0
15820	Revision of lower eyelid	090	178.5	203	24.5	14%	6.27	7.43	1.16	18%	0	0	0	0	3.5	0	0	0	0	0	0	0	0	0
15821	Revision of lower eyelid	090	191.5	216	24.5	13%	6.84	8.00	1.16	17%	0	0	0	0	3.5	0	0	0	0	0	0	0	0	0
15822	Revision of upper eyelid	090	151	158	7	5%	4.62	5.39	0.77	17%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
15823	Revision of upper eyelid	090	161	174	13	8%	6.81	7.91	1.10	16%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
15830	Exc skin abd	090	429	455	26	6%	17.11	19.20	2.09	12%	0	0	0	2	3	0	0	1	1	0	1	0	0	0
15832	Excise excessive skin thigh	090	364	392	28	8%	12.85	14.39	1.54	12%	0	0	0	0	4	0	0	0	0	0	1	0	0	0
15833	Excise excessive skin leg	090	342	370	28	8%	11.90	13.44	1.54	13%	0	0	0	0	4	0	0	0	0	0	1	0	0	0
15834	Excise excessive skin hip	090	352	382.5	30.5	9%	12.17	13.83	1.66	14%	0	0	0	0	4	0	0	0.5	0	0	1	0	0	0
15835	Excise excessive skin buttck	090	344	374.5	30.5	9%	12.99	14.65	1.66	13%	0	0	0	0	4	0	0	0.5	0	0	1	0	0	0
15836	Excise excessive skin arm	090	302	330	28	9%	10.61	12.04	1.43	13%	0	0	0	0	4	0	0	0	0	0	0.5	0	0	0
15837	Excise excess skin arm/hand	090	239.5	264	24.5	10%	9.55	10.71	1.16	12%	0	0	0	0	3.5	0	0	0	0	0	0	0	0	0
15838	Excise excess skin fat pad	090	205.5	230	24.5	12%	8.25	9.41	1.16	14%	0	0	0	0	3.5	0	0	0	0	0	0	0	0	0
15839	Excise excess skin & tissue	090	274.5	299	24.5	9%	10.50	11.77	1.27	12%	0	0	0	0	3.5	0	0	0	0	0	0.5	0	0	0
15840	Nerve palsy fascial graft	090	443.5	487.5	44	10%	14.99	17.30	2.31	15%	0	0	0	0	4.5	0	0	2.5	0	0	1	0	0	0
15841	Nerve palsy muscle graft	090	769	846	77	10%	25.99	29.87	3.88	15%	0	0	0	0	6	0	0	7	0	0	1	0	0	0
15842	Nerve palsy microsurg graft	090	963.5	1051.5	88	9%	41.01	45.42	4.41	11%	0	0	0	0	6.5	0	0	8.5	0	0	1	0	0	0
15845	Skin and muscle repair face	090	460.5	499	38.5	8%	14.32	16.36	2.04	14%	0	0	0	0	5.5	0	0	0	0	0	1	0	0	0
15920	Removal of tail bone ulcer	090	294	308	14	5%	8.29	9.74	1.45	17%	0	0	0	4.5	0	0	0	1	0	0	1	0	0	0
15922	Removal of tail bone ulcer	090	354	374	20	6%	10.38	12.18	1.80	17%	0	0	0	5	0	0	0	2	0	0	1	0	0	0
15931	Remove sacrum pressure sore	090	334	368.5	34.5	10%	10.07	12.38	2.31	23%	0	0	0	3.5	0	0	0	5.5	0	0	1	0	0	0
15933	Remove sacrum pressure sore	090	403	441.5	38.5	10%	11.77	14.52	2.75	23%	0	0	0	5.5	0	0	0	5.5	0	0	1	0	0	0
15934	Remove sacrum pressure sore	090	441	482.5	41.5	9%	13.68	16.45	2.77	20%	0	0	0	4.5	0	0	0	6.5	0	0	1	0	0	0
15935	Remove sacrum pressure sore	090	524	574.5	50.5	10%	15.78	19.23	3.45	22%	0	0	0	6.5	0	0	0	7.5	0	0	1	0	0	0
15936	Remove sacrum pressure sore	090	399	432	33	8%	13.16	15.46	2.30	17%	0	0	0	4	0	0	0	5	0	0	1	0	0	0
15937	Remove sacrum pressure sore	090	466	505	39	8%	15.14	17.79	2.65	18%	0	0	0	4.5	0	0	0	6	0	0	1	0	0	0
15940	Remove hip pressure sore	090	340	376	36	11%	10.20	12.52	2.32	23%	0	0	0	3	0	0	0	6	0	0	1	0	0	0
15941	Remove hip pressure sore	090	418	459	41	10%	12.41	15.28	2.87	23%	0	0	0	5.5	0	0	0	6	0	0	1	0	0	0
15944	Remove hip pressure sore	090	441	482	41	9%	12.44	15.31	2.87	23%	0	0	0	5.5	0	0	0	6	0	0	1	0	0	0
15945	Remove hip pressure sore	090	473	517.5	44.5	9%	13.75	16.85	3.10	23%	0	0	0	6	0	0	0	6.5	0	0	1	0	0	0
15946	Remove hip pressure sore	090	650	723.5	73.5	11%	24.12	27.82	3.70	15%	-8	0	0	0	0	4	0	7.5	0	0	1	0	0	0
15950	Remove thigh pressure sore	090	282	302.5	20.5	7%	8.03	9.73	1.70	21%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
15951	Remove thigh pressure sore	090	389	425	36	9%	11.58	14.21	2.63	23%	0	0	0	5.5	0	0	0	5	0	0	1	0	0	0
15952	Remove thigh pressure sore	090	430	468.5	38.5	9%	12.31	15.06	2.75	22%	0	0	0	5.5	0	0	0	5.5	0	0	1	0	0	0
15953	Remove thigh pressure sore	090	454	493.5	39.5	9%	13.57	16.43	2.86	21%	0	0	0	6	0	0	0	5.5	0	0	1	0	0	0
15956	Remove thigh pressure sore	090	568	621	53	9%	16.79	20.36	3.57	21%	0	0	0	6.5	0	0	0	8	0	0	1	0	0	0
15958	Remove thigh pressure sore	090	572	625	53	9%	16.75	20.32	3.57	21%	0	0	0	6.5	0	0	0	8	0	0	1	0	0	0
17000	Destruct premalg lesion	010	23	25	2	9%	0.61	0.83	0.22	36%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17004	Destroy premal lesions 15/>	010	35	37	2	6%	1.37	1.59	0.22	16%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17106	Destruction of skin lesions	090	86	95	9	10%	3.69	4.24	0.55	15%	0	0	0	1	1	0	0	0	0	0	0	0	0	0
17107	Destruction of skin lesions	090	112	123	11	10%	4.79	5.56	0.77	16%	0	0	0	2	1	0	0	0	0	0	0	0	0	0
17108	Destruction of skin lesions	090	148	161	13	9%	7.49	8.48	0.99	13%	0	0	0	3	1	0	0	0	0	0	0	0	0	0
17110	Destruct b9 lesion 1-14	010	29	31	2	7%	0.70	0.92	0.22	31%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17111	Destruct lesion 15 or more	010	31	33	2	6%	0.97	1.19	0.22	23%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17260	Dstrj mal les t/a/l 0.5 cm/<	010	46	48	2	4%	0.96	1.18	0.22	23%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17261	Dstrj mal les t/a/l .6-1.0cm	010	47	49	2	4%	1.22	1.44	0.22	18%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17262	Dstrj mal les t/a/l 1.1-2.0	010	50	52	2	4%	1.63	1.85	0.22	13%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17263	Dstrj mal les t/a/l 2.1-3.0	010	56	58	2	4%	1.84	2.06	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17264	Dstrj mal les t/a/l 3.1-4.0	010	64	66	2	3%	1.99	2.21	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17266	Dstrj mal les t/a/l >4.0 cm	010	67	69	2	3%	2.39	2.61	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17270	Dstr mal les s/n/h/f/g .5 /<	010	45	47	2	4%	1.37	1.59	0.22	16%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17271	Dstr mal les s/n/h/f/g 0.6-1	010	49	51	2	4%	1.54	1.76	0.22	14%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17272	Dstr mal les s/n/h/f/g 1.1-2	010	52	54	2	4%	1.82	2.04	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17273	Dstr mal les s/n/h/f/g 2.1-3	010	56	58	2	4%	2.10	2.32	0.22	10%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17274	Dstr mal les s/n/h/f/g 3.1-4	010	62	64	2	3%	2.64	2.86	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17276	Dstr mal les s/n/h/f/g >4.0	010	70	72	2	3%	3.25	3.47	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17280	Dstr mal ls f/e/e/n/l/m .5/<	010	45	47	2	4%	1.22	1.44	0.22	18%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17281	Dstr mal ls f/e/e/n/l/m .6-1	010	47	49	2	4%	1.77	1.99	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0

17282	Dstr mal ls f/e/e/n/l/m1.1-2	010	55	57	2	4%	2.09	2.31	0.22	11%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
17283	Dstr mal ls f/e/e/n/l/m2.1-3	010	60	62	2	3%	2.69	2.91	0.22	8%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
17284	Dstr mal ls f/e/e/n/l/m3.1-4	010	66	68	2	3%	3.20	3.42	0.22	7%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
17286	Dstr mal ls f/e/e/n/l/m>4.0	010	78	80	2	3%	4.48	4.70	0.22	5%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
17340	Cryotherapy of skin	010	16.5	16.5	0	0%	0.77	0.77	-	0%	-1	0	0.5	0	0	0	0	0	0	0	0	0	0	0
17360	Skin peel therapy	010	29	30	1	3%	1.46	1.57	0.11	8%	0	0	0	0	0.5	0	0	0	0	0	0	0	0	0
19020	Mastotomy expl drg absc dp	090	177	183	6	3%	3.83	4.60	0.77	20%	0	0	0	0	3	0	0	0	0	0	0	0.5	0	0
19101	Biopsy of breast open	010	116	118	2	2%	3.23	3.45	0.22	7%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
19110	Nipple exploration	090	144	150	6	4%	4.44	5.10	0.66	15%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
19112	Excise breast duct fistula	090	137	143	6	4%	3.81	4.47	0.66	17%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
19120	Removal of breast lesion	090	136	145	9	7%	5.92	6.47	0.55	9%	0	0	0	0	1	1	0	0	0	0	0	0	0	0
19125	Excision breast lesion	090	196	210	14	7%	6.69	7.35	0.66	10%	0	0	0	0	0	2	0	0	0	0	0	0	0	0
19300	Removal of breast tissue	090	184	191	7	4%	5.31	6.19	0.88	17%	0	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0
19301	Partial mastectomy	090	216	232	16	7%	10.13	11.12	0.99	10%	0	0	0	0	1	2	0	0	0	0	0	0.5	0	0
19302	P-mastectomy w/ln removal	090	276	294	18	7%	13.99	15.07	1.08	8%	-2	0	0	0	1	1	1	0	0	0	0	0.5	0	0
19303	Mast simple complete	090	283	306	23	8%	15.00	16.19	1.19	8%	-2	0	0	0	0	2	1	0	0	0	0	0.5	0	0
19305	Mast radical	090	463.5	517.5	54	12%	17.46	20.25	2.79	16%	0	0	0	0	0	4.5	0	0	4.5	0	0	1	0	0
19306	Mast rad urban type	090	544.5	610.5	66	12%	18.13	21.49	3.36	19%	0	0	0	0	0	5.5	0	0	5.5	0	0	1	0	0
19307	Mast mod rad	090	343	373	30	9%	17.99	19.51	1.52	8%	-2	0	0	0	0	3	1	0	0	0	0	0.5	0	0
19316	Suspension of breast	090	301	319	18	6%	11.09	12.30	1.21	11%	0	0	0	0	2	2	0	0	0	0	0	0.5	0	0
19318	Breast reduction	090	367	385	18	5%	16.03	17.24	1.21	8%	0	0	0	0	2	2	0	0	0	0	0	0.5	0	0
19325	Breast augmentation w/implt	090	225	233	8	4%	8.12	9.11	0.99	12%	0	0	0	0	4	0	0	0	0	0	0	0.5	0	0
19328	Rmvl intact breast implant	090	199	210	11	6%	7.44	8.32	0.88	12%	0	0	0	0	2	1	0	0	0	0	0	0.5	0	0
19330	Rmvl ruptured breast implant	090	229	240	11	5%	9.00	9.88	0.88	10%	0	0	0	0	2	1	0	0	0	0	0	0.5	0	0
19340	Insj breast implt sm d mast	090	261	279	18	7%	10.48	11.69	1.21	12%	0	0	0	0	2	2	0	0	0	0	0	0.5	0	0
19342	Insj/rplcmt brst implt sep d	090	252	265	13	5%	10.48	11.58	1.10	10%	0	0	0	0	3	1	0	0	0	0	0	0.5	0	0
19350	Breast reconstruction	090	229	237	8	3%	9.11	9.99	0.88	10%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
19355	Correct inverted nipple(s)	090	206	227	21	10%	8.52	9.51	0.99	12%	0	0	0	0	0	3	0	0	0	0	0	0	0	0
19357	Tiss xpndr plmt brst rcnstj	090	344	383	39	11%	14.84	17.04	2.20	15%	0	0	0	0	2	5	0	0	0	0	0	0.5	0	0
19361	Brst rcnstj latsms drsi flap	090	552	578	26	5%	23.36	25.58	2.22	10%	0	0	0	0	3	2	0	0	2	1	0	1	0	0
19364	Brst rcnstj free flap	090	767	775	8	1%	42.58	44.85	2.27	5%	-2	0	1	4	1	0	0	1	3	0	1	0	0	0
19367	Brst rcnstj 1 pdcl tram flap	090	590	630	40	7%	26.80	29.04	2.24	8%	-2	0	0	1	2	1	0	3	0	0	1	0	0	0
19368	Brst rcnstj 1pdcl tram anast	090	770	824	54	7%	33.90	36.80	2.90	9%	-4	0	0	1	2	2	0	4	0	0	1	0	0	0
19369	Brst rcnstj 2 pdcl tram flap	090	690	739	49	7%	31.31	33.97	2.66	8%	-4	0	0	1	2	2	0	3	0	0	1	0	0	0
19370	Revj peri-implt capsule brst	090	255	276	21	8%	9.17	10.27	1.10	12%	0	0	0	0	3	0	0	0	0	0	0.5	0	0	0
19371	Peri-implt capslc brst compl	090	261	277	16	6%	9.98	10.97	0.99	10%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
19380	Revj reconstructed breast	090	307	325	18	6%	11.17	12.38	1.21	11%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
25448	Arthrp ntrcrpl/crp/mtcrp ssp	090	296	326	30	10%	11.85	13.37	1.52	13%	-2	0	0	0	3	1	0	0	0	0	0.5	0	0	0
20100	Explore wound neck	010	266	283	17	6%	10.38	11.41	1.03	10%	0	0	0	0	1	0	0	2	0	0	1	0	0	0
20101	Explore wound chest	010	97	97	0	0%	3.23	3.23	-	0%	-2	0	1	0	0	0	0	0	0	0	0	0	0	0
20102	Explore wound abdomen	010	106	108	2	2%	3.98	4.20	0.22	6%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
20103	Explore wound extremity	010	136	138	2	1%	5.34	5.56	0.22	4%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
20150	Excise epiphyseal bar	090	337	363	26	8%	14.75	16.20	1.45	10%	0	0	0	0	3	0	0	1	0	0	1	0	0	0
20250	Biopsy vrt bdy open thoracic	010	248	255	7	3%	5.19	5.87	0.68	13%	0	0	0	1	0	0	0	1	0	0	1	0	0	0
20251	Biopsy vrt bdy open lmbr/crv	010	238	245	7	3%	5.72	6.40	0.68	12%	0	0	0	1	0	0	0	1	0	0	1	0	0	0
20500	Injection of sinus tract	010	56	58	2	4%	1.28	1.50	0.22	17%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
20520	Removal of foreign body	010	65	67	2	3%	1.90	2.12	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
20525	Removal of foreign body	010	136	138	2	1%	3.54	3.87	0.33	9%	0	0	0	1	0	0	0	0	0	0	0	0.5	0	0
20615	Treatment of bone cyst	010	88	90	2	2%	2.33	2.55	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
20650	Insert and remove bone pin	010	114	116	2	2%	2.28	2.61	0.33	14%	0	0	0	1	0	0	0	0	0	0	0	0.5	0	0
20661	Application halo cranial	090	266	281.5	15.5	6%	5.26	6.72	1.46	28%	0	0	0	0	4	0	0	0	1.5	0	0	1	0	0
20662	Application halo pelvic	090	285	298	13	5%	6.38	7.72	1.34	21%	0	0	0	0	4	0	0	0	1	0	0	1	0	0
20663	Application halo femoral	090	264	277	13	5%	5.74	7.08	1.34	23%	0	0	0	0	4	0	0	0	1	0	0	1	0	0
20664	Appl halo cranial 6+pins	090	405	440	35	9%	10.06	12.48	2.42	24%	0	0	0	0	0	4	0	0	2	0	1	1	0	0
20665	Rmvl tongs/halo anthr indiv	010	57	59	2	4%	1.36	1.58	0.22	16%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
20670	Removal implant superficial	010	57	59	2	4%	1.79	2.01	0.22	12%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
20680	Removal of implant deep	090	181	185	4	2%	5.96	6.51	0.55	9%	0	0	0	0	2	0	0	0	0	0	0	0.5	0	0
20690	Appl unipln uni ext fixj sys	090	300	317	17	6%	8.78	10.32	1.54	18%	0	0	0	0	1	2	0	0	1	1	0	1	0	0
20692	Appl mltpln uni ext fixj sys	090	474	518	44	9%	16.27	19.08	2.81	17%	0	0	0	0	4	3	0	0	3	0	0	1	0	0
20693	Adjmt/revj ext fixj sys anes	090	208	216.5	8.5	4%	6.06	7.06	1.00	17%	0	0	0	0	3	0	0	0	0.5	0	0	1	0	0
20694	Rmvl ext fixj sys under anes	090	140	145	5	4%	4.28	4.94	0.66	15%	0	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0
20696	App mltpln uni xtrnl fix 1st	090	468	505	37	8%	17.56	19.91	2.35	13%	0	0	0	0	3	3	0	0	2	0	0	1	0	0
20802	Replantation arm complete	090	1041	1107	66	6%	42.62	46.35	3.73	9%	-2	0	0	0	3	3	1	0	6	0	0	1	0	0
20805	Replant forearm complete	090	1012	1078	66	7%	51.46	55.19	3.73	7%	-2	0	0	0	3	3	1	0	6	0	0	1	0	0
20808	Replantation hand complete	090	1112	1173	61	5%	63.09	66.58	3.49	6%	-2	0	0	0	3	3	1	0	5	0	0	1	0	0
20816	Replantation digit complete	090	697	747	50	7%	31.95	34.80	2.85	9%	0	0	0	0	2	3	0	0	5	0	0	1	0	0
20822	Replantation digit complete	090	590	632	42	7%	26.66	29.25	2.59	10%	0	0	0	0	3	3	0	0	3	0	0	1	0	0
20824	Replantation thumb complete	090	690	740	50	7%	31.95	34.80	2.85	9%	0	0	0	0	2	3	0	0	5	0	0	1	0	0
20827	Replantation thumb complete	090	625	672	47	8%	27.48	30.31	2.83	10%	0	0	0	0	3	3	0	0	4	0	0	1	0	0
20838	Replantation foot complete	090	986	1062	76	8%	42.88	47.09	4.21	10%	-2	0	0	0	3	3	1	0	8	0	0	1	0	0
20910	Remove cartilage for graft	090	227	235	8	4%	5.53	6.52	0.99	18%	0	0	0	0	4	0	0	0	0	0	0	0.5	0	0
20912	Remove cartilage for graft	090	256	264	8	3%	6.54	7.53	0.99	15%	0	0	0	0	4	0	0	0	0	0	0	0.5	0	0
20920	Removal of fascia for graft	090	195	203.5	8.5	4%	5.51	6.51	1.00	18%	0	0	0	0	3	0	0	0	0.5	0	0	1	0	0

20922	Removal of fascia for graft	090	224	237.5	13.5	6%	6.93	8.17	1.24	18%	0	0	0	3	0	0	0	1.5	0	0	1	0	0	0
20924	Removal of tendon for graft	090	194	202.5	8.5	4%	6.68	7.68	1.00	15%	0	0	0	3	0	0	0	0.5	0	0	1	0	0	0
20955	Fibula bone graft microvasc	090	957	1014	57	6%	40.26	43.57	3.31	8%	0	0	0	3	3	0	0	6	0	0	1	0	1	0
20956	Iliac bone graft microvasc	090	894	963	69	8%	41.18	45.32	4.14	10%	0	0	0	5	2	0	0	9	0	0	1	0	0	0
20957	Mt bone graft microvasc	090	930	1001	71	8%	42.61	46.97	4.36	10%	0	0	0	6	2	0	0	9	0	0	1	0	0	0
20962	Other bone graft microvasc	090	380	380	0	0%	39.21	39.21	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20969	Bone/skin graft microvasc	090	1048	1124	76	7%	45.43	49.51	4.08	9%	-4	0	0	2	2	2	0	8	0	0	1	0	0	0
20970	Bone/skin graft iliac crest	090	988	1064	76	8%	44.58	48.66	4.08	9%	-4	0	0	2	2	2	0	8	0	0	1	0	0	0
20972	Bone/skin graft metatarsal	090	898	959	61	7%	44.51	47.87	3.36	8%	-4	0	0	2	2	2	0	5	0	0	1	0	0	0
20973	Bone/skin graft great toe	090	988	1049	61	6%	47.27	50.63	3.36	7%	-4	0	0	2	2	2	0	5	0	0	1	0	0	0
21010	Incision of jaw joint	090	337	351	14	4%	11.04	12.69	1.65	15%	0	0	0	3	1	0	0	1	1	0	1	0	0	0
21011	Exc face les sc <2 cm	090	107	116	9	8%	2.99	3.54	0.55	18%	0	0	0	1	1	0	0	0	0	0	0	0	0	0
21012	Exc face les sbq 2 cm/>	090	148	157	9	6%	4.45	5.11	0.66	15%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
21013	Exc face tum deep < 2 cm	090	174	183	9	5%	5.42	6.08	0.66	12%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
21014	Exc face tum deep 2 cm/>	090	217	233	16	7%	7.13	8.12	0.99	14%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
21015	Resect face/scalp tum < 2 cm	090	277	300	23	8%	9.89	11.21	1.32	13%	0	0	0	1	3	0	0	0	0	0	0.5	0	0	0
21016	Resect face/scalp tum 2 cm/>	090	398	424	26	7%	15.26	17.22	1.96	13%	-2	0	0	1	2	1	0	1	1	0	1	0	0	0
21025	Excision of bone lower jaw	090	283	301	18	6%	10.03	11.13	1.10	11%	0	0	0	2	2	0	0	0	0	0	0	0	0	0
21026	Excision of facial bone(s)	090	261	284	23	9%	5.70	7.26	1.56	27%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
21029	Contour of face bone lesion	090	196	212	16	8%	8.39	9.38	0.99	12%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
21030	Excise max/zygoma b9 tumor	090	133	144	11	8%	4.91	5.68	0.77	16%	0	0	0	2	1	0	0	0	0	0	0	0	0	0
21031	Remove exostosis mandible	090	93	95	2	2%	3.30	3.52	0.22	7%	-2	0	1	1	0	0	0	0	0	0	0	0	0	0
21032	Remove exostosis maxilla	090	125	129	4	3%	3.34	3.78	0.44	13%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
21034	Excise max/zygoma mal tumor	090	365	395	30	8%	17.38	19.14	1.76	10%	-2	0	0	1	2	1	0	1	0	0	1	0	0	0
21040	Excise mandible lesion	090	137	148	11	8%	4.91	5.68	0.77	16%	0	0	0	2	1	0	0	0	0	0	0	0	0	0
21044	Removal of jaw bone lesion	090	325	350	25	8%	12.80	14.45	1.65	13%	-2	0	0	2	1	1	0	1	0	0	1	0	0	0
21045	Extensive jaw surgery	090	599	629	30	5%	18.37	21.19	2.82	15%	-2	0	0	2	2	1	0	2	1	1	1	0	0	0
21046	Remove mandible cyst complex	090	400	432	32	8%	14.21	16.32	2.11	15%	0	0	0	3	3	0	0	1	0	0	1	0	0	0
21047	Excise lwr jaw cyst w/repair	090	565	602	37	7%	20.07	22.42	2.35	12%	0	0	0	3	3	0	0	2	0	0	1	0	0	0
21048	Remove maxilla cyst complex	090	400	432	32	8%	14.71	16.82	2.11	14%	0	0	0	3	3	0	0	1	0	0	1	0	0	0
21049	Excis uppr jaw cyst w/repair	090	550	587	37	7%	19.32	21.67	2.35	12%	0	0	0	3	3	0	0	2	0	0	1	0	0	0
21050	Removal of jaw joint	090	377	404	27	7%	11.76	13.63	1.87	16%	-2	0	0	3	1	1	0	1	0	0	1	0	0	0
21060	Remove jaw joint cartilage	090	334	357	23	7%	11.07	12.63	1.56	14%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
21070	Remove coronoid process	090	246	257	11	4%	8.62	9.50	0.88	10%	-2	0	1	2	1	0	0	0	0	0	0.5	0	0	0
21073	Mnpj of tmj w/anesth	090	134	142	8	6%	3.45	4.33	0.88	26%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
21076	Prepare face/oral prosthesis	010	338	338	0	0%	13.40	13.40	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21077	Prepare face/oral prosthesis	090	698	698	0	0%	33.70	33.70	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21079	Prepare face/oral prosthesis	090	498	498	0	0%	22.31	22.31	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21080	Prepare face/oral prosthesis	090	537	537	0	0%	25.06	25.06	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21081	Prepare face/oral prosthesis	090	505	505	0	0%	22.85	22.85	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21082	Prepare face/oral prosthesis	090	47	47	0	0%	20.84	20.84	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21083	Prepare face/oral prosthesis	090	446	446	0	0%	19.27	19.27	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21084	Prepare face/oral prosthesis	090	496	496	0	0%	22.48	22.48	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21085	Prepare face/oral prosthesis	010	248	248	0	0%	8.99	8.99	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21086	Prepare face/oral prosthesis	090	534	534	0	0%	24.88	24.88	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21087	Prepare face/oral prosthesis	090	533	533	0	0%	24.88	24.88	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21088	Prepare face/oral prosthesis	090	0	0	0	#DIV/0!	0.00	0.00	-	#DIV/0!	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21100	Maxillofacial fixation	090	232	247	15	6%	4.73	6.05	1.32	28%	0	0	0	4	1	0	0	0	0	0	0.5	0	0	0
21110	Interdental fixation	090	239	259	20	8%	5.99	7.31	1.32	22%	0	0	0	3	2	0	0	0	0	0	0	0	0	0
21120	Reconstruction of chin	090	184	191	7	4%	5.10	5.87	0.77	15%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
21121	Reconstruction of chin	090	193	200	7	4%	7.81	8.58	0.77	10%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
21122	Reconstruction of chin	090	247	255	8	3%	8.71	9.70	0.99	11%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
21123	Reconstruction of chin	090	297	305	8	3%	11.34	12.44	1.10	10%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
21125	Augmentation lower jaw bone	090	297	305	8	3%	10.80	11.90	1.10	10%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
21127	Augmentation lower jaw bone	090	358	388.5	30.5	9%	12.44	14.10	1.66	13%	0	0	0	0	4	0	0	0.5	0	0	1	0	0	0
21137	Reduction of forehead	090	310	321	11	4%	10.24	11.23	0.99	10%	-2	0	1	2	1	0	0	0	0	0	1	0	0	0
21138	Reduction of forehead	090	400	416	16	4%	12.87	13.97	1.10	9%	-2	0	1	1	2	0	0	0	0	0	1	0	0	0
21139	Reduction of forehead	090	466	482	16	3%	15.02	16.25	1.23	8%	-2	0	1	2	1	0	0	1	0	0	1	0	0	0
21141	Lefort i-1 piece w/o graft	090	474	515	41	9%	19.57	22.23	2.66	14%	-2	0	0	4	2	1	0	2	0	0	1	0	0	0
21142	Lefort i-2 piece w/o graft	090	485	526	41	8%	20.28	22.94	2.66	13%	-2	0	0	4	2	1	0	2	0	0	1	0	0	0
21143	Lefort i-3/> piece w/o graft	090	497	538	41	8%	21.05	23.71	2.66	13%	-2	0	0	4	2	1	0	2	0	0	1	0	0	0
21145	Lefort i-1 piece w/ graft	090	515	564.5	49.5	10%	23.94	26.50	2.56	11%	0	0	0	0	6	0	0	1.5	0	0	1	0	0	0
21146	Lefort i-2 piece w/ graft	090	567.5	623	55.5	10%	24.87	27.72	2.85	11%	0	0	0	0	6.5	0	0	2	0	0	1	0	0	0
21147	Lefort i-3/> piece w/ graft	090	707.5	765.5	58	8%	26.47	29.44	2.97	11%	0	0	0	0	6.5	0	0	2.5	0	0	1	0	1.5	0
21150	Lefort ii anterior intrusion	090	623	646	23	4%	25.96	27.52	1.56	6%	-4	0	2	2	2	0	0	1	0	0	1	0	1	0
21151	Lefort ii w/bone grafts	090	686	714	28	4%	29.02	30.82	1.80	6%	-4	0	2	2	2	0	0	2	0	0	1	0	1	0
21154	Lefort iii w/o lefort i	090	853	891.5	38.5	5%	31.29	33.57	2.28	7%	-5	0	2	2	1	0	1	2.5	0	0	1	0	1.5	0
21155	Lefort iii w/ lefort i	090	939	975	36	4%	35.22	37.38	2.16	6%	-5	0	2	2	1	0	1	2	0	0	1	0	2	0
21159	Lefort iii w/fhdw/o lefort i	090	986	1027	41	4%	43.14	45.54	2.40	6%	-5	0	2	2	1	0	1	3	0	0	1	0	2	0
21160	Lefort iii w/fhd w/ lefort i	090	1121	1137	16	1%	47.19	49.37	2.18	5%	-5	0	2	2	1	0	1	0	2.5	0	1	0	2.5	0
21172	Reconstruct orbit/forehead	090	641	646	5	1%	28.20	29.49	1.29	5%	-4	0	2	2	1	0	0	0	1.5	0	1	0	1.5	0
21175	Reconstruct orbit/forehead	090	731	738	7	1%	33.56	34.75	1.19	4%	-4	0	2	2	1	0	0	0	1	0	1	0	2	0
21179	Reconstruct entire forehead	090	590	601	11	2%	22.65	23.64	0.99	4%	-2	0	1	2	1	0	0	0	0	0	1	0	2	0

21180	Reconstruct entire forehead	090	670	681	11	2%	25.58	26.57	0.99	4%	-2	0	1	2	1	0	0	0	0	0	1	0	2	0
21181	Contour cranial bone lesion	090	396	410	14	4%	10.28	11.29	1.01	10%	-4	0	2	1	1	0	0	1	0	0	1	0	0	0
21182	Reconstruct cranial bone	090	801	808	7	1%	32.58	33.77	1.19	4%	-4	0	2	2	1	0	0	0	1	0	1	0	2	0
21183	Reconstruct cranial bone	090	891	894	3	0%	35.70	37.09	1.39	4%	-4	0	2	2	1	0	0	0	2	0	1	0	2	0
21184	Reconstruct cranial bone	090	996	999	3	0%	38.62	40.01	1.39	4%	-4	0	2	2	1	0	0	0	2	0	1	0	2	0
21188	Reconstruction of midface	090	572	599	27	5%	23.15	24.63	1.48	6%	-5	0	2	0	1	0	1	1	0	0	1	0	0	0
21193	Reconst lwr jaw w/o graft	090	386	428.5	42.5	11%	18.90	21.13	2.23	12%	0	0	0	0	5	0	0	1.5	0	0	1	0	0	0
21194	Reconst lwr jaw w/graft	090	482.5	531	48.5	10%	21.82	24.34	2.52	12%	0	0	0	0	5.5	0	0	2	0	0	1	0	0	0
21195	Reconst lwr jaw w/o fixation	090	384.5	430.5	46	12%	19.16	21.56	2.40	13%	0	0	0	0	5.5	0	0	1.5	0	0	1	0	0	0
21196	Reconst lwr jaw w/fixation	090	411.5	457.5	46	11%	20.83	23.23	2.40	11%	0	0	0	0	5.5	0	0	1.5	0	0	1	0	0	0
21198	Reconstr lwr jaw segment	090	359.5	396	36.5	10%	15.71	17.66	1.95	12%	0	0	0	0	4.5	0	0	1	0	0	1	0	0	0
21199	Reconstr lwr jaw w/advance	090	283	290	7	2%	16.73	17.92	1.19	7%	0	0	0	2	1	0	0	0	1	0	1	0	0	0
21206	Reconstruct upper jaw bone	090	361.5	395.5	34	9%	15.59	17.42	1.83	12%	0	0	0	0	4.5	0	0	0.5	0	0	1	0	0	0
21208	Augmentation of facial bones	090	320	349	29	9%	11.42	13.27	1.85	16%	-2	0	0	3	2	1	0	0	0	0	0.5	0	0	0
21209	Reduction of facial bones	090	270	297	27	10%	7.82	9.58	1.76	23%	0	0	0	3	3	0	0	0	0	0	0.5	0	0	0
21210	Face bone graft	090	318	352	34	11%	11.69	13.54	1.85	16%	-2	0	0	2	3	1	0	0	0	0	0	0	0	0
21215	Lower jaw bone graft	090	334	368	34	10%	12.23	14.08	1.85	15%	-2	0	0	2	3	1	0	0	0	0	0	0	0	0
21230	Rib cartilage graft	090	342	353	11	3%	11.17	12.16	0.99	9%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21235	Ear cartilage graft	090	265	285	20	8%	7.50	8.93	1.43	19%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
21240	Reconstruction of jaw joint	090	425	472	47	11%	16.07	18.51	2.44	15%	0	0	0	0	6	0	0	1	0	0	1	0	0	0
21242	Reconstruction of jaw joint	090	402	432	30	7%	14.59	16.99	2.40	16%	-2	0	0	3	2	1	0	1	1	0	1	0	0	0
21243	Reconstruction of jaw joint	090	751	827	76	10%	24.53	28.73	4.20	17%	0	0	0	0	10	0	0	2	1	0	1	0	0	0
21244	Reconstruction of lower jaw	090	387	422	35	9%	13.62	16.26	2.64	19%	-2	0	0	3	2	1	0	2	1	0	1	0	0	0
21245	Reconstruction of jaw	090	376	408	32	9%	13.12	15.10	1.98	15%	-2	0	0	2	2	1	0	1	0	0	1	0	0	0
21246	Reconstruction of jaw	090	369	382	13	4%	12.92	14.13	1.21	9%	0	0	0	3	1	0	0	0	0	0	1	0	0	0
21247	Reconstruct lower jaw bone	090	544	590	46	8%	24.37	27.14	2.77	11%	-2	0	0	3	3	1	0	2	0	0	1	0	0	0
21248	Reconstruction of jaw	090	223	251	28	13%	12.74	14.06	1.32	10%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
21249	Reconstruction of jaw	090	295	323	28	9%	18.77	20.09	1.32	7%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
21255	Reconstruct lower jaw bone	090	457	503	46	10%	18.46	21.23	2.77	15%	-2	0	0	3	3	1	0	2	0	0	1	0	0	0
21256	Reconstruction of orbit	090	444	467	23	5%	17.66	19.38	1.72	10%	-2	0	0	2	2	1	0	0	1	0	0	0	0	0
21260	Revise eye sockets	090	426	436	10	2%	17.90	19.62	1.72	10%	0	0	0	2	2	0	0	0	2	0	1	0	0	0
21261	Revise eye sockets	090	674	697	23	3%	34.07	36.94	2.87	8%	-2	0	0	2	3	1	0	0	2	1	1	0	0	0
21263	Revise eye sockets	090	639	662	23	4%	31.01	33.88	2.87	9%	-2	0	0	2	3	1	0	0	2	1	1	0	0	0
21267	Revise eye sockets	090	476	495	19	4%	20.69	22.83	2.14	10%	-2	0	0	2	2	1	0	0	2	0	1	0	0	0
21268	Revise eye sockets	090	614	637	23	4%	27.07	29.94	2.87	11%	-2	0	0	2	3	1	0	0	2	1	1	0	0	0
21270	Augmentation cheek bone	090	362	373	11	3%	10.63	11.40	0.77	7%	0	0	0	2	1	0	0	0	0	0	0	0	0	0
21275	Revision orbitofacial bones	090	360	376	16	4%	11.76	12.99	1.23	10%	0	0	0	2	1	0	0	1	0	0	1	0	0	0
21280	Revision of eyelid	090	251	276	25	10%	7.13	8.43	1.30	18%	-2	0	0	1	2	1	0	0	0	0	0	0	0	0
21282	Revision of eyelid	090	209	227	18	9%	4.27	5.24	0.97	23%	-2	0	0	1	1	1	0	0	0	0	0	0	0	0
21295	Revision of jaw muscle/bone	090	101	110	9	9%	1.90	2.45	0.55	29%	0	0	0	1	1	0	0	0	0	0	0	0	0	0
21296	Revision of jaw muscle/bone	090	219	235	16	7%	4.78	6.01	1.23	26%	0	0	0	2	1	0	0	1	0	0	1	0	0	0
21325	Open tx nose fx uncomplicatd	090	217	228	11	5%	4.18	5.17	0.99	24%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21330	Open tx nose fx w/skele fixj	090	251	262	11	4%	5.79	6.78	0.99	17%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21335	Open tx nose & septal fx	090	293	304	11	4%	9.02	10.01	0.99	11%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21336	Open tx septal fx w/wo stabj	090	243	268	25	10%	6.77	8.20	1.43	21%	0	0	0	2	3	0	0	0	0	0	0	0	0	0
21337	Closed tx septal&nose fx	090	154	170	16	10%	3.39	4.27	0.88	26%	0	0	0	1	2	0	0	0	0	0	0	0	0	0
21338	Open nasoethmoid fx w/o fixj	090	291	302	11	4%	6.87	7.86	0.99	14%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21339	Open nasoethmoid fx w/ fixj	090	315	326	11	3%	8.50	9.49	0.99	12%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21340	Perq tx nasoethmoid fx	090	347	365	18	5%	11.49	12.81	1.32	11%	0	0	0	2	2	0	0	0	0	0	1	0	0	0
21343	Open tx dprsd front sinus fx	090	389	410	21	5%	14.32	16.17	1.85	13%	0	0	0	2	3	0	0	0	1	0	1	0	0	0
21344	Open tx compl front sinus fx	090	519	537	18	3%	21.57	23.82	2.25	10%	0	0	0	2	3	0	0	0	1	1	1	0	0	0
21345	Closed tx nose/jaw fx	090	312	337	25	8%	9.06	10.84	1.78	20%	0	0	0	3	2	0	0	1	0	0	1	0	0	0
21346	Opn tx nasomax fx w/fixj	090	352	375	23	7%	11.45	13.01	1.56	14%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
21347	Opn tx nasomax fx multple	090	393	416	23	6%	13.53	15.09	1.56	12%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
21348	Opn tx nasomax fx w/graft	090	452	475	23	5%	17.52	19.08	1.56	9%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
21355	Perq tx malar fracture	010	176	192	16	9%	4.45	5.33	0.88	20%	0	0	0	1	2	0	0	0	0	0	0	0	0	0
21356	Opn tx dprsd zygomatic arch	010	185	201	16	9%	4.83	5.71	0.88	18%	0	0	0	1	2	0	0	0	0	0	0	0	0	0
21360	Opn tx dprsd malar fracture	090	273	291	18	7%	7.19	8.29	1.10	15%	0	0	0	2	2	0	0	0	0	0	0	0	0	0
21365	Opn tx complx malar fx	090	432	477	45	10%	16.77	19.12	2.35	14%	0	0	0	0	5	0	0	2	0	0	1	0	0	0
21366	Opn tx complx malar w/grft	090	467	490	23	5%	18.60	20.16	1.56	8%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
21385	Opn tx orbit fx transantral	090	324	335	11	3%	9.57	10.56	0.99	10%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21386	Opn tx orbit fx periorbital	090	320	331	11	3%	9.57	10.56	0.99	10%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21387	Opn tx orbit fx combined	090	335	346	11	3%	10.11	11.10	0.99	10%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21390	Opn tx orbit periorbtl implt	090	346	360	14	4%	11.23	12.40	1.17	10%	-2	0	0	1	1	1	0	0	1	0	0	0	0	0
21395	Opn tx orbit periorbt w/grft	090	347	357	10	3%	14.70	15.91	1.21	8%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
21400	Closed tx orbit w/o manipulj	090	102	106	4	4%	1.50	1.94	0.44	29%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
21401	Closed tx orbit w/manipulj	090	204	215	11	5%	3.68	4.67	0.99	27%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21406	Opn tx orbit fx w/o implant	090	284	295	11	4%	7.42	8.41	0.99	13%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21407	Opn tx orbit fx w/implant	090	316	327	11	3%	9.02	10.01	0.99	11%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21408	Opn tx orbit fx w/bone grft	090	385	396	11	3%	12.78	13.77	0.99	8%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21421	Treat mouth roof fracture	090	256	278	22	9%	6.02	7.54	1.52	25%	-2	0	0	3	1	1	0	0	0	0	0.5	0	0	0
21422	Treat mouth roof fracture	090	319	330	11	3%	8.73	9.72	0.99	11%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21423	Treat mouth roof fracture	090	359	372	13	4%	10.85	12.06	1.21	11%	0	0	0	3	1	0	0	0	0	0	1	0	0	0

21431	Treat craniofacial fracture	090	295	318	23	8%	7.90	9.46	1.56	20%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
21432	Treat craniofacial fracture	090	330	339	9	3%	8.82	9.72	0.90	10%	0	0	0	2	0	0	0	1	0	0	1	0	0	0
21433	Treat craniofacial fracture	090	592	620	28	5%	26.29	28.09	1.80	7%	0	0	0	2	2	0	0	2	0	0	1	0	0	0
21435	Treat craniofacial fracture	090	1001	1024	23	2%	20.26	23.68	3.42	17%	-2	0	0	2	2	1	0	2	2	2	1	0	0	0
21436	Treat craniofacial fracture	090	644	671	27	4%	30.30	32.97	2.67	9%	-2	0	0	2	3	1	0	0	1	1	1	0	0	0
21440	Treat dental ridge fracture	090	162	180	18	11%	3.44	4.54	1.10	32%	0	0	0	2	2	0	0	0	0	0	0	0	0	0
21445	Treat dental ridge fracture	090	252	274	22	9%	6.26	7.78	1.52	24%	-2	0	0	3	1	1	0	0	0	0	0.5	0	0	0
21450	Treat lower jaw fracture	090	162	180	18	11%	3.71	4.81	1.10	30%	0	0	0	2	2	0	0	0	0	0	0	0	0	0
21451	Treat lower jaw fracture	090	252	272	20	8%	5.65	7.08	1.43	25%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
21452	Treat lower jaw fracture	090	133	144	11	8%	2.40	3.28	0.88	37%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
21453	Treat lower jaw fracture	090	261	288	27	10%	6.64	8.40	1.76	27%	0	0	0	3	3	0	0	0	0	0	0.5	0	0	0
21454	Treat lower jaw fracture	090	288	313	25	9%	7.36	9.14	1.78	24%	0	0	0	3	2	0	0	1	0	0	1	0	0	0
21461	Treat lower jaw fracture	090	318	350	32	10%	9.31	11.42	2.11	23%	0	0	0	3	3	0	0	1	0	0	1	0	0	0
21462	Treat lower jaw fracture	090	342	374	32	9%	11.01	13.12	2.11	19%	0	0	0	3	3	0	0	1	0	0	1	0	0	0
21465	Treat lower jaw fracture	090	373	405	32	9%	13.12	15.23	2.11	16%	0	0	0	3	3	0	0	1	0	0	1	0	0	0
21470	Treat lower jaw fracture	090	469	523.5	54.5	12%	17.54	20.34	2.80	16%	0	0	0	0	6	0	0	2.5	0	0	1	0	0	0
21485	Reset dislocated jaw	090	203	223	20	10%	4.77	6.09	1.32	28%	0	0	0	3	2	0	0	0	0	0	0	0	0	0
21490	Repair dislocated jaw	090	368	395	27	7%	12.95	14.71	1.76	14%	0	0	0	3	3	0	0	0	0	0	0.5	0	0	0
21497	Interdental wiring	090	239	259	20	8%	4.64	6.07	1.43	31%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
21501	Drain neck/chest lesion	090	176	183	7	4%	3.98	4.86	0.88	22%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
21502	Drain chest lesion	090	275	293	18	7%	7.55	9.13	1.58	21%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
21510	Drainage of bone lesion	090	295	314	19	6%	6.20	7.89	1.69	27%	0	0	0	4.5	0	0	0	2	0	0	1	0	0	0
21550	Biopsy of neck/chest	010	89	91	2	2%	2.11	2.33	0.22	10%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
21552	Exc neck les sc 3 cm/>	090	194	203	9	5%	6.49	7.15	0.66	10%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
21554	Exc neck tum deep 5 cm/>	090	320	341	21	7%	11.13	12.47	1.34	12%	0	0	0	1	2	0	0	1	0	0	1	0	0	0
21555	Exc neck les sc < 3 cm	090	138	147	9	7%	3.96	4.62	0.66	17%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
21556	Exc neck tum deep < 5 cm	090	234	250	16	7%	7.66	8.65	0.99	13%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
21557	Resect neck thorax tumor<5cm	090	398	422	24	6%	14.75	16.62	1.87	13%	0	0	0	1	3	0	0	1	1	0	1	0	0	0
21558	Resect neck tumor 5 cm/>	090	502	524	22	4%	21.58	23.74	2.16	10%	-2	0	0	1	2	1	0	1	2	0	1	0	0	0
21600	Partial removal of rib	090	251	266.5	15.5	6%	7.26	8.72	1.46	20%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
21601	Exc chest wall tumor w/ribs	090	510.5	565	54.5	11%	17.78	20.60	2.82	16%	0	0	0	0	3.5	0	0	6	0	0	1	0	1	0
21602	Exc ch wal tum w/o lymphadec	090	669.5	745	75.5	11%	22.19	26.00	3.81	17%	0	0	0	0	6.5	0	0	6	0	0	1	0	1	0
21603	Exc ch wal tum w/lymphadec	090	760	846.5	86.5	11%	25.17	29.50	4.33	17%	0	0	0	0	7	0	0	7.5	0	0	1	0	1	0
21610	Partial removal of rib	090	440	476	36	8%	15.91	17.84	1.93	12%	0	0	0	0	3	0	0	3	0	0	1	0	0	0
21615	Removal of rib	090	334	358	24	7%	10.45	12.38	1.93	18%	0	0	0	4.5	0	0	0	3	0	0	1	0	0	0
21616	Removal of rib and nerves	090	393	420.5	27.5	7%	12.69	14.85	2.16	17%	0	0	0	5	0	0	0	3.5	0	0	1	0	0	0
21620	Partial removal of sternum	090	285	305.5	20.5	7%	7.28	8.98	1.70	23%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
21627	Sternal debridement	090	264	284.5	20.5	8%	7.30	9.00	1.70	23%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
21630	Extensive sternum surgery	090	597	640.5	43.5	7%	19.18	22.17	2.99	16%	0	0	0	5.5	0	0	0	6.5	0	0	1	0	1.5	0
21632	Extensive sternum surgery	090	602	645.5	43.5	7%	19.68	22.67	2.99	15%	0	0	0	5.5	0	0	0	6.5	0	0	1	0	1	0
21685	Hyoid myotomy & suspension	090	440	479	39	9%	15.26	17.82	2.56	17%	-6	0	0	1	2	3	0	0	1	0	1	0	0	0
21700	Revision of neck muscle	090	188	193	5	3%	6.31	7.08	0.77	12%	0	0	0	2.5	0	0	0	0	0	0	1	0	0	0
21705	Revision of neck muscle/rib	090	273	286.5	13.5	5%	9.92	11.16	1.24	13%	0	0	0	3	0	0	0	1.5	0	0	1	0	0	0
21720	Revision of neck muscle	090	157	162	5	3%	5.80	6.46	0.66	11%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
21725	Revision of neck muscle	090	258	266.5	8.5	3%	7.19	8.19	1.00	14%	0	0	0	3	0	0	0	0.5	0	0	1	0	0	0
21740	Reconstruction of sternum	090	391	406	15	4%	17.57	18.89	1.32	8%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
21742	Repair stern/nuss w/o scope	090	0	0	0	#DIV/0!	0.00	0.00	-	#DIV/0!	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21743	Repair sternum/nuss w/scope	090	0	0	0	#DIV/0!	0.00	0.00	-	#DIV/0!	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21750	Repair of sternum separation	090	306	309	3	1%	11.40	12.15	0.75	7%	0	0	0	0	1	0	0	0	1	0	1	0	0	0
21820	Treat sternum fracture	090	59	62	3	5%	1.36	1.69	0.33	24%	0	0	0	1.5	0	0	0	0	0	0	0	0	0	0
21825	Treat sternum fracture	090	253	267.5	14.5	6%	7.76	9.11	1.35	17%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0	0
21920	Biopsy soft tissue of back	010	69	71	2	3%	2.11	2.33	0.22	10%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
21925	Biopsy soft tissue of back	090	145	151	6	4%	4.63	5.40	0.77	17%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
21930	Exc back les sc < 3 cm	090	165	174	9	5%	4.94	5.60	0.66	13%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
21931	Exc back les sc 3 cm/>	090	206	215	9	4%	6.88	7.54	0.66	10%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
21932	Exc back tum deep < 5 cm	090	276	292	16	6%	9.82	11.05	1.23	13%	0	0	0	2	1	0	0	1	0	0	1	0	0	0
21933	Exc back tum deep 5 cm/>	090	315	336	21	7%	11.13	12.47	1.34	12%	0	0	0	1	2	0	0	1	0	0	1	0	0	0
21935	Resect back tum < 5 cm	090	408	432	24	6%	15.72	17.59	1.87	12%	0	0	0	1	3	0	0	1	1	0	1	0	0	0
21936	Resect back tum 5 cm/>	090	510	532	22	4%	22.55	24.71	2.16	10%	-2	0	0	1	2	1	0	1	2	0	1	0	0	0
22010	I&d p-spine c/t/cerv-thor	090	378	412	34	9%	12.75	15.10	2.35	18%	0	0	0	1	3	0	0	3	1	0	1	0	0	0
22015	I&d abscess p-spine l/s/ls	090	373	407	34	9%	12.64	14.99	2.35	19%	0	0	0	1	3	0	0	3	1	0	1	0	0	0
22100	Remove part of neck vertebra	090	372	410	38	10%	11.00	13.02	2.02	18%	0	0	0	0	4	0	0	2	0	0	1	0	0	0
22101	Remove part thorax vertebra	090	387	430	43	11%	11.08	13.34	2.26	20%	0	0	0	0	4	0	0	3	0	0	1	0	0	0
22102	Remove part lumbar vertebra	090	387	430	43	11%	11.08	13.34	2.26	20%	0	0	0	0	4	0	0	3	0	0	1	0	0	0
22110	Remove part of neck vertebra	090	479	537	58	12%	14.00	16.98	2.98	21%	0	0	0	0	4	0	0	6	0	0	1	0	0	0
22112	Remove part thorax vertebra	090	530	590.5	60.5	11%	14.07	17.17	3.10	22%	0	0	0	0	4	0	0	6.5	0	0	1	0	0	0
22114	Remove part lumbar vertebra	090	530	590.5	60.5	11%	14.07	17.17	3.10	22%	0	0	0	0	4	0	0	6.5	0	0	1	0	0	0
22206	Incis spine 3 column thorac	090	758	779	21	3%	37.18	39.69	2.51	7%	0	0	0	1	3	0	0	2	3	0	1	0	0	0
22207	Incis spine 3 column lumbar	090	758	779	21	3%	36.68	39.19	2.51	7%	0	0	0	1	3	0	0	2	3	0	1	0	0	0
22210	Incis 1 vertebral seg cerv	090	609	679	70	11%	25.38	28.93	3.55	14%	0	0	0	0	5	0	0	7	0	0	1	0	0	0
22212	Incis 1 vertebral seg thorac	090	640	710	70	11%	20.99	24.54	3.55	17%	0	0	0	0	5	0	0	7	0	0	1	0	0	0
22214	Incis 1 vertebral seg lumbar	090	624	694	70	11%	21.02	24.57	3.55	17%	0	0	0	0	5	0	0	7	0	0	1	0	0	0
22220	Osteot dsc ant 1 vrt sgm crv	090	585	652.5	67.5	12%	22.94	26.37	3.43	15%	0	0	0	0	5	0	0	6.5	0	0	1	0	0	0

22222	Osteot dsc ant 1vrt sgm thrc	090	651	723.5	72.5	11%	23.09	26.76	3.67	16%	0	0	0	0	5	0	0	7.5	0	0	1	0	0	0
22224	Osteot dsc ant 1vrt sgm lmbr	090	666	738.5	72.5	11%	23.09	26.76	3.67	16%	0	0	0	0	5	0	0	7.5	0	0	1	0	0	0
22310	Closed tx vert fx w/o manj	090	131	137	6	5%	3.45	4.22	0.77	22%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
22315	Closed tx vert fx w/manj	090	252	285	33	13%	10.11	11.89	1.78	18%	0	0	0	0	4	0	0	1	0	0	1	0	0	0
22318	Treat odontoid fx w/o graft	090	451	484	33	7%	22.72	24.63	1.91	8%	0	0	0	1	3	0	0	2	0	0	1	0	0	0
22319	Treat odontoid fx w/graft	090	483	521	38	8%	25.33	27.48	2.15	8%	0	0	0	1	3	0	0	3	0	0	1	0	0	0
22325	Treat spine fracture	090	528	590.5	62.5	12%	19.87	23.06	3.19	16%	0	0	0	0	5	0	0	5.5	0	0	1	0	0	0
22326	Treat neck spine fracture	090	480	535.5	55.5	12%	20.84	23.70	2.86	14%	0	0	0	0	4	0	0	5.5	0	0	1	0	0	0
22327	Treat thorax spine fracture	090	604	684	80	13%	20.77	24.80	4.03	19%	0	0	0	0	5	0	0	9	0	0	1	0	0	0
22505	Manipulation of spine	010	44	44	0	0%	1.87	1.87	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22510	Perq cervicothoracic inject	010	150	157	7	5%	7.90	8.34	0.44	6%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
22511	Perq lumbosacral injection	010	150	157	7	5%	7.33	7.77	0.44	6%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
22513	Perq vertebral augmentation	010	155	162	7	5%	8.65	9.09	0.44	5%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
22514	Perq vertebral augmentation	010	150	157	7	5%	7.99	8.43	0.44	6%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
22526	Idet single level	010	145	147	2	1%	5.85	6.18	0.33	6%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
22532	Arthrd lat xtrcvtry tq thrc	090	583	613	30	5%	25.99	28.54	2.55	10%	0	0	0	1	3	0	0	3	2	0	1	0	0	0
22533	Arthrd lat xtrcvtry tq lmbr	090	549	583	34	6%	24.79	27.14	2.35	9%	0	0	0	1	3	0	0	3	1	0	1	0	0	0
22548	Arthrd ant toral/xoral c1-c2	090	673	741	68	10%	27.06	30.52	3.46	13%	0	0	0	0	4	0	0	8	0	0	1	0	1	0
22551	Arthrd ant ntrbdy cervical	090	395	412	17	4%	25.00	26.41	1.41	6%	0	0	0	0	3	0	0	0	1	0	1	0	0	0
22554	Arthrd ant ntrbd min dsc crv	090	362	379	17	5%	17.69	19.10	1.41	8%	0	0	0	0	3	0	0	0	1	0	1	0	0	0
22556	Arthrd ant ntrbd min dsc thc	090	557	600	43	8%	24.70	26.96	2.26	9%	0	0	0	0	4	0	0	3	0	0	1	0	1	0
22558	Arthrd ant ntrbd min dsc lum	090	525	563	38	7%	23.53	25.55	2.02	9%	0	0	0	0	4	0	0	2	0	0	1	0	1	0
22586	Arthrd pre-sac ntrbdy l5-s1	090	500	534	34	7%	28.12	30.34	2.22	8%	0	0	0	0	4	0	0	2	1	0	1	0	0	0
22590	Arthrd pst tq craniocervical	090	501	544	43	9%	21.76	24.02	2.26	10%	0	0	0	0	4	0	0	3	0	0	1	0	0	0
22595	Arthrd pst tq atlas-axis	090	521	579	58	11%	20.64	23.62	2.98	14%	0	0	0	0	4	0	0	6	0	0	1	0	0	0
22600	Arthrd pst tq 1ntrspc crv	090	490	548	58	12%	17.40	20.38	2.98	17%	0	0	0	0	4	0	0	6	0	0	1	0	0	0
22610	Arthrd pst tq 1ntrspc thrc	090	549	614.5	65.5	12%	17.28	20.62	3.34	19%	0	0	0	0	4	0	0	7.5	0	0	1	0	0	0
22612	Arthrd pst tq 1ntrspc lumbar	090	482	500	18	4%	23.53	25.38	1.85	8%	0	0	0	0	3	0	0	1	2	0	1	0	0	0
22630	Arthrd pst tq 1ntrspc lum	090	479	499	20	4%	22.09	24.03	1.94	9%	-2	0	0	0	2	1	0	1	2	0	1	0	0	0
22633	Arthrd cmbn 1ntrspc lumbar	090	509	529	20	4%	26.80	28.74	1.94	7%	-2	0	0	0	2	1	0	1	2	0	1	0	0	0
22800	Arthrd pst dfrm<6 vrt sgm	090	571	634	63	11%	19.50	22.72	3.22	17%	0	0	0	0	4	0	0	7	0	0	1	0	0	0
22802	Arthrd pst dfrm 7-12 vrt sgm	090	538	586	48	9%	32.11	34.61	2.50	8%	0	0	0	0	4	0	0	4	0	0	1	0	0	0
22804	Arthrd pst dfrm 13+ vrt sgm	090	595	648	53	9%	37.50	40.24	2.74	7%	0	0	0	0	4	0	0	5	0	0	1	0	0	0
22808	Arthrd ant dfrm 2-3 vrt sgm	090	530	583	53	10%	27.51	30.25	2.74	10%	0	0	0	0	4	0	0	5	0	0	1	0	0	0
22810	Arthrd ant dfrm 4-7 vrt sgm	090	595	648	53	9%	31.50	34.24	2.74	9%	0	0	0	0	4	0	0	5	0	0	1	0	0	0
22812	Arthrd ant dfrm 8+ vrt sgm	090	700	772.5	72.5	10%	34.25	37.92	3.67	11%	0	0	0	0	5	0	0	7.5	0	0	1	0	0	0
22818	Kyphectomy 1-2 segments	090	747	781	34	5%	34.33	37.34	3.01	9%	0	0	0	0	3	0	0	5	3	0	1	0	0	0
22819	Kyphectomy 3 or more	090	795	841	46	6%	39.38	42.96	3.58	9%	0	0	0	0	4	0	0	6	3	0	1	0	0	0
22830	Exploration of spinal fusion	090	301	317	16	5%	11.22	12.58	1.36	12%	0	0	0	3	0	0	0	2	0	0	1	0	0	0
22836	Ant thrc vrt body tethrg <7	090	599	620	21	4%	32.00	34.14	2.14	7%	-2	0	0	0	2	1	0	1	1	1	1	0	0	0
22837	Ant thrc vrt body tethrg 8+	090	649	670	21	3%	35.50	37.64	2.14	6%	-2	0	0	0	2	1	0	1	1	1	1	0	0	0
22838	Rev rplc/rmv thrc vrt tethrg	090	649	670	21	3%	36.00	38.14	2.14	6%	-2	0	0	0	2	1	0	1	1	1	1	0	0	0
22849	Reinsert spinal fixation	090	397	425.5	28.5	7%	19.17	21.13	1.96	10%	0	0	0	3	0	0	0	4.5	0	0	1	0	0	0
22850	Remove spine fixation device	090	243	255.5	12.5	5%	9.82	10.95	1.13	12%	0	0	0	2.5	0	0	0	1.5	0	0	1	0	0	0
22852	Remove spine fixation device	090	266	281	15	6%	9.37	10.62	1.25	13%	0	0	0	2.5	0	0	0	2	0	0	1	0	0	0
22855	Removal anterior instrmj	090	418	449	31	7%	15.86	17.94	2.08	13%	0	0	0	3	0	0	0	5	0	0	1	0	0	0
22856	Tot disc arthrp 1ntrspc crv	090	367	393	26	7%	24.05	25.50	1.45	6%	0	0	0	0	3	0	0	1	0	0	1	0	0	0
22857	Tot disc arthrp 1ntrspc lmbr	090	537	557	20	4%	27.13	29.07	1.94	7%	-2	0	0	0	2	1	0	1	2	0	1	0	0	0
22861	Rev rplcm arthrp 1ntrspc crv	090	477	490	13	3%	33.36	34.97	1.61	5%	0	0	0	0	3	0	0	0	2	0	1	0	0	0
22862	Rev rplcm rthrp 1ntrspc lmbr	090	620	645	25	4%	32.63	34.81	2.18	7%	0	0	0	0	4	0	0	1	2	0	1	0	0	0
22864	Rmvl tot arthrp 1ntrspc crv	090	457	470	13	3%	29.40	31.01	1.61	5%	0	0	0	0	3	0	0	0	2	0	1	0	0	0
22865	Rmvl tot arthrp 1ntrspc lmbr	090	600	630	30	5%	31.75	34.17	2.42	8%	0	0	0	0	4	0	0	2	2	0	1	0	0	0
22867	Insj stablj dev w/dcmprn	090	271	292	21	8%	15.00	16.10	1.10	7%	0	0	0	0	3	0	0	0	0	0	0.5	0	0	0
22869	Insj stablj dev w/o dcmprn	090	175	184	9	5%	7.03	7.69	0.66	9%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
22900	Exc abdl tum deep < 5 cm	090	244	260	16	7%	8.32	9.55	1.23	15%	0	0	0	2	1	0	0	1	0	0	1	0	0	0
22901	Exc abdl tum deep 5 cm/>	090	284	300	16	6%	10.11	11.34	1.23	12%	0	0	0	2	1	0	0	1	0	0	1	0	0	0
22902	Exc abd les sc < 3 cm	090	148	157	9	6%	4.42	5.08	0.66	15%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
22903	Exc abd les sc 3 cm/>	090	179	188	9	5%	6.39	7.05	0.66	10%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
22904	Radical resect abd tumor<5cm	090	396	420	24	6%	16.69	18.56	1.87	11%	0	0	0	1	3	0	0	1	1	0	1	0	0	0
22905	Rad resect abd tumor 5 cm/>	090	463	494	31	7%	21.58	23.78	2.20	10%	-2	0	0	1	2	1	0	2	1	0	1	0	0	0
23000	Removal of calcium deposits	090	153	158	5	3%	4.48	5.14	0.66	15%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
23020	Release shoulder joint	090	292	310	18	6%	9.36	10.94	1.58	17%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
23030	Drain shoulder lesion	010	152	154	2	1%	3.47	3.91	0.44	13%	0	0	0	1	0	0	0	0	0	0	1	0	0	0
23031	Drain shoulder bursa	010	94	96	2	2%	2.79	3.01	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
23035	Drain shoulder bone lesion	090	300	323	23	8%	9.16	10.98	1.82	20%	0	0	0	4	0	0	0	3	0	0	1	0	0	0
23040	Exploratory shoulder surgery	090	305	328	23	8%	9.75	11.57	1.82	19%	0	0	0	4	0	0	0	3	0	0	1	0	0	0
23044	Exploratory shoulder surgery	090	253	272.5	19.5	8%	7.59	9.18	1.59	21%	0	0	0	3.5	0	0	0	2.5	0	0	1	0	0	0
23065	Biopsy shoulder tissues	010	64	65	1	2%	2.30	2.41	0.11	5%	0	0	0	0.5	0	0	0	0	0	0	0	0	0	0
23066	Biopsy shoulder tissues	090	133	139	6	5%	4.30	4.96	0.66	15%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
23071	Exc shoulder les sc 3 cm/>	090	191	200	9	5%	5.91	6.57	0.66	11%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
23073	Exc shoulder tum deep 5 cm/>	090	285	306	21	7%	10.13	11.47	1.34	13%	0	0	0	1	2	0	0	1	0	0	1	0	0	0
23075	Exc shoulder les sc < 3 cm	090	142	151	9	6%	4.21	4.87	0.66	16%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
23076	Exc shoulder tum deep < 5 cm	090	221	237	16	7%	7.41	8.40	0.99	13%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0

23077	Resect shoulder tumor < 5 cm	090	433	457	24	6%	17.66	19.53	1.87	11%	0	0	0	1	3	0	0	1	1	0	1	0	0	0
23078	Resect shoulder tumor 5 cm/>	090	490	516	26	5%	22.55	24.51	1.96	9%	-2	0	0	1	2	1	0	1	1	0	1	0	0	0
23100	Biopsy of shoulder joint	090	216	223	7	3%	6.20	7.19	0.99	16%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
23101	Shoulder joint surgery	090	195	201	6	3%	5.72	6.60	0.88	15%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
23105	Remove shoulder joint lining	090	276	286.5	10.5	4%	8.48	9.70	1.22	14%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
23106	Incision of collarbone joint	090	214	221	7	3%	6.13	7.12	0.99	16%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
23107	Explore treat shoulder joint	090	260	270.5	10.5	4%	8.87	10.09	1.22	14%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
23120	Partial removal collar bone	090	227	245	18	8%	7.39	8.60	1.21	16%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
23125	Removal of collar bone	090	279	289.5	10.5	4%	9.64	10.86	1.22	13%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
23130	Remove shoulder bone part	090	231	240	9	4%	7.77	8.87	1.10	14%	0	0	0	4.5	0	0	0	0	0	0	0.5	0	0	0
23140	Removal of bone lesion	090	242	251.5	9.5	4%	7.12	8.23	1.11	16%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
23145	Removal of bone lesion	090	307	320	13	4%	9.40	10.74	1.34	14%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
23146	Removal of bone lesion	090	269	279.5	10.5	4%	8.08	9.30	1.22	15%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
23150	Removal of humerus lesion	090	296	314	18	6%	8.91	10.49	1.58	18%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
23155	Removal of humerus lesion	090	355	376.5	21.5	6%	10.86	12.67	1.81	17%	0	0	0	4.5	0	0	0	2.5	0	0	1	0	0	0
23156	Removal of humerus lesion	090	310	328	18	6%	9.11	10.69	1.58	17%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
23170	Remove collar bone lesion	090	247	261.5	14.5	6%	7.21	8.56	1.35	19%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0	0
23172	Remove shoulder blade lesion	090	277	294	17	6%	7.31	8.78	1.47	20%	0	0	0	3.5	0	0	0	2	0	0	1	0	0	0
23174	Remove humerus lesion	090	352	374.5	22.5	6%	10.05	11.97	1.92	19%	0	0	0	5	0	0	0	2.5	0	0	1	0	0	0
23180	Remove collar bone lesion	090	299	318	19	6%	8.99	10.68	1.69	19%	0	0	0	4.5	0	0	0	2	0	0	1	0	0	0
23182	Remove shoulder blade lesion	090	314	333	19	6%	8.61	10.30	1.69	20%	0	0	0	4.5	0	0	0	2	0	0	1	0	0	0
23184	Remove humerus lesion	090	339	360.5	21.5	6%	9.90	11.71	1.81	18%	0	0	0	4.5	0	0	0	2.5	0	0	1	0	0	0
23190	Partial removal of scapula	090	249	258.5	9.5	4%	7.47	8.58	1.11	15%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
23195	Removal of head of humerus	090	322	345	23	7%	10.36	12.18	1.82	18%	0	0	0	4	0	0	0	3	0	0	1	0	0	0
23200	Resect clavicle tumor	090	497	519	22	4%	22.71	24.87	2.16	10%	-2	0	0	1	2	1	0	1	2	0	1	0	0	0
23210	Resect scapula tumor	090	560	582	22	4%	27.21	29.37	2.16	8%	-2	0	0	1	2	1	0	1	2	0	1	0	0	0
23220	Resect prox humerus tumor	090	602	629	27	4%	30.21	32.61	2.40	8%	-2	0	0	1	2	1	0	2	2	0	1	0	0	0
23330	Remove shoulder foreign body	010	70	72	2	3%	1.90	2.12	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
23333	Remove shoulder fb deep	090	178	187	9	5%	6.00	6.66	0.66	11%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
23334	Shoulder prosthesis removal	090	418	433	15	4%	15.50	17.33	1.83	12%	0	0	0	1	3	0	0	0	2	0	1	0	0	0
23335	Shoulder prosthesis removal	090	448	463	15	3%	19.00	20.83	1.83	10%	0	0	0	1	3	0	0	0	2	0	1	0	0	0
23395	Muscle transfer shoulder/arm	090	423	463	40	9%	18.54	20.65	2.11	11%	0	0	0	0	5	0	0	1	0	0	1	0	0	0
23397	Muscle transfers	090	399	425.5	26.5	7%	16.76	18.81	2.05	12%	0	0	0	4.5	0	0	0	3.5	0	0	1	0	0	0
23400	Fixation of shoulder blade	090	315	329	14	4%	13.87	15.32	1.45	10%	0	0	0	4.5	0	0	0	1	0	0	1	0	0	0
23405	Incision of tendon & muscle	090	192	199	7	4%	8.54	9.42	0.88	10%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
23406	Incise tendon(s) & muscle(s)	090	239	248.5	9.5	4%	11.01	12.12	1.11	10%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
23410	Repair rotator cuff acute	090	277	295	18	6%	11.39	12.60	1.21	11%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
23412	Repair rotator cuff chronic	090	287	305	18	6%	11.93	13.14	1.21	10%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
23415	Release of shoulder ligament	090	247	265	18	7%	9.23	10.44	1.21	13%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
23420	Repair of shoulder	090	328	348	20	6%	13.54	14.97	1.43	11%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
23430	Repair biceps tendon	090	237	255	18	8%	10.17	11.38	1.21	12%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
23440	Remove/transplant tendon	090	208	215	7	3%	10.64	11.52	0.88	8%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
23450	Repair shoulder capsule	090	287	300	13	5%	13.70	15.04	1.34	10%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
23455	Repair shoulder capsule	090	307	320	13	4%	14.67	16.01	1.34	9%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
23460	Repair shoulder capsule	090	344	363	19	6%	15.82	17.51	1.69	11%	0	0	0	4.5	0	0	0	2	0	0	1	0	0	0
23462	Repair shoulder capsule	090	327	345	18	6%	15.72	17.30	1.58	10%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
23465	Repair shoulder capsule	090	356	375	19	5%	16.30	17.99	1.69	10%	0	0	0	4.5	0	0	0	2	0	0	1	0	0	0
23466	Repair shoulder capsule	090	348	383	35	10%	15.80	17.67	1.87	12%	0	0	0	0	5	0	0	0	0	0	1	0	0	0
23470	Reconstruct shoulder joint	090	390	421.5	31.5	8%	17.89	20.18	2.29	13%	0	0	0	4.5	0	0	0	4.5	0	0	1	0	0	0
23472	Reconstruct shoulder joint	090	448	477	29	6%	22.13	24.24	2.11	10%	0	0	0	1	3	0	0	2	1	0	1	0	0	0
23473	Revis reconst shoulder joint	090	488	517	29	6%	25.00	27.11	2.11	8%	0	0	0	1	3	0	0	2	1	0	1	0	0	0
23474	Revis reconst shoulder joint	090	513	542	29	6%	27.21	29.32	2.11	8%	0	0	0	1	3	0	0	2	1	0	1	0	0	0
23480	Revision of collar bone	090	275	290.5	15.5	6%	11.54	13.00	1.46	13%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
23485	Revision of collar bone	090	331	351.5	20.5	6%	13.91	15.61	1.70	12%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
23490	Reinforce clavicle	090	291	304	13	4%	12.16	13.50	1.34	11%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
23491	Reinforce shoulder bones	090	315	329	14	4%	14.54	15.99	1.45	10%	0	0	0	4.5	0	0	0	1	0	0	1	0	0	0
23500	Cltx clavicular fx w/o mnpj	090	79	84	5	6%	2.21	2.76	0.55	25%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
23505	Cltx clavicular fx w/mnpj	090	121	127	6	5%	3.83	4.49	0.66	17%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
23515	Optx clavicular fx w/int fix	090	287	305	18	6%	9.69	10.90	1.21	12%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
23520	Cltx strnclav dislc w/o mnpj	090	82	87	5	6%	2.29	2.84	0.55	24%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
23525	Cltx strnclav dislc w/mnpj	090	130	138	8	6%	3.79	4.67	0.88	23%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
23530	Optx strnclav dislc aqt/chrn	090	210	217	7	3%	7.48	8.36	0.88	12%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
23532	Optx strclv dslc aq/chrn grf	090	280	288	8	3%	8.20	9.30	1.10	13%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
23540	Cltx acromclav dislc wo mnpj	090	82	87	5	6%	2.36	2.91	0.55	23%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
23545	Cltx acromclav dislc w/mnpj	090	115	122	7	6%	3.43	4.20	0.77	22%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
23550	Optx acromclv dislc aqt/chrn	090	267	281.5	14.5	5%	7.59	8.94	1.35	18%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0	0
23552	Optx acrclv dslc aq/chrn grf	090	299	314.5	15.5	5%	8.82	10.28	1.46	17%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
23570	Cltx scapular fx w/o mnpj	090	82	87	5	6%	2.36	2.91	0.55	23%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
23575	Cltx scap fx w/mnpj +-tractj	090	138	145	7	5%	4.23	5.00	0.77	18%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
23585	Optx scapular fx w/int fixj	090	407	435	28	7%	14.23	16.03	1.80	13%	0	0	0	2	2	0	0	2	0	0	1	0	0	0
23600	Cltx prox humrl fx w/o mnpj	090	100	113	13	13%	3.00	3.99	0.99	33%	0	0	0	3	1	0	0	0	0	0	0	0	0	0
23605	Cltx prx hmrl fx mnpj+-tract	090	172	180	8	5%	5.06	6.05	0.99	20%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
23615	Optx prox humrl fx w/int fix	090	338	366	28	8%	12.30	13.97	1.67	14%	0	0	0	1	3	0	0	1	0	0	1	0	0	0

23616	Optx prx hmrl fx fix rpr rpl	090	413	437	24	6%	18.37	20.24	1.87	10%	0	0	0	1	3	0	0	1	1	0	1	0	0	0
23620	Cltx gr hmrl tbrs fx wo mnpj	090	92	98	6	7%	2.55	3.21	0.66	26%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
23625	Cltx gr hmrl tbrs fx w/mnpj	090	151	158	7	5%	4.10	4.98	0.88	21%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
23630	Optx gr hmrl tbrs fx int fix	090	306	334	28	9%	10.57	12.24	1.67	16%	0	0	0	1	3	0	0	1	0	0	1	0	0	0
23650	Cltx sho dslc w/mnpj wo anes	090	133	139	6	5%	3.53	4.19	0.66	19%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
23655	Cltx sho dslc w/mnpj w/anes	090	165	173	8	5%	4.76	5.75	0.99	21%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
23660	Optx acute shoulder dislc	090	245	252	7	3%	7.66	8.65	0.99	13%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
23665	Cltx sho dslc fx gr hmrl tbr	090	165	173	8	5%	4.66	5.65	0.99	21%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
23670	Optx sho dislc fx	090	326	349	23	7%	12.28	13.84	1.56	13%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
23675	Cltx sho dislc neck fx mnpj	090	222	231	9	4%	6.27	7.48	1.21	19%	0	0	0	4.5	0	0	0	0	0	0	1	0	0	0
23680	Optx sho dislc neck fx fixj	090	361	384	23	6%	13.15	14.71	1.56	12%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
23700	Mnpj anes sho jt fixj aprats	010	65	67	2	3%	2.57	2.79	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
23800	Arthrodesis glenohumeral jt	090	378	402	24	6%	14.73	16.66	1.93	13%	0	0	0	4.5	0	0	0	3	0	0	1	0	0	0
23802	Arthrd glenohumeral jt w/grf	090	448	493	45	10%	18.42	20.77	2.35	13%	0	0	0	0	5	0	0	2	0	0	1	0	0	0
23900	Interthoracoscplr amputation	090	537	579.5	42.5	8%	20.72	23.60	2.88	14%	0	0	0	5	0	0	0	6.5	0	0	1	0	0	0
23920	Disarticulation shoulder	090	475	518	43	9%	16.23	18.49	2.26	14%	0	0	0	0	4	0	0	3	0	0	1	0	0	0
23921	Disarticulation sho sec clsr	090	241	250.5	9.5	4%	5.72	6.83	1.11	19%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
23930	I&d upr a/e dp absc/hmtma	010	92	94	2	2%	2.99	3.32	0.33	11%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
23931	I&d upr a/e bursa	010	75	77	2	3%	1.84	2.17	0.33	18%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
23935	Inc dp opn b1 crtx hum/elbw	090	233	245	12	5%	6.38	7.61	1.23	19%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
24000	Arthrt elbw expl drg/rmvl fb	090	217	228	11	5%	6.08	7.20	1.12	18%	0	0	0	3	0	0	0	1	0	0	1	0	0	0
24006	Arthrt elbw capsl exc rls	090	282	300	18	6%	9.74	11.32	1.58	16%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
24065	Biopsy arm/elbow soft tissue	010	80	82	2	2%	2.13	2.35	0.22	10%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
24066	Biopsy arm/elbow soft tissue	090	172	178	6	3%	5.35	6.12	0.77	14%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
24071	Exc arm/elbow les sc 3 cm/>	090	183	192	9	5%	5.70	6.36	0.66	12%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
24073	Ex arm/elbow tum deep 5 cm/>	090	283	304	21	7%	10.13	11.47	1.34	13%	0	0	0	1	2	0	0	1	0	0	1	0	0	0
24075	Exc arm/elbow les sc < 3 cm	090	142	151	9	6%	4.24	4.90	0.66	16%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
24076	Ex arm/elbow tum deep < 5 cm	090	229	245	16	7%	7.41	8.40	0.99	13%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
24077	Rad rescj tum tiss a/e <5cm	090	405	429	24	6%	15.72	17.59	1.87	12%	0	0	0	1	3	0	0	1	1	0	1	0	0	0
24079	Rad rescj tum tiss a/e 5 cm+	090	472	503	31	7%	20.61	22.81	2.20	11%	-2	0	0	1	2	1	0	2	1	0	1	0	0	0
24100	Arthrt elbw synovial bx only	090	157	163	6	4%	5.07	5.84	0.77	15%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
24101	Arthrt elbw jt expl bx rmvl	090	189	196	7	4%	6.30	7.18	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
24102	Arthrt elbow w/synovectomy	090	251	260.5	9.5	4%	8.26	9.37	1.11	13%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
24105	Excision olecranon bursa	090	143	150	7	5%	3.78	4.55	0.77	20%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
24110	Exc/curtg b1 cst/b9 tum hum	090	224	232	8	4%	7.58	8.57	0.99	13%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
24115	Exc/crtg b1 cst/tum hum agrf	090	339	359.5	20.5	6%	10.12	11.82	1.70	17%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
24116	Exc/crtg b1 cst/tum hum algr	090	326	344	18	6%	12.23	13.81	1.58	13%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
24120	Exc/crtg b1 cst/b9 tum rds	090	195	202	7	4%	6.82	7.70	0.88	13%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
24125	Exc/crtg b1 cst/tum rds agrf	090	278	288.5	10.5	4%	8.14	9.36	1.22	15%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
24126	Exc/crtg b1 cst/tum rds algr	090	272	285	13	5%	8.62	9.96	1.34	16%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
24130	Excision radial head	090	192	199	7	4%	6.42	7.30	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
24134	Sequestrectomy shft/dstl hum	090	303	323.5	20.5	7%	10.22	11.92	1.70	17%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
24136	Sequestrectomy radial h/n	090	263	280	17	6%	8.40	9.87	1.47	18%	0	0	0	3.5	0	0	0	2	0	0	1	0	0	0
24138	Sequestrectomy olecrn proces	090	277	295.5	18.5	7%	8.50	10.29	1.79	21%	0	0	0	5.5	0	0	0	1.5	0	0	1	0	0	0
24140	Partial exc bone humerus	090	284	299.5	15.5	5%	9.55	11.01	1.46	15%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
24145	Prtl exc bone radial h/n	090	240	249.5	9.5	4%	7.81	8.92	1.11	14%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
24147	Prtl exc bone olecrn process	090	252	264.5	12.5	5%	7.84	9.28	1.44	18%	0	0	0	5	0	0	0	0.5	0	0	1	0	0	0
24149	Radical resection of elbow	090	456	503	47	10%	16.22	18.66	2.44	15%	0	0	0	0	6	0	0	1	0	0	1	0	0	0
24150	Rad rescj tum dstl/shft hum	090	502	533	31	6%	23.46	25.66	2.20	9%	-2	0	0	1	2	1	0	2	1	0	1	0	0	0
24152	Rad resection tum radial h/n	090	440	466	26	6%	19.99	21.95	1.96	10%	-2	0	0	1	2	1	0	1	1	0	1	0	0	0
24155	Resection of elbow joint	090	322	337.5	15.5	5%	12.09	13.55	1.46	12%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
24160	Rmvl prosthhumrl&ulnar cmpnt	090	405	429	24	6%	18.63	20.50	1.87	10%	0	0	0	1	3	0	0	1	1	0	1	0	0	0
24164	Removal prosth radial head	090	228	249	21	9%	10.00	11.10	1.10	11%	0	0	0	0	3	0	0	0	0	0	0.5	0	0	0
24200	Rmvl fb upper arm/elbw subq	010	68	70	2	3%	1.81	2.03	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
24201	Rmvl fb upper arm/elbw deep	090	164	170	6	4%	4.70	5.47	0.77	16%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
24300	Mnpj elbow under anes	090	205	217	12	6%	4.04	5.47	1.43	35%	0	0	0	6	0	0	0	0	0	0	0.5	0	0	0
24301	Musc/tdn transfer upr a/e 1	090	266	274	8	3%	10.38	11.48	1.10	11%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
24305	Tendon lngth upr a/e ea tdn	090	209	216	7	3%	7.62	8.50	0.88	12%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
24310	Tnot opn elbw to sho ea tdn	090	171	177	6	4%	6.12	6.89	0.77	13%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
24320	Tenoplasty elbow to sho 1	090	304	317	13	4%	10.86	12.20	1.34	12%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
24330	Flexor-plasty elbow	090	263	271	8	3%	9.79	10.89	1.10	11%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
24331	Flexor-plasty elbw w/advmnt	090	303	316	13	4%	10.95	12.29	1.34	12%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
24332	Tenolysis triceps	090	230	243	13	6%	7.91	9.01	1.10	14%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
24340	Tenodesis biceps tdn at elbw	090	225	233	8	4%	8.08	9.07	0.99	12%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
24341	Rpr tdn/musc upr a/e each	090	318	353	35	11%	9.49	11.36	1.87	20%	0	0	0	0	5	0	0	0	0	0	1	0	0	0
24342	Repair of ruptured tendon	090	290	300.5	10.5	4%	10.86	12.08	1.22	11%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
24343	Repr elbow lat ligmnt w/tiss	090	281	296	15	5%	9.16	10.48	1.32	14%	0	0	0	4	1	0	0	0	0	0	0.5	0	0	0
24344	Reconstruct elbow lat ligmnt	090	385	417	32	8%	15.21	17.32	2.11	14%	0	0	0	3	3	0	0	1	0	0	1	0	0	0
24345	Repr elbw med ligmnt w/tissu	090	284	299	15	5%	9.16	10.48	1.32	14%	0	0	0	4	1	0	0	0	0	0	0.5	0	0	0
24346	Reconstruct elbow med ligmnt	090	385	417	32	8%	15.21	17.32	2.11	14%	0	0	0	3	3	0	0	1	0	0	1	0	0	0
24357	Repair elbow perc	090	168	176	8	5%	5.44	6.43	0.99	18%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
24358	Repair elbow w/deb open	090	193	201	8	4%	6.66	7.65	0.99	15%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
24359	Repair elbow deb/attch open	090	213	221	8	4%	8.98	9.97	0.99	11%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0

24360	Reconstruct elbow joint	090	320	334	14	4%	12.67	14.12	1.45	11%	0	0	0	4.5	0	0	0	1	0	0	1	0	0	0
24361	Reconstruct elbow joint	090	322	336	14	4%	14.41	15.86	1.45	10%	0	0	0	4.5	0	0	0	1	0	0	1	0	0	0
24362	Reconstruct elbow joint	090	350	364	14	4%	15.32	16.77	1.45	9%	0	0	0	4.5	0	0	0	1	0	0	1	0	0	0
24363	Replace elbow joint	090	435	464	29	7%	22.00	24.11	2.11	10%	0	0	0	1	3	0	0	2	1	0	1	0	0	0
24365	Reconstruct head of radius	090	229	238.5	9.5	4%	8.62	9.73	1.11	13%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
24366	Reconstruct head of radius	090	243	252.5	9.5	4%	9.36	10.47	1.11	12%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
24370	Revise reconst elbow joint	090	470	499	29	6%	23.55	25.66	2.11	9%	0	0	0	1	3	0	0	2	1	0	1	0	0	0
24371	Revise reconst elbow joint	090	505	534	29	6%	27.50	29.61	2.11	8%	0	0	0	1	3	0	0	2	1	0	1	0	0	0
24400	Revision of humerus	090	288	299.5	11.5	4%	11.33	12.66	1.33	12%	0	0	0	4.5	0	0	0	0.5	0	0	1	0	0	0
24410	Revision of humerus	090	344	356.5	12.5	4%	15.11	16.55	1.44	10%	0	0	0	5	0	0	0	0.5	0	0	1	0	0	0
24420	Revision of humerus	090	329	341.5	12.5	4%	13.73	15.17	1.44	10%	0	0	0	5	0	0	0	0.5	0	0	1	0	0	0
24430	Repair of humerus	090	343	376	33	10%	15.25	17.16	1.91	13%	0	0	0	1	3	0	0	2	0	0	1	0	0	0
24435	Repair humerus with graft	090	433	478	45	10%	14.99	17.34	2.35	16%	0	0	0	0	5	0	0	2	0	0	1	0	0	0
24470	Revision of elbow joint	090	236	244	8	3%	8.93	10.03	1.10	12%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
24495	Decompression of forearm	090	255	267	12	5%	8.41	9.64	1.23	15%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
24498	Reinforce humerus	090	308	323.5	15.5	5%	12.28	13.74	1.46	12%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
24500	Treat humerus fracture	090	121	129	8	7%	3.41	4.29	0.88	26%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
24505	Treat humerus fracture	090	188	197	9	5%	5.39	6.49	1.10	20%	0	0	0	4.5	0	0	0	0	0	0	0.5	0	0	0
24515	Treat humerus fracture	090	340	360	20	6%	12.12	13.92	1.80	15%	0	0	0	5	0	0	0	2	0	0	1	0	0	0
24516	Treat humerus fracture	090	352	375	23	7%	12.19	14.01	1.82	15%	0	0	0	4	0	0	0	3	0	0	1	0	0	0
24530	Treat humerus fracture	090	136	144	8	6%	3.69	4.57	0.88	24%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
24535	Treat humerus fracture	090	206	216	10	5%	7.11	8.32	1.21	17%	0	0	0	5	0	0	0	0	0	0	0.5	0	0	0
24538	Treat humerus fracture	090	284	298	14	5%	9.77	11.22	1.45	15%	0	0	0	4.5	0	0	0	1	0	0	1	0	0	0
24545	Treat humerus fracture	090	361	384	23	6%	13.15	14.71	1.56	12%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
24546	Treat humerus fracture	090	448	472	24	5%	14.91	16.78	1.87	13%	0	0	0	1	3	0	0	1	1	0	1	0	0	0
24560	Treat humerus fracture	090	118	125	7	6%	2.98	3.75	0.77	26%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
24565	Treat humerus fracture	090	190	199	9	5%	5.78	6.88	1.10	19%	0	0	0	4.5	0	0	0	0	0	0	0.5	0	0	0
24566	Treat humerus fracture	090	257	285	28	11%	9.06	10.38	1.32	15%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
24575	Treat humerus fracture	090	308	336	28	9%	9.71	11.38	1.67	17%	0	0	0	1	3	0	0	1	0	0	1	0	0	0
24576	Treat humerus fracture	090	129	137	8	6%	3.06	3.94	0.88	29%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
24577	Treat humerus fracture	090	192	201	9	5%	6.01	7.11	1.10	18%	0	0	0	4.5	0	0	0	0	0	0	0.5	0	0	0
24579	Treat humerus fracture	090	338	366	28	8%	11.44	13.11	1.67	15%	0	0	0	1	3	0	0	1	0	0	1	0	0	0
24582	Treat humerus fracture	090	295	330	35	12%	10.14	11.79	1.65	16%	0	0	0	0	5	0	0	0	0	0	0	0	0	0
24586	Treat elbow fracture	090	375	399	24	6%	15.78	17.71	1.93	12%	0	0	0	4.5	0	0	0	3	0	0	1	0	0	0
24587	Treat elbow fracture	090	415	441.5	26.5	6%	15.79	17.84	2.05	13%	0	0	0	4.5	0	0	0	3.5	0	0	1	0	0	0
24600	Treat elbow dislocation	090	121	127	6	5%	4.37	5.03	0.66	15%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
24605	Treat elbow dislocation	090	179	188	9	5%	5.64	6.74	1.10	20%	0	0	0	4.5	0	0	0	0	0	0	0.5	0	0	0
24615	Treat elbow dislocation	090	277	294	17	6%	9.83	11.30	1.47	15%	0	0	0	3.5	0	0	0	2	0	0	1	0	0	0
24620	Treat elbow fracture	090	211	221	10	5%	7.22	8.43	1.21	17%	0	0	0	5	0	0	0	0	0	0	0.5	0	0	0
24635	Treat elbow fracture	090	291	314	23	8%	8.80	10.36	1.56	18%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
24640	Treat elbow dislocation	010	39	41	2	5%	1.25	1.47	0.22	18%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
24650	Treat radius fracture	090	87	93	6	7%	2.31	2.97	0.66	29%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
24655	Treat radius fracture	090	142	151	9	6%	4.62	5.61	0.99	21%	0	0	0	4.5	0	0	0	0	0	0	0	0	0	0
24665	Treat radius fracture	090	256	265	9	4%	8.36	9.57	1.21	14%	0	0	0	4.5	0	0	0	0	0	0	1	0	0	0
24666	Treat radius fracture	090	286	301.5	15.5	5%	9.86	11.32	1.46	15%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
24670	Treat ulnar fracture	090	102	108	6	6%	2.69	3.35	0.66	25%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
24675	Treat ulnar fracture	090	153	161	8	5%	4.91	5.79	0.88	18%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
24685	Treat ulnar fracture	090	252	270	18	7%	8.37	9.58	1.21	14%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
24800	Fusion of elbow joint	090	290	299	9	3%	11.41	12.62	1.21	11%	0	0	0	4.5	0	0	0	0	0	0	1	0	0	0
24802	Fusion/graft of elbow joint	090	399	425.5	26.5	7%	14.32	16.37	2.05	14%	0	0	0	4.5	0	0	0	3.5	0	0	1	0	0	0
24900	Amputation of upper arm	090	312	336	24	8%	10.18	12.11	1.93	19%	0	0	0	4.5	0	0	0	3	0	0	1	0	0	0
24920	Amputation of upper arm	090	282	306.5	24.5	9%	10.13	11.96	1.83	18%	0	0	0	3.5	0	0	0	3.5	0	0	1	0	0	0
24925	Amputation follow-up surgery	090	221	230.5	9.5	4%	7.30	8.41	1.11	15%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
24930	Amputation follow-up surgery	090	294	318.5	24.5	8%	10.83	12.66	1.83	17%	0	0	0	3.5	0	0	0	3.5	0	0	1	0	0	0
24931	Amputate upper arm & implant	090	358	388.5	30.5	9%	13.44	15.62	2.18	16%	0	0	0	4	0	0	0	4.5	0	0	1	0	0	0
24935	Revision of amputation	090	458	495.5	37.5	8%	16.45	19.09	2.64	16%	0	0	0	5	0	0	0	5.5	0	0	1	0	0	0
24940	Revision of upper arm	090	0	0	0	#DIV/0!	0.00	0.00	-	#DIV/0!	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25000	Incision of tendon sheath	090	135	142	7	5%	3.55	4.32	0.77	22%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
25001	Incise flexor carpi radialis	090	154	165	11	7%	3.79	4.67	0.88	23%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
25020	Decompress forearm 1 space	090	204	210	6	3%	6.06	6.94	0.88	15%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
25023	Decompress forearm 1 space	090	400	436.5	36.5	9%	13.83	16.36	2.53	18%	0	0	0	4.5	0	0	0	5.5	0	0	1	0	0	0
25024	Decompress forearm 2 spaces	090	385	397	12	3%	10.79	12.86	2.07	19%	0	0	0	4	1	0	0	1	2	0	1	0	0	0
25025	Decompress forearm 2 spaces	090	460	477	17	4%	17.94	20.25	2.31	13%	0	0	0	4	1	0	0	2	2	0	1	0	0	0
25028	Drainage of forearm lesion	090	181	187	6	3%	5.39	6.27	0.88	16%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
25031	Drainage of forearm bursa	090	141	146	5	4%	4.26	4.92	0.66	15%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
25035	Treat forearm bone lesion	090	241	253	12	5%	7.65	8.88	1.23	16%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
25040	Explore/treat wrist joint	090	227	240.5	13.5	6%	7.50	8.74	1.24	17%	0	0	0	3	0	0	0	1.5	0	0	1	0	0	0
25065	Biopsy forearm soft tissues	010	64	66	2	3%	2.04	2.26	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
25066	Biopsy forearm soft tissues	090	156	162	6	4%	4.27	5.04	0.77	18%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
25071	Exc forearm les sc 3 cm/>	090	178	187	9	5%	5.91	6.57	0.66	11%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
25073	Exc forearm tum deep 3 cm/>	090	221	237	16	7%	7.13	8.12	0.99	14%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
25075	Exc forearm les sc < 3 cm	090	137	146	9	7%	3.96	4.62	0.66	17%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
25076	Exc forearm tum deep < 3 cm	090	206	222	16	8%	6.74	7.73	0.99	15%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0

25077	Resect forearm/wrist tum<3cm	090	345	373	28	8%	12.93	14.60	1.67	13%	0	0	0	1	3	0	0	1	0	0	1	0	0	0
25078	Resect forarm/wrist tum 3cm>	090	422	448	26	6%	17.69	19.65	1.96	11%	-2	0	0	1	2	1	0	1	1	0	1	0	0	0
25085	Incision of wrist capsule	090	197	203	6	3%	5.64	6.52	0.88	16%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
25100	Biopsy of wrist joint	090	142	147	5	4%	4.02	4.68	0.66	16%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
25101	Explore/treat wrist joint	090	163	169	6	4%	4.83	5.60	0.77	16%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
25105	Remove wrist joint lining	090	201	208	7	3%	6.02	6.90	0.88	15%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
25107	Remove wrist joint cartilage	090	257	285	28	11%	7.70	9.02	1.32	17%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
25109	Excise tendon forearm/wrist	090	191	207	16	8%	6.94	7.93	0.99	14%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
25110	Remove wrist tendon lesion	090	132	137	5	4%	4.04	4.59	0.55	14%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
25111	Remove wrist tendon lesion	090	140	146	6	4%	3.53	4.19	0.66	19%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
25112	Reremove wrist tendon lesion	090	148	154	6	4%	4.67	5.33	0.66	14%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
25115	Remove wrist/forearm lesion	090	257	285	28	11%	10.09	11.41	1.32	13%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
25116	Remove wrist/forearm lesion	090	249	272	23	9%	7.56	8.88	1.32	17%	0	0	0	1	3	0	0	0	0	0	0.5	0	0	0
25118	Excise wrist tendon sheath	090	158	164	6	4%	4.51	5.28	0.77	17%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
25119	Partial removal of ulna	090	214	221	7	3%	6.21	7.20	0.99	16%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
25120	Removal of forearm lesion	090	217	224	7	3%	6.27	7.26	0.99	16%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
25125	Remove/graft forearm lesion	090	270	278	8	3%	7.67	8.77	1.10	14%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
25126	Remove/graft forearm lesion	090	260	268	8	3%	7.74	8.84	1.10	14%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
25130	Removal of wrist lesion	090	167	174	7	4%	5.43	6.20	0.77	14%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
25135	Remove & graft wrist lesion	090	234	242	8	3%	7.08	8.07	0.99	14%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
25136	Remove & graft wrist lesion	090	204	211	7	3%	6.14	7.02	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
25145	Remove forearm bone lesion	090	225	232	7	3%	6.54	7.53	0.99	15%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
25150	Partial removal of ulna	090	257	269	12	5%	7.38	8.61	1.23	17%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
25151	Partial removal of radius	090	266	278	12	5%	7.68	8.91	1.23	16%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
25170	Resect radius/ulnar tumor	090	470	496	26	6%	22.21	24.17	1.96	9%	-2	0	0	1	2	1	0	1	1	0	1	0	0	0
25210	Removal of wrist bone	090	194	201	7	4%	6.12	7.00	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
25215	Removal of wrist bones	090	269	279.5	10.5	4%	8.14	9.36	1.22	15%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
25230	Partial removal of radius	090	190	196	6	3%	5.37	6.25	0.88	16%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
25240	Partial removal of ulna	090	176	182	6	3%	5.31	6.08	0.77	15%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
25248	Remove forearm foreign body	090	163	170	7	4%	5.31	6.08	0.77	15%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
25250	Removal of wrist prosthesis	090	205	212	7	3%	6.77	7.65	0.88	13%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
25251	Removal of wrist prosthesis	090	300	310.5	10.5	3%	9.82	11.04	1.22	12%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
25259	Manipulate wrist w/anesthes	090	201	213	12	6%	4.04	5.47	1.43	35%	0	0	0	6	0	0	0	0	0	0	0.5	0	0	0
25260	Repair forearm tendon/muscle	090	215	225	10	5%	8.04	9.25	1.21	15%	0	0	0	5	0	0	0	0	0	0	0.5	0	0	0
25263	Repair forearm tendon/muscle	090	229	238	9	4%	8.04	9.25	1.21	15%	0	0	0	4.5	0	0	0	0	0	0	1	0	0	0
25265	Repair forearm tendon/muscle	090	259	268	9	3%	10.10	11.20	1.10	11%	0	0	0	4.5	0	0	0	0	0	0	0.5	0	0	0
25270	Repair forearm tendon/muscle	090	176	183	7	4%	6.17	7.05	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
25272	Repair forearm tendon/muscle	090	189	196	7	4%	7.21	8.09	0.88	12%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
25274	Repair forearm tendon/muscle	090	242	250	8	3%	8.94	9.93	0.99	11%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
25275	Repair forearm tendon sheath	090	223	236	13	6%	8.96	10.06	1.10	12%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
25280	Revise wrist/forearm tendon	090	195	202	7	4%	7.39	8.27	0.88	12%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
25290	Incise wrist/forearm tendon	090	164	170	6	4%	5.43	6.20	0.77	14%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
25295	Release wrist/forearm tendon	090	191	198	7	4%	6.72	7.60	0.88	13%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
25300	Fusion of tendons at wrist	090	247	256	9	4%	9.02	10.12	1.10	12%	0	0	0	4.5	0	0	0	0	0	0	0.5	0	0	0
25301	Fusion of tendons at wrist	090	235	243	8	3%	8.59	9.58	0.99	12%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
25310	Transplant forearm tendon	090	263	293	30	11%	9.00	10.52	1.52	17%	-2	0	0	0	3	1	0	0	0	0	0.5	0	0	0
25312	Transplant forearm tendon	090	284	294.5	10.5	4%	9.82	11.04	1.22	12%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
25315	Revise palsy hand tendon(s)	090	300	320.5	20.5	7%	10.68	12.38	1.70	16%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
25316	Revise palsy hand tendon(s)	090	356	380	24	7%	12.90	14.83	1.93	15%	0	0	0	4.5	0	0	0	3	0	0	1	0	0	0
25320	Repair/revise wrist joint	090	452	495	43	10%	12.75	14.76	2.01	16%	-8	0	0	0	1	4	0	0	0	0	0	0	0	0
25332	Revise wrist joint	090	314	328	14	4%	11.74	13.19	1.45	12%	0	0	0	4.5	0	0	0	1	0	0	1	0	0	0
25335	Realignment of hand	090	370	391.5	21.5	6%	13.39	15.20	1.81	14%	0	0	0	4.5	0	0	0	2.5	0	0	1	0	0	0
25337	Reconstruct ulna/radioulnar	090	353	387	34	10%	11.73	13.32	1.59	14%	-6	0	0	0	1	3	0	0	0	0	0	0	0	0
25350	Revision of radius	090	266	279	13	5%	9.09	10.43	1.34	15%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
25355	Revision of radius	090	289	304.5	15.5	5%	10.53	11.99	1.46	14%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
25360	Revision of ulna	090	259	272	13	5%	8.74	10.08	1.34	15%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
25365	Revise radius & ulna	090	354	375.5	21.5	6%	12.91	14.72	1.81	14%	0	0	0	4.5	0	0	0	2.5	0	0	1	0	0	0
25370	Revise radius or ulna	090	424	455	31	7%	14.10	16.49	2.39	17%	0	0	0	5.5	0	0	0	4	0	0	1	0	0	0
25375	Revise radius & ulna	090	382	403.5	21.5	6%	13.55	15.36	1.81	13%	0	0	0	4.5	0	0	0	2.5	0	0	1	0	0	0
25390	Shorten radius or ulna	090	295	308	13	4%	10.70	12.04	1.34	13%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
25391	Lengthen radius or ulna	090	383	409.5	26.5	7%	14.28	16.33	2.05	14%	0	0	0	4.5	0	0	0	3.5	0	0	1	0	0	0
25392	Shorten radius & ulna	090	390	416.5	26.5	7%	14.58	16.63	2.05	14%	0	0	0	4.5	0	0	0	3.5	0	0	1	0	0	0
25393	Lengthen radius & ulna	090	432	461	29	7%	16.56	18.73	2.17	13%	0	0	0	4.5	0	0	0	4	0	0	1	0	0	0
25394	Repair carpal bone shorten	090	250	263	13	5%	10.85	11.95	1.10	10%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
25400	Repair radius or ulna	090	308	323.5	15.5	5%	11.28	12.74	1.46	13%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
25405	Repair/graft radius or ulna	090	387	413.5	26.5	7%	15.01	17.06	2.05	14%	0	0	0	4.5	0	0	0	3.5	0	0	1	0	0	0
25415	Repair radius & ulna	090	367	386	19	5%	13.80	15.49	1.69	12%	0	0	0	4.5	0	0	0	2	0	0	1	0	0	0
25420	Repair/graft radius & ulna	090	444	474	30	7%	17.04	19.32	2.28	13%	0	0	0	5	0	0	0	4	0	0	1	0	0	0
25425	Repair/graft radius or ulna	090	343	364.5	21.5	6%	13.72	15.53	1.81	13%	0	0	0	4.5	0	0	0	2.5	0	0	1	0	0	0
25426	Repair/graft radius & ulna	090	411	437.5	26.5	6%	16.45	18.50	2.05	12%	0	0	0	4.5	0	0	0	3.5	0	0	1	0	0	0
25430	Vasc graft into carpal bone	090	270	283	13	5%	9.71	10.81	1.10	11%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
25431	Repair nonunion carpal bone	090	278	291	13	5%	10.89	11.99	1.10	10%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
25440	Repair/graft wrist bone	090	278	288.5	10.5	4%	10.68	11.90	1.22	11%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0

25441	Reconstruct wrist joint	090	358	374.5	16.5	5%	13.29	14.86	1.57	12%	0	0	0	4.5	0	0	0	1.5	0	0	1	0	0	0
25442	Reconstruct wrist joint	090	331	342.5	11.5	3%	11.12	12.45	1.33	12%	0	0	0	4.5	0	0	0	0.5	0	0	1	0	0	0
25443	Reconstruct wrist joint	090	307	318.5	11.5	4%	10.66	11.99	1.33	12%	0	0	0	4.5	0	0	0	0.5	0	0	1	0	0	0
25444	Reconstruct wrist joint	090	304	315.5	11.5	4%	11.42	12.75	1.33	12%	0	0	0	4.5	0	0	0	0.5	0	0	1	0	0	0
25445	Reconstruct wrist joint	090	283	291	8	3%	9.88	10.98	1.10	11%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
25446	Wrist replacement	090	425	456.5	31.5	7%	17.30	19.59	2.29	13%	0	0	0	4.5	0	0	0	4.5	0	0	1	0	0	0
25447	Repair wrist joints	090	281	311	30	11%	10.50	12.02	1.52	14%	-2	0	0	0	3	1	0	0	0	0	0.5	0	0	0
25449	Remove wrist joint implant	090	369	388	19	5%	14.94	16.63	1.69	11%	0	0	0	4.5	0	0	0	2	0	0	1	0	0	0
25450	Revision of wrist joint	090	203	211	8	4%	8.06	8.94	0.88	11%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
25455	Revision of wrist joint	090	260	269	9	3%	9.71	10.81	1.10	11%	0	0	0	4.5	0	0	0	0	0	0	0.5	0	0	0
25490	Reinforce radius	090	280	288	8	3%	9.73	10.83	1.10	11%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
25491	Reinforce ulna	090	271	279	8	3%	10.15	11.25	1.10	11%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
25492	Reinforce radius and ulna	090	343	357	14	4%	12.66	14.11	1.45	11%	0	0	0	4.5	0	0	0	1	0	0	1	0	0	0
25500	Treat fracture of radius	090	84	90	6	7%	2.60	3.26	0.66	25%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
25505	Treat fracture of radius	090	171	181	10	6%	5.45	6.55	1.10	20%	0	0	0	5	0	0	0	0	0	0	0	0	0	0
25515	Treat fracture of radius	090	247	265	18	7%	8.80	10.01	1.21	14%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
25520	Treat fracture of radius	090	219	229	10	5%	6.50	7.71	1.21	19%	0	0	0	5	0	0	0	0	0	0	0.5	0	0	0
25525	Treat fracture of radius	090	303	331	28	9%	10.55	12.22	1.67	16%	0	0	0	1	3	0	0	1	0	0	1	0	0	0
25526	Treat fracture of radius	090	367	392	25	7%	13.15	14.93	1.78	14%	0	0	0	3	2	0	0	1	0	0	1	0	0	0
25530	Treat fracture of ulna	090	88	94	6	7%	2.24	2.90	0.66	29%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
25535	Treat fracture of ulna	090	163	172	9	6%	5.36	6.35	0.99	18%	0	0	0	4.5	0	0	0	0	0	0	0	0	0	0
25545	Treat fracture of ulna	090	286	309	23	8%	7.94	9.50	1.56	20%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
25560	Treat fracture radius & ulna	090	101	107	6	6%	2.59	3.25	0.66	25%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
25565	Treat fracture radius & ulna	090	182	191	9	5%	5.85	6.95	1.10	19%	0	0	0	4.5	0	0	0	0	0	0	0.5	0	0	0
25574	Treat fracture radius & ulna	090	296	319	23	8%	8.80	10.36	1.56	18%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
25575	Treat fracture radius/ulna	090	342	367	25	7%	12.29	14.07	1.78	14%	0	0	0	3	2	0	0	1	0	0	1	0	0	0
25600	Treat fracture radius/ulna	090	108	118	10	9%	2.78	3.88	1.10	40%	0	0	0	5	0	0	0	0	0	0	0	0	0	0
25605	Treat fracture radius/ulna	090	169	184	15	9%	6.25	7.57	1.32	21%	0	0	0	4	1	0	0	0	0	0	0.5	0	0	0
25606	Treat fx distal radial	090	260	285	25	10%	8.31	9.85	1.54	19%	0	0	0	2	3	0	0	0	0	0	0.5	0	0	0
25607	Treat fx rad extra-articul	090	275	300	25	9%	9.56	11.10	1.54	16%	0	0	0	2	3	0	0	0	0	0	0.5	0	0	0
25608	Treat fx rad intra-articul	090	305	330	25	8%	11.07	12.61	1.54	14%	0	0	0	2	3	0	0	0	0	0	0.5	0	0	0
25609	Treat fx radial 3+ frag	090	358	390	32	9%	14.38	16.25	1.87	13%	0	0	0	2	4	0	0	0	0	0	0.5	0	0	0
25622	Treat wrist bone fracture	090	101	108	7	7%	2.79	3.56	0.77	28%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
25624	Treat wrist bone fracture	090	155	165	10	6%	4.77	5.87	1.10	23%	0	0	0	5	0	0	0	0	0	0	0	0	0	0
25628	Treat wrist bone fracture	090	277	295	18	6%	9.67	10.88	1.21	13%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
25630	Treat wrist bone fracture	090	91	97	6	7%	3.03	3.69	0.66	22%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
25635	Treat wrist bone fracture	090	143	152	9	6%	4.61	5.60	0.99	21%	0	0	0	4.5	0	0	0	0	0	0	0	0	0	0
25645	Treat wrist bone fracture	090	222	229	7	3%	7.42	8.41	0.99	13%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
25650	Treat wrist bone fracture	090	111	118	7	6%	3.23	4.00	0.77	24%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
25651	Pin ulnar styloid fracture	090	190	203	13	7%	5.82	6.92	1.10	19%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
25652	Treat fracture ulnar styloid	090	225	238	13	6%	8.06	9.16	1.10	14%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
25660	Treat wrist dislocation	090	145	154	9	6%	4.98	5.97	0.99	20%	0	0	0	4.5	0	0	0	0	0	0	0	0	0	0
25670	Treat wrist dislocation	090	224	231	7	3%	8.09	9.08	0.99	12%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
25671	Pin radioulnar dislocation	090	210	223	13	6%	6.46	7.56	1.10	17%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
25675	Treat wrist dislocation	090	152	161	9	6%	4.89	5.88	0.99	20%	0	0	0	4.5	0	0	0	0	0	0	0	0	0	0
25676	Treat wrist dislocation	090	242	252.5	10.5	4%	8.29	9.51	1.22	15%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
25680	Treat wrist fracture	090	203	213	10	5%	6.23	7.44	1.21	19%	0	0	0	5	0	0	0	0	0	0	0.5	0	0	0
25685	Treat wrist fracture	090	279	292	13	5%	10.09	11.43	1.34	13%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
25690	Treat wrist dislocation	090	187	196	9	5%	5.72	6.82	1.10	19%	0	0	0	4.5	0	0	0	0	0	0	0.5	0	0	0
25695	Treat wrist dislocation	090	244	251	7	3%	8.51	9.50	0.99	12%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
25800	Fusion of wrist joint	090	298	311	13	4%	10.07	11.41	1.34	13%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
25805	Fusion/graft of wrist joint	090	351	370	19	5%	11.73	13.42	1.69	14%	0	0	0	4.5	0	0	0	2	0	0	1	0	0	0
25810	Fusion/graft of wrist joint	090	370	403	33	9%	11.95	13.73	1.78	15%	0	0	0	0	4	0	0	1	0	0	1	0	0	0
25820	Fusion of hand bones	090	222	230	8	4%	7.64	8.63	0.99	13%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
25825	Fuse hand bones with graft	090	321	338.5	17.5	5%	9.69	11.37	1.68	17%	0	0	0	5	0	0	0	1.5	0	0	1	0	0	0
25830	Fusion radioulnar jnt/ulna	090	310	330	20	6%	10.88	12.07	1.19	11%	-2	0	0	2	1	1	0	0	0	0	0	0	0	0
25900	Amputation of forearm	090	345	370	25	7%	9.61	11.65	2.04	21%	0	0	0	5	0	0	0	3	0	0	1	0	0	0
25905	Amputation of forearm	090	264	283.5	19.5	7%	9.59	11.18	1.59	17%	0	0	0	3.5	0	0	0	2.5	0	0	1	0	0	0
25907	Amputation follow-up surgery	090	235	247	12	5%	8.09	9.32	1.23	15%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
25909	Amputation follow-up surgery	090	257	271.5	14.5	6%	9.31	10.66	1.35	15%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0	0
25915	Amputation of forearm	090	431	444	13	3%	17.52	18.51	0.99	6%	0	0	0	3	1	0	0	0	0	0	0	0	0	0
25920	Amputate hand at wrist	090	249	263.5	14.5	6%	9.03	10.38	1.35	15%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0	0
25922	Amputate hand at wrist	090	224	233.5	9.5	4%	7.65	8.76	1.11	15%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
25924	Amputation follow-up surgery	090	242	256.5	14.5	6%	8.81	10.16	1.35	15%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0	0
25927	Amputation of hand	090	242	254	12	5%	9.09	10.32	1.23	14%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
25929	Amputation follow-up surgery	090	226	235.5	9.5	4%	7.82	8.93	1.11	14%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
25931	Amputation follow-up surgery	090	233	242.5	9.5	4%	8.04	9.15	1.11	14%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
26010	Drainage of finger abscess	010	51	53	2	4%	1.59	1.81	0.22	14%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
26011	Drainage of finger abscess	010	69	71	2	3%	2.24	2.46	0.22	10%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
26020	Drain hand tendon sheath	090	262	285	23	9%	6.84	8.53	1.69	25%	0	0	0	3	1	0	0	2	0	0	1	0	0	0
26025	Drainage of palm bursa	090	200	211	11	5%	5.08	6.20	1.12	22%	0	0	0	3	0	0	0	1	0	0	1	0	0	0
26030	Drainage of palm bursas	090	226	239.5	13.5	6%	6.25	7.49	1.24	20%	0	0	0	3	0	0	0	1.5	0	0	1	0	0	0
26034	Treat hand bone lesion	090	250	266.5	16.5	7%	6.63	8.20	1.57	24%	0	0	0	4.5	0	0	0	1.5	0	0	1	0	0	0

26035	Decompress fingers/hand	090	351.5	400.5	49	14%	11.37	13.92	2.55	22%	0	0	0	0	4.5	0	0	3.5	0	0	1	0	0	0
26037	Decompress fingers/hand	090	228	241.5	13.5	6%	7.57	8.81	1.24	16%	0	0	0	3	0	0	0	1.5	0	0	1	0	0	0
26040	Release palm contracture	090	135	140	5	4%	3.46	4.12	0.66	19%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
26045	Release palm contracture	090	207	214	7	3%	5.73	6.61	0.88	15%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
26055	Incise finger tendon sheath	090	119	128	9	8%	3.11	3.77	0.66	21%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
26060	Incision of finger tendon	090	91	95	4	4%	2.91	3.35	0.44	15%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
26070	Explore/treat hand joint	090	168	173	5	3%	3.81	4.58	0.77	20%	0	0	0	2.5	0	0	0	0	0	0	1	0	0	0
26075	Explore/treat finger joint	090	164	169	5	3%	3.91	4.68	0.77	20%	0	0	0	2.5	0	0	0	0	0	0	1	0	0	0
26080	Explore/treat finger joint	090	157	164	7	4%	4.47	5.35	0.88	20%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
26100	Biopsy hand joint lining	090	119	124	5	4%	3.79	4.34	0.55	15%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
26105	Biopsy finger joint lining	090	119	124	5	4%	3.83	4.38	0.55	14%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
26110	Biopsy finger joint lining	090	114	119	5	4%	3.65	4.20	0.55	15%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
26111	Exc hand les sc 1.5 cm/>	090	173	182	9	5%	5.42	6.08	0.66	12%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
26113	Exc hand tum deep 1.5 cm/>	090	214	230	16	7%	7.13	8.12	0.99	14%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
26115	Exc hand les sc < 1.5 cm	090	137	146	9	7%	3.96	4.62	0.66	17%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
26116	Exc hand tum deep < 1.5 cm	090	201	217	16	8%	6.74	7.73	0.99	15%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
26117	Rad resect hand tumor < 3 cm	090	271	294	23	8%	10.13	11.45	1.32	13%	0	0	0	1	3	0	0	0	0	0	0.5	0	0	0
26118	Rad resect hand tumor 3 cm/>	090	368	400	32	9%	14.81	16.79	1.98	13%	-2	0	0	2	2	1	0	1	0	0	1	0	0	0
26121	Release palm contracture	090	200	208	8	4%	7.73	8.61	0.88	11%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
26123	Release palm contracture	090	308	343	35	11%	10.88	12.53	1.65	15%	0	0	0	0	5	0	0	0	0	0	0	0	0	0
26130	Remove wrist joint lining	090	180	187	7	4%	5.59	6.47	0.88	16%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
26135	Revise finger joint each	090	181	188	7	4%	7.13	8.01	0.88	12%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
26140	Revise finger joint each	090	174	181	7	4%	6.34	7.22	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
26145	Tendon excision palm/finger	090	178	185	7	4%	6.49	7.37	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
26160	Remove tendon sheath lesion	090	121	130	9	7%	3.57	4.23	0.66	18%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
26170	Removal of palm tendon each	090	135	141	6	4%	4.91	5.57	0.66	13%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
26180	Removal of finger tendon	090	153	160	7	5%	5.35	6.12	0.77	14%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
26185	Remove finger bone	090	202	230	28	14%	6.52	7.84	1.32	20%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
26200	Remove hand bone lesion	090	164	170	6	4%	5.65	6.42	0.77	14%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
26205	Remove/graft bone lesion	090	229	238.5	9.5	4%	7.93	9.04	1.11	14%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
26210	Removal of finger lesion	090	155	162	7	5%	5.32	6.09	0.77	14%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
26215	Remove/graft finger lesion	090	199	206	7	4%	7.27	8.15	0.88	12%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
26230	Partial removal of hand bone	090	186	192	6	3%	6.47	7.35	0.88	14%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
26235	Partial removal finger bone	090	185	191	6	3%	6.33	7.21	0.88	14%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
26236	Partial removal finger bone	090	171	177	6	4%	5.46	6.34	0.88	16%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
26250	Extensive hand surgery	090	353	383	30	8%	15.21	16.97	1.76	12%	-2	0	0	1	2	1	0	1	0	0	1	0	0	0
26260	Resect prox finger tumor	090	256	274	18	7%	11.16	12.24	1.08	10%	-2	0	0	1	1	1	0	0	0	0	0.5	0	0	0
26262	Resect distal finger tumor	090	212	230	18	8%	8.29	9.37	1.08	13%	-2	0	0	1	1	1	0	0	0	0	0.5	0	0	0
26320	Removal of implant from hand	090	150	155	5	3%	4.10	4.76	0.66	16%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
26340	Manipulate finger w/anesth	090	170	182	12	7%	2.80	4.23	1.43	51%	0	0	0	6	0	0	0	0	0	0	0.5	0	0	0
26341	Manipulat palm cord post inj	010	52	54	2	4%	0.91	1.13	0.22	24%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
26350	Repair finger/hand tendon	090	180	189	9	5%	6.21	7.20	0.99	16%	0	0	0	4.5	0	0	0	0	0	0	0	0	0	0
26352	Repair/graft hand tendon	090	258	266	8	3%	7.87	8.97	1.10	14%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
26356	Repair finger/hand tendon	090	277	299	22	8%	9.56	11.21	1.65	17%	0	0	0	4	2	0	0	0	0	0	0.5	0	0	0
26357	Repair finger/hand tendon	090	302	324	22	7%	11.00	12.65	1.65	15%	0	0	0	4	2	0	0	0	0	0	0.5	0	0	0
26358	Repair/graft hand tendon	090	327	349	22	7%	12.60	14.25	1.65	13%	0	0	0	4	2	0	0	0	0	0	0.5	0	0	0
26370	Repair finger/hand tendon	090	221	228	7	3%	7.28	8.27	0.99	14%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
26372	Repair/graft hand tendon	090	278	288.5	10.5	4%	9.01	10.23	1.22	14%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
26373	Repair finger/hand tendon	090	258	268.5	10.5	4%	8.41	9.63	1.22	15%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
26390	Revise hand/finger tendon	090	220	228	8	4%	9.43	10.53	1.10	12%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
26392	Repair/graft hand tendon	090	254	264.5	10.5	4%	10.50	11.72	1.22	12%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
26410	Repair hand tendon	090	162	168	6	4%	4.77	5.54	0.77	16%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
26412	Repair/graft hand tendon	090	215	222	7	3%	6.48	7.47	0.99	15%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
26415	Excision hand/finger tendon	090	191	198	7	4%	8.51	9.39	0.88	10%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
26416	Graft hand or finger tendon	090	216	224	8	4%	9.56	10.55	0.99	10%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
26418	Repair finger tendon	090	153	162	9	6%	4.47	5.46	0.99	22%	0	0	0	4.5	0	0	0	0	0	0	0	0	0	0
26420	Repair/graft finger tendon	090	224	231	7	3%	6.94	7.93	0.99	14%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
26426	Repair finger/hand tendon	090	190	197	7	4%	6.32	7.20	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
26428	Repair/graft finger tendon	090	218	226	8	4%	7.40	8.39	0.99	13%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
26432	Repair finger tendon	090	134	140	6	4%	4.16	4.82	0.66	16%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
26433	Repair finger tendon	090	148	154	6	4%	4.70	5.36	0.66	14%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
26434	Repair/graft finger tendon	090	190	197	7	4%	6.26	7.14	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
26437	Realignment of tendons	090	183	190	7	4%	5.99	6.87	0.88	15%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
26440	Release palm/finger tendon	090	162	168	6	4%	5.16	5.93	0.77	15%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
26442	Release palm & finger tendon	090	280	315	35	13%	9.75	11.40	1.65	17%	0	0	0	0	5	0	0	0	0	0	0	0	0	0
26445	Release hand/finger tendon	090	137	143	6	4%	4.45	5.11	0.66	15%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
26449	Release forearm/hand tendon	090	275	310	35	13%	8.59	10.24	1.65	19%	0	0	0	0	5	0	0	0	0	0	0	0	0	0
26450	Incision of palm tendon	090	111	116	5	5%	3.79	4.34	0.55	15%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
26455	Incision of finger tendon	090	113	118	5	4%	3.76	4.31	0.55	15%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
26460	Incise hand/finger tendon	090	107	112	5	5%	3.58	4.13	0.55	15%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
26471	Fusion of finger tendons	090	171	178	7	4%	5.90	6.67	0.77	13%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
26474	Fusion of finger tendons	090	162	169	7	4%	5.49	6.26	0.77	14%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
26476	Tendon lengthening	090	153	160	7	5%	5.35	6.12	0.77	14%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0

26477	Tendon shortening	090	153	160	7	5%	5.32	6.09	0.77	14%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
26478	Lengthening of hand tendon	090	163	170	7	4%	5.97	6.74	0.77	13%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
26479	Shortening of hand tendon	090	159	166	7	4%	5.91	6.68	0.77	13%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
26480	Transplant hand tendon	090	263	293	30	11%	9.00	10.52	1.52	17%	-2	0	0	0	3	1	0	0	0	0	0.5	0	0	0
26483	Transplant/graft hand tendon	090	242	250	8	3%	8.48	9.58	1.10	13%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
26485	Transplant palm tendon	090	233	241	8	3%	7.89	8.99	1.10	14%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
26489	Transplant/graft palm tendon	090	282	295	13	5%	9.86	11.20	1.34	14%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
26490	Revise thumb tendon	090	241	249	8	3%	8.60	9.70	1.10	13%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
26492	Tendon transfer with graft	090	273	282	9	3%	9.84	11.05	1.21	12%	0	0	0	4.5	0	0	0	0	0	0	1	0	0	0
26494	Hand tendon/muscle transfer	090	243	251	8	3%	8.66	9.76	1.10	13%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
26496	Revise thumb tendon	090	253	261	8	3%	9.78	10.88	1.10	11%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
26497	Finger tendon transfer	090	249	257	8	3%	9.76	10.86	1.10	11%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
26498	Finger tendon transfer	090	294	303	9	3%	14.21	15.42	1.21	9%	0	0	0	4.5	0	0	0	0	0	0	1	0	0	0
26499	Revision of finger	090	272	280	8	3%	9.17	10.27	1.10	12%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
26500	Hand tendon reconstruction	090	179	186	7	4%	6.13	7.01	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
26502	Hand tendon reconstruction	090	223	230	7	3%	7.31	8.30	0.99	14%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
26508	Release thumb contracture	090	206	213	7	3%	6.18	7.17	0.99	16%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
26510	Thumb tendon transfer	090	254	261	7	3%	5.60	6.59	0.99	18%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
26516	Fusion of knuckle joint	090	217	224	7	3%	7.32	8.31	0.99	14%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
26517	Fusion of knuckle joints	090	260	270.5	10.5	4%	9.08	10.30	1.22	13%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
26518	Fusion of knuckle joints	090	283	293.5	10.5	4%	9.27	10.49	1.22	13%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
26520	Release knuckle contracture	090	176	183	7	4%	5.47	6.35	0.88	16%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
26525	Release finger contracture	090	175	182	7	4%	5.50	6.38	0.88	16%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
26530	Revise knuckle joint	090	205	213	8	4%	6.88	7.87	0.99	14%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
26531	Revise knuckle with implant	090	215	224	9	4%	8.13	9.23	1.10	14%	0	0	0	4.5	0	0	0	0	0	0	0.5	0	0	0
26535	Revise finger joint	090	196	203	7	4%	5.41	6.29	0.88	16%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
26536	Revise/implant finger joint	090	211	219	8	4%	6.56	7.55	0.99	15%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
26540	Repair hand joint	090	204	211	7	3%	6.60	7.59	0.99	15%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
26541	Repair hand joint with graft	090	245	253	8	3%	8.81	9.91	1.10	12%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
26542	Repair hand joint with graft	090	220	227	7	3%	6.95	7.94	0.99	14%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
26545	Reconstruct finger joint	090	227	235	8	4%	7.11	8.21	1.10	15%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
26546	Repair nonunion hand	090	341	383	42	12%	10.83	13.03	2.20	20%	0	0	0	0	6	0	0	0	0	0	1	0	0	0
26548	Reconstruct finger joint	090	226	234	8	4%	8.22	9.32	1.10	13%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
26550	Construct thumb replacement	090	491	504	13	3%	21.68	22.67	0.99	5%	0	0	0	3	1	0	0	0	0	0	0	0	0	0
26551	Great toe-hand transfer	090	1004	1073	69	7%	48.48	52.62	4.14	9%	0	0	0	5	2	0	0	9	0	0	1	0	0	0
26553	Single transfer toe-hand	090	989	1058	69	7%	48.17	52.31	4.14	9%	0	0	0	5	2	0	0	9	0	0	1	0	0	0
26554	Double transfer toe-hand	090	1155	1231	76	7%	57.01	61.61	4.60	8%	0	0	0	6	2	0	0	10	0	0	1	0	0	0
26555	Positional change of finger	090	401	414	13	3%	17.08	18.07	0.99	6%	0	0	0	3	1	0	0	0	0	0	0	0	0	0
26556	Toe joint transfer	090	1004	1085	81	8%	49.75	54.33	4.58	9%	0	0	0	4	4	0	0	9	0	0	1	0	0	0
26560	Repair of web finger	090	183	189	6	3%	5.52	6.18	0.66	12%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
26561	Repair of web finger	090	258	266	8	3%	11.10	12.20	1.10	10%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
26562	Repair of web finger	090	425	462	37	9%	16.68	18.64	1.96	12%	-2	0	0	0	4	1	0	0	0	0	1	0	0	0
26565	Correct metacarpal flaw	090	194	201	7	4%	6.91	7.79	0.88	13%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
26567	Correct finger deformity	090	195	202	7	4%	6.99	7.87	0.88	13%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
26568	Lengthen metacarpal/finger	090	239	247	8	3%	9.27	10.37	1.10	12%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
26580	Repair hand deformity	090	425	460	35	8%	19.75	21.40	1.65	8%	0	0	0	0	5	0	0	0	0	0	0	0	0	0
26587	Reconstruct extra finger	090	401	414	13	3%	14.50	15.49	0.99	7%	0	0	0	3	1	0	0	0	0	0	0	0	0	0
26590	Repair finger deformity	090	408	426	18	4%	18.67	19.77	1.10	6%	0	0	0	2	2	0	0	0	0	0	0	0	0	0
26591	Repair muscles of hand	090	222	227	5	2%	3.38	4.15	0.77	23%	0	0	0	2.5	0	0	0	0	0	0	1	0	0	0
26593	Release muscles of hand	090	233	241	8	3%	5.50	6.60	1.10	20%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
26596	Excision constricting tissue	090	210	218	8	4%	9.14	10.13	0.99	11%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
26600	Treat metacarpal fracture	090	93	101	8	9%	2.60	3.48	0.88	34%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
26605	Treat metacarpal fracture	090	107	114	7	7%	3.03	3.80	0.77	25%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
26607	Treat metacarpal fracture	090	149	154	5	3%	5.48	6.14	0.66	12%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
26608	Treat metacarpal fracture	090	191	199	8	4%	5.55	6.54	0.99	18%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
26615	Treat metacarpal fracture	090	217	235	18	8%	7.07	8.28	1.21	17%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
26641	Treat thumb dislocation	090	138	146	8	6%	4.13	5.01	0.88	21%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
26645	Treat thumb fracture	090	131	138	7	5%	4.58	5.35	0.77	17%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
26650	Treat thumb fracture	090	197	215	18	9%	5.35	6.56	1.21	23%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
26665	Treat thumb fracture	090	237	255	18	8%	7.94	9.15	1.21	15%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
26670	Treat hand dislocation	090	101	107	6	6%	3.83	4.49	0.66	17%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
26675	Treat hand dislocation	090	129	137	8	6%	4.83	5.71	0.88	18%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
26676	Pin hand dislocation	090	171	180	9	5%	5.74	6.73	0.99	17%	0	0	0	4.5	0	0	0	0	0	0	0	0	0	0
26685	Treat hand dislocation	090	227	245	18	8%	7.07	8.28	1.21	17%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
26686	Treat hand dislocation	090	231	240.5	9.5	4%	8.17	9.28	1.11	14%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
26700	Treat knuckle dislocation	090	110	116	6	5%	3.83	4.49	0.66	17%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
26705	Treat knuckle dislocation	090	142	150	8	6%	4.38	5.26	0.88	20%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
26706	Pin knuckle dislocation	090	155	163	8	5%	5.31	6.19	0.88	17%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
26715	Treat knuckle dislocation	090	220	238	18	8%	7.03	8.24	1.21	17%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
26720	Treat finger fracture each	090	63	67	4	6%	1.76	2.20	0.44	25%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
26725	Treat finger fracture each	090	104	110	6	6%	3.48	4.14	0.66	19%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
26727	Treat finger fracture each	090	174	182	8	5%	5.42	6.41	0.99	18%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
26735	Treat finger fracture each	090	237	255	18	8%	7.42	8.63	1.21	16%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0

26740	Treat finger fracture each	090	78	83	5	6%	2.07	2.62	0.55	27%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
26742	Treat finger fracture each	090	104	110	6	6%	3.99	4.65	0.66	17%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
26746	Treat finger fracture each	090	303	328	25	8%	9.80	11.34	1.54	16%	0	0	0	2	3	0	0	0	0	0	0.5	0	0	0
26750	Treat finger fracture each	090	65	69	4	6%	1.80	2.24	0.44	24%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
26755	Treat finger fracture each	090	85	90	5	6%	3.23	3.78	0.55	17%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
26756	Pin finger fracture each	090	146	154	8	5%	4.58	5.46	0.88	19%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
26765	Treat finger fracture each	090	217	235	18	8%	5.86	7.07	1.21	21%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
26770	Treat finger dislocation	090	86	91	5	6%	3.15	3.70	0.55	17%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
26775	Treat finger dislocation	090	142	150	8	6%	3.90	4.78	0.88	23%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
26776	Pin finger dislocation	090	152	160	8	5%	4.99	5.87	0.88	18%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
26785	Treat finger dislocation	090	227	245	18	8%	6.60	7.81	1.21	18%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
26820	Thumb fusion with graft	090	254	262	8	3%	8.45	9.55	1.10	13%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
26841	Fusion of thumb	090	222	231	9	4%	7.35	8.45	1.10	15%	0	0	0	4.5	0	0	0	0	0	0	0.5	0	0	0
26842	Thumb fusion with graft	090	258	268.5	10.5	4%	8.49	9.71	1.22	14%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
26843	Fusion of hand joint	090	232	239	7	3%	7.78	8.77	0.99	13%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
26844	Fusion/graft of hand joint	090	275	285.5	10.5	4%	8.98	10.20	1.22	14%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
26850	Fusion of knuckle	090	237	244	7	3%	7.14	8.13	0.99	14%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
26852	Fusion of knuckle with graft	090	272	282.5	10.5	4%	8.71	9.93	1.22	14%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
26860	Fusion of finger joint	090	163	171	8	5%	4.88	5.76	0.88	18%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
26862	Fusion/graft of finger joint	090	227	235	8	4%	7.56	8.55	0.99	13%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
26910	Amputate metacarpal bone	090	251	259	8	3%	7.79	8.89	1.10	14%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
26951	Amputation of finger/thumb	090	203	223	20	10%	6.04	7.47	1.43	24%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
26952	Amputation of finger/thumb	090	173	180	7	4%	6.48	7.36	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
26990	Drainage of pelvis lesion	090	265	284.5	19.5	7%	7.95	9.54	1.59	20%	0	0	0	3.5	0	0	0	2.5	0	0	1	0	0	0
26991	Drainage of pelvis bursa	090	229	245	16	7%	7.06	8.42	1.36	19%	0	0	0	3	0	0	0	2	0	0	1	0	0	0
26992	Drainage of bone lesion	090	291	310.5	19.5	7%	13.48	15.07	1.59	12%	0	0	0	3.5	0	0	0	2.5	0	0	1	0	0	0
27000	Incision of hip tendon	090	147	152	5	3%	5.74	6.51	0.77	13%	0	0	0	2.5	0	0	0	0	0	0	1	0	0	0
27001	Incision of hip tendon	090	189	197.5	8.5	4%	7.14	8.14	1.00	14%	0	0	0	3	0	0	0	0.5	0	0	1	0	0	0
27003	Incision of hip tendon	090	267	286.5	19.5	7%	7.81	9.40	1.59	20%	0	0	0	3.5	0	0	0	2.5	0	0	1	0	0	0
27005	Incision of hip tendon	090	248	265	17	7%	10.07	11.54	1.47	15%	0	0	0	3.5	0	0	0	2	0	0	1	0	0	0
27006	Incision of hip tendons	090	254	272	18	7%	10.11	11.69	1.58	16%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
27025	Incision of hip/thigh fascia	090	392.5	436.5	44	11%	12.89	15.20	2.31	18%	0	0	0	0	4.5	0	0	2.5	0	0	1	0	0	0
27027	Buttock fasciotomy	090	359	383	24	7%	13.04	15.17	2.13	16%	0	0	0	3	1	0	0	3	1	0	1	0	0	0
27030	Drainage of hip joint	090	302	329	27	9%	13.65	15.60	1.95	14%	0	0	0	3.5	0	0	0	4	0	0	1	0	0	0
27033	Exploration of hip joint	090	342	372.5	30.5	9%	14.11	16.29	2.18	15%	0	0	0	4	0	0	0	4.5	0	0	1	0	0	0
27035	Denervation of hip joint	090	369	398	29	8%	17.37	19.54	2.17	12%	0	0	0	4.5	0	0	0	4	0	0	1	0	0	0
27036	Excision of hip joint/muscle	090	380	418	38	10%	14.38	16.40	2.02	14%	0	0	0	0	4	0	0	2	0	0	1	0	0	0
27040	Biopsy of soft tissues	010	106	108	2	2%	2.92	3.25	0.33	11%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
27041	Biopsy of soft tissues	090	250	262	12	5%	10.18	11.41	1.23	12%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
27043	Exc hip pelvis les sc 3 cm/>	090	206	215	9	4%	6.88	7.54	0.66	10%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
27045	Exc hip/pelv tum deep 5 cm/>	090	320	341	21	7%	11.13	12.47	1.34	12%	0	0	0	1	2	0	0	1	0	0	1	0	0	0
27047	Exc hip/pelvis les sc < 3 cm	090	160	169	9	6%	4.94	5.60	0.66	13%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
27048	Exc hip/pelv tum deep < 5 cm	090	288	304	16	6%	8.85	10.08	1.23	14%	0	0	0	2	1	0	0	1	0	0	1	0	0	0
27049	Resect hip/pelv tum < 5 cm	090	496	516	20	4%	21.55	23.62	2.07	10%	0	0	0	1	3	0	0	1	2	0	1	0	0	0
27050	Biopsy of sacroiliac joint	090	260	276	16	6%	4.74	6.10	1.36	29%	0	0	0	3	0	0	0	2	0	0	1	0	0	0
27052	Biopsy of hip joint	090	327	358	31	9%	7.42	9.11	1.69	23%	0	0	0	0	3	0	0	2	0	0	1	0	0	0
27054	Removal of hip joint lining	090	358	386	28	8%	9.21	11.27	2.06	22%	0	0	0	4	0	0	0	4	0	0	1	0	0	0
27057	Buttock fasciotomy w/dbrdmt	090	389	413	24	6%	14.91	17.04	2.13	14%	0	0	0	3	1	0	0	3	1	0	1	0	0	0
27059	Resect hip/pelv tum 5 cm/>	090	608	640	32	5%	29.35	31.99	2.64	9%	-2	0	0	1	2	1	0	3	2	0	1	0	0	0
27060	Removal of ischial bursa	090	254	272.5	18.5	7%	5.87	7.35	1.48	25%	0	0	0	3	0	0	0	2.5	0	0	1	0	0	0
27062	Remove femur lesion/bursa	090	185	191	6	3%	5.75	6.52	0.77	13%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
27065	Remove hip bone les super	090	329	356	27	8%	6.55	8.50	1.95	30%	0	0	0	3.5	0	0	0	4	0	0	1	0	0	0
27066	Remove hip bone les deep	090	406	442.5	36.5	9%	11.20	13.73	2.53	23%	0	0	0	4.5	0	0	0	5.5	0	0	1	0	0	0
27067	Remove/graft hip bone lesion	090	443	480.5	37.5	8%	14.72	17.36	2.64	18%	0	0	0	5	0	0	0	5.5	0	0	1	0	0	0
27070	Part remove hip bone super	090	363	398.5	35.5	10%	11.56	13.98	2.42	21%	0	0	0	4	0	0	0	5.5	0	0	1	0	0	0
27071	Part removal hip bone deep	090	409	448	39	10%	12.39	15.04	2.65	21%	0	0	0	4.5	0	0	0	6	0	0	1	0	0	0
27075	Resect hip tumor	090	633	656	23	4%	32.71	35.31	2.60	8%	-2	0	0	1	2	1	0	2	3	0	1	0	0	0
27076	Resect hip tum incl acetabul	090	840	864	24	3%	40.21	43.25	3.04	8%	-2	0	0	1	2	1	0	3	4	0	1	0	0	0
27077	Resect hip tum w/innom bone	090	905	934	29	3%	45.21	48.49	3.28	7%	-2	0	0	1	2	1	0	4	4	0	1	0	0	0
27078	Rsect hip tum incl femur	090	665	688	23	3%	32.21	34.81	2.60	8%	-2	0	0	1	2	1	0	2	3	0	1	0	0	0
27080	Removal of tail bone	090	274	295	21	8%	6.89	8.49	1.60	23%	0	0	0	3	0	0	0	3	0	0	1	0	0	0
27086	Remove hip foreign body	010	82	84	2	2%	1.92	2.14	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
27087	Remove hip foreign body	090	249	261	12	5%	8.83	10.06	1.23	14%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
27090	Removal of hip prosthesis	090	317	340	23	7%	11.69	13.51	1.82	16%	0	0	0	4	0	0	0	3	0	0	1	0	0	0
27091	Removal of hip prosthesis	090	577	645	68	12%	24.35	27.81	3.46	14%	0	0	0	0	4	0	0	8	0	0	1	0	0	0
27097	Revision of hip tendon	090	271	290.5	19.5	7%	9.27	10.86	1.59	17%	0	0	0	3.5	0	0	0	2.5	0	0	1	0	0	0
27098	Transfer tendon to pelvis	090	303	323.5	20.5	7%	9.32	11.02	1.70	18%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
27100	Transfer of abdominal muscle	090	311	322.5	11.5	4%	11.35	12.68	1.33	12%	0	0	0	4.5	0	0	0	0.5	0	0	1	0	0	0
27105	Transfer of spinal muscle	090	332	343.5	11.5	3%	12.04	13.37	1.33	11%	0	0	0	4.5	0	0	0	0.5	0	0	1	0	0	0
27110	Transfer of iliopsoas muscle	090	365	386.5	21.5	6%	13.77	15.58	1.81	13%	0	0	0	4.5	0	0	0	2.5	0	0	1	0	0	0
27111	Transfer of iliopsoas muscle	090	339	358	19	6%	12.60	14.29	1.69	13%	0	0	0	4.5	0	0	0	2	0	0	1	0	0	0
27120	Reconstruction of hip socket	090	515	567.5	52.5	10%	19.25	22.61	3.36	17%	0	0	0	5	0	0	0	8.5	0	0	1	0	0	0
27122	Reconstruction of hip socket	090	436	482.5	46.5	11%	16.09	19.10	3.01	19%	0	0	0	4.5	0	0	0	7.5	0	0	1	0	0	0

27125	Partial hip replacement	090	430.5	490	59.5	14%	16.64	19.70	3.06	18%	0	0	0	0	3.5	0	0	7	0	0	1	0	0	0
27130	Total hip arthroplasty	090	377	390	13	3%	19.60	21.21	1.61	8%	0	0	0	0	3	0	0	0	2	0	1	0	0	0
27132	Total hip arthroplasty	090	611	686.5	75.5	12%	25.69	29.51	3.82	15%	0	0	0	0	4	0	0	9.5	0	0	1	0	0	0
27134	Revise hip joint replacement	090	617	673	56	9%	30.28	33.17	2.89	10%	0	0	0	0	3	0	0	7	0	0	1	0	0	0
27137	Revise hip joint replacement	090	492	538	46	9%	22.70	25.11	2.41	11%	0	0	0	0	3	0	0	5	0	0	1	0	0	0
27138	Revise hip joint replacement	090	492	538	46	9%	23.70	26.11	2.41	10%	0	0	0	0	3	0	0	5	0	0	1	0	0	0
27140	Transplant femur ridge	090	335	358	23	7%	12.78	14.60	1.82	14%	0	0	0	4	0	0	0	3	0	0	1	0	0	0
27146	Incision of hip bone	090	443	481	38	9%	18.92	20.94	2.02	11%	0	0	0	0	4	0	0	2	0	0	1	0	0	0
27147	Revision of hip bone	090	473	511	38	8%	22.07	24.09	2.02	9%	0	0	0	0	4	0	0	2	0	0	1	0	0	0
27151	Incision of hip bones	090	523	566	43	8%	24.12	26.38	2.26	9%	0	0	0	0	4	0	0	3	0	0	1	0	0	0
27156	Revision of hip bones	090	538	581	43	8%	26.23	28.49	2.26	9%	0	0	0	0	4	0	0	3	0	0	1	0	0	0
27158	Revision of pelvis	090	562	617	55	10%	21.04	24.52	3.48	17%	0	0	0	5	0	0	0	9	0	0	1	0	0	0
27161	Incision of neck of femur	090	489	539	50	10%	17.89	21.13	3.24	18%	0	0	0	5	0	0	0	8	0	0	1	0	0	0
27165	Incision/fixation of femur	090	531.5	603	71.5	13%	20.29	23.92	3.63	18%	0	0	0	0	4.5	0	0	8	0	0	1	0	0	0
27170	Repair/graft femur head/neck	090	444	490	46	10%	17.61	20.02	2.41	14%	0	0	0	0	3	0	0	5	0	0	1	0	0	0
27175	Treat slipped epiphysis	090	308	346.5	38.5	13%	9.38	11.82	2.44	26%	0	0	0	3	0	0	0	6.5	0	0	1	0	0	0
27176	Treat slipped epiphysis	090	385	421.5	36.5	9%	12.92	15.45	2.53	20%	0	0	0	4.5	0	0	0	5.5	0	0	1	0	0	0
27177	Treat slipped epiphysis	090	477	519.5	42.5	9%	16.09	18.97	2.88	18%	0	0	0	5	0	0	0	6.5	0	0	1	0	0	0
27178	Treat slipped epiphysis	090	408	447	39	10%	12.92	15.57	2.65	21%	0	0	0	4.5	0	0	0	6	0	0	1	0	0	0
27179	Revise head/neck of femur	090	442	483.5	41.5	9%	13.97	16.74	2.77	20%	0	0	0	4.5	0	0	0	6.5	0	0	1	0	0	0
27181	Treat slipped epiphysis	090	445	483	38	9%	16.18	18.20	2.02	12%	0	0	0	0	4	0	0	2	0	0	1	0	0	0
27185	Revision of femur epiphysis	090	320	345.5	25.5	8%	9.79	11.73	1.94	20%	0	0	0	4	0	0	0	3.5	0	0	1	0	0	0
27187	Reinforce hip bones	090	396	425	29	7%	14.23	16.40	2.17	15%	0	0	0	4.5	0	0	0	4	0	0	1	0	0	0
27200	Treat tail bone fracture	090	63	66	3	5%	1.92	2.25	0.33	17%	0	0	0	1.5	0	0	0	0	0	0	0	0	0	0
27202	Treat tail bone fracture	090	216	227.5	11.5	5%	7.31	8.33	1.02	14%	0	0	0	2	0	0	0	1.5	0	0	1	0	0	0
27215	Treat pelvic fracture(s)	090	388	405	17	4%	10.45	12.12	1.67	16%	0	0	0	2	1	0	0	2	1	0	1	0	0	0
27216	Treat pelvic ring fracture	090	393	427	34	9%	15.73	18.08	2.35	15%	0	0	0	1	3	0	0	3	1	0	1	0	0	0
27217	Treat pelvic ring fracture	090	443	477	34	8%	14.65	17.00	2.35	16%	0	0	0	1	3	0	0	3	1	0	1	0	0	0
27218	Treat pelvic ring fracture	090	543	587	44	8%	20.93	23.76	2.83	14%	0	0	0	1	3	0	0	5	1	0	1	0	0	0
27220	Treat hip socket fracture	090	184	191	7	4%	5.50	6.82	1.32	24%	0	0	0	3	0	0	0	1	1	0	1	0	0	0
27222	Treat hip socket fracture	090	472	531	59	13%	14.11	17.72	3.61	26%	0	0	0	4.5	0	0	0	10	0	0	1	0	0	0
27226	Treat hip wall fracture	090	412	440	28	7%	15.57	17.63	2.06	13%	0	0	0	4	0	0	0	4	0	0	1	0	0	0
27227	Treat hip fracture(s)	090	550	608	58	11%	25.41	28.39	2.98	12%	0	0	0	0	4	0	0	6	0	0	1	0	0	0
27228	Treat hip fracture(s)	090	680	729	49	7%	29.33	32.27	2.94	10%	0	0	0	0	4	0	0	5	1	0	1	0	0	0
27230	Treat thigh fracture	090	205	218	13	6%	5.81	7.15	1.34	23%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
27232	Treat thigh fracture	090	353	397	44	12%	11.72	14.30	2.58	22%	0	0	0	2	0	0	0	8	0	0	1	0	0	0
27235	Treat thigh fracture	090	360	395.5	35.5	10%	13.00	15.42	2.42	19%	0	0	0	4	0	0	0	5.5	0	0	1	0	0	0
27236	Treat thigh fracture	090	418	438	20	5%	17.61	19.68	2.07	12%	0	0	0	1	3	0	0	1	2	0	1	0	0	0
27238	Treat thigh fracture	090	207	216.5	9.5	5%	5.75	6.86	1.11	19%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
27240	Treat thigh fracture	090	454	509	55	12%	13.81	17.29	3.48	25%	0	0	0	5	0	0	0	9	0	0	1	0	0	0
27244	Treat thigh fracture	090	438	463	25	6%	18.18	20.49	2.31	13%	0	0	0	1	3	0	0	2	2	0	1	0	0	0
27245	Treat thigh fracture	090	443	468	25	6%	18.18	20.49	2.31	13%	0	0	0	1	3	0	0	2	2	0	1	0	0	0
27246	Treat thigh fracture	090	141	146	5	4%	4.83	5.60	0.77	16%	0	0	0	2.5	0	0	0	0	0	0	1	0	0	0
27248	Treat thigh fracture	090	384	394	10	3%	10.78	12.63	1.85	17%	0	0	0	3	1	0	0	1	2	0	1	0	0	0
27252	Treat hip dislocation	090	284	311	27	10%	11.03	12.98	1.95	18%	0	0	0	3.5	0	0	0	4	0	0	1	0	0	0
27253	Treat hip dislocation	090	344	372	28	8%	13.58	15.64	2.06	15%	0	0	0	4	0	0	0	4	0	0	1	0	0	0
27254	Treat hip dislocation	090	413	442	29	7%	18.94	21.11	2.17	11%	0	0	0	4.5	0	0	0	4	0	0	1	0	0	0
27256	Treat hip dislocation	010	154	161	7	5%	4.28	4.96	0.68	16%	0	0	0	1	0	0	0	1	0	0	1	0	0	0
27257	Treat hip dislocation	010	173	180	7	4%	5.38	6.06	0.68	13%	0	0	0	1	0	0	0	1	0	0	1	0	0	0
27258	Treat hip dislocation	090	395	426.5	31.5	8%	16.18	18.47	2.29	14%	0	0	0	4.5	0	0	0	4.5	0	0	1	0	0	0
27259	Treat hip dislocation	090	537	582	45	8%	23.26	25.61	2.35	10%	-2	0	0	0	3	1	0	3	0	0	1	0	0	0
27265	Treat hip dislocation	090	150	158	8	5%	5.24	6.23	0.99	19%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
27266	Treat hip dislocation	090	202	214	12	6%	7.78	9.01	1.23	16%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
27267	Cltx thigh fx	090	171	189	18	11%	5.50	7.08	1.58	29%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
27268	Cltx thigh fx w/mnpj	090	196	214	18	9%	7.12	8.70	1.58	22%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
27269	Optx thigh fx	090	404	423	19	5%	18.89	20.78	1.89	10%	0	0	0	3	1	0	0	2	1	0	1	0	0	0
27275	Manipulation of hip joint	010	110	112	2	2%	2.32	2.76	0.44	19%	0	0	0	1	0	0	0	0	0	0	1	0	0	0
27278	Arthrd si jt prq wo tfxj dev	090	185	199	14	8%	7.86	8.63	0.77	10%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
27279	Arthrd si jt perq/min nvas	090	241	257	16	7%	12.13	13.12	0.99	8%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
27280	Arthr si jt opn b1grf instrm	090	383	400	17	4%	20.00	21.54	1.54	8%	0	0	0	1	2	0	0	1	1	0	1	0	0	0
27282	Arthrodesis symphysis pubis	090	342	363.5	21.5	6%	11.85	13.66	1.81	15%	0	0	0	4.5	0	0	0	2.5	0	0	1	0	0	0
27284	Arthrodesis hip joint	090	497	529	32	6%	25.06	27.19	2.13	8%	0	0	0	0	3	0	0	3	1	0	1	0	0	0
27286	Arthrd hip jt sbtrchc osteot	090	540	588	48	9%	25.17	27.67	2.50	10%	0	0	0	0	4	0	0	4	0	0	1	0	0	0
27290	Amputation of leg at hip	090	615	668.5	53.5	9%	24.55	28.02	3.47	14%	0	0	0	5.5	0	0	0	8.5	0	0	1	0	0	0
27295	Amputation of leg at hip	090	499	542	43	9%	19.66	22.44	2.78	14%	0	0	0	4	0	0	0	7	0	0	1	0	0	0
27301	Drain thigh/knee lesion	090	220	232	12	5%	6.78	8.01	1.23	18%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
27303	Drainage of bone lesion	090	249	263.5	14.5	6%	8.63	9.98	1.35	16%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0	0
27305	Incise thigh tendon & fascia	090	207	218	11	5%	6.18	7.30	1.12	18%	0	0	0	3	0	0	0	1	0	0	1	0	0	0
27306	Incision of thigh tendon	090	162	167	5	3%	4.74	5.51	0.77	16%	0	0	0	2.5	0	0	0	0	0	0	1	0	0	0
27307	Incision of thigh tendons	090	206	217	11	5%	6.06	7.18	1.12	18%	0	0	0	3	0	0	0	1	0	0	1	0	0	0
27310	Exploration of knee joint	090	311	341.5	30.5	10%	10.00	12.18	2.18	22%	0	0	0	4	0	0	0	4.5	0	0	1	0	0	0
27323	Biopsy thigh soft tissues	010	74	76	2	3%	2.33	2.55	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
27324	Biopsy thigh soft tissues	090	168	174	6	4%	5.04	5.81	0.77	15%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0

27325	Neurectomy hamstring	090	229	238.5	9.5	4%	7.20	8.31	1.11	15%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
27326	Neurectomy popliteal	090	215	222	7	3%	6.47	7.46	0.99	15%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
27327	Exc thigh/knee les sc < 3 cm	090	140	149	9	6%	3.96	4.62	0.66	17%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
27328	Exc thigh/knee tum deep <5cm	090	261	277	16	6%	8.85	10.08	1.23	14%	0	0	0	2	1	0	0	1	0	0	1	0	0	0
27329	Resect thigh/knee tum < 5 cm	090	413	437	24	6%	15.72	17.59	1.87	12%	0	0	0	1	3	0	0	1	1	0	1	0	0	0
27330	Biopsy knee joint lining	090	165	171	6	4%	5.11	5.88	0.77	15%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
27331	Explore/treat knee joint	090	200	206	6	3%	6.02	6.90	0.88	15%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
27332	Removal of knee cartilage	090	235	243	8	3%	8.46	9.56	1.10	13%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
27333	Removal of knee cartilage	090	263	273.5	10.5	4%	7.55	8.77	1.22	16%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
27334	Remove knee joint lining	090	294	314.5	20.5	7%	9.19	10.89	1.70	18%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
27335	Remove knee joint lining	090	329	352	23	7%	10.55	12.37	1.82	17%	0	0	0	4	0	0	0	3	0	0	1	0	0	0
27337	Exc thigh/knee les sc 3 cm/>	090	181	190	9	5%	5.91	6.57	0.66	11%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
27339	Exc thigh/knee tum dep 5cm/>	090	310	331	21	7%	11.13	12.47	1.34	12%	0	0	0	1	2	0	0	1	0	0	1	0	0	0
27340	Removal of kneecap bursa	090	155	161	6	4%	4.32	5.09	0.77	18%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
27345	Removal of knee cyst	090	204	211	7	3%	6.09	6.97	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
27347	Remove knee cyst	090	214	235	21	10%	6.73	7.72	0.99	15%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
27350	Removal of kneecap	090	289	309.5	20.5	7%	8.66	10.36	1.70	20%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
27355	Remove femur lesion	090	258	272.5	14.5	6%	8.00	9.35	1.35	17%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0	0
27356	Remove femur lesion/graft	090	331	356.5	25.5	8%	10.09	12.03	1.94	19%	0	0	0	4	0	0	0	3.5	0	0	1	0	0	0
27357	Remove femur lesion/graft	090	361	387.5	26.5	7%	11.16	13.21	2.05	18%	0	0	0	4.5	0	0	0	3.5	0	0	1	0	0	0
27360	Partial removal leg bone(s)	090	386	426.5	40.5	10%	11.46	14.12	2.66	23%	0	0	0	4	0	0	0	6.5	0	0	1	0	0	0
27364	Resect thigh/knee tum 5 cm/>	090	550	577	27	5%	24.49	26.89	2.40	10%	-2	0	0	1	2	1	0	2	2	0	1	0	0	0
27365	Resect femur/knee tumor	090	633	656	23	4%	32.21	34.81	2.60	8%	-2	0	0	1	2	1	0	2	3	0	1	0	0	0
27372	Removal of foreign body	090	168	174	6	4%	5.21	5.98	0.77	15%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
27380	Repair of kneecap tendon	090	235	247	12	5%	7.45	8.68	1.23	17%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
27381	Repair/graft kneecap tendon	090	320	338	18	6%	10.76	12.34	1.58	15%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
27385	Repair of thigh muscle	090	237	250	13	5%	6.93	8.03	1.10	16%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
27386	Repair/graft of thigh muscle	090	350	374	24	7%	11.13	13.06	1.93	17%	0	0	0	4.5	0	0	0	3	0	0	1	0	0	0
27390	Incision of thigh tendon	090	184	192.5	8.5	5%	5.53	6.53	1.00	18%	0	0	0	3	0	0	0	0.5	0	0	1	0	0	0
27391	Incision of thigh tendons	090	233	245	12	5%	7.49	8.72	1.23	16%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
27392	Incision of thigh tendons	090	292	310	18	6%	9.63	11.21	1.58	16%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
27393	Lengthening of thigh tendon	090	197	205.5	8.5	4%	6.59	7.59	1.00	15%	0	0	0	3	0	0	0	0.5	0	0	1	0	0	0
27394	Lengthening of thigh tendons	090	248	260	12	5%	8.79	10.02	1.23	14%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
27395	Lengthening of thigh tendons	090	348	369.5	21.5	6%	12.24	14.05	1.81	15%	0	0	0	4.5	0	0	0	2.5	0	0	1	0	0	0
27396	Transplant of thigh tendon	090	254	266	12	5%	8.15	9.38	1.23	15%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
27397	Transplants of thigh tendons	090	360	393	33	9%	12.66	14.44	1.78	14%	0	0	0	0	4	0	0	1	0	0	1	0	0	0
27400	Revise thigh muscles/tendons	090	274	287	13	5%	9.33	10.67	1.34	14%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
27403	Repair of knee cartilage	090	257	269	12	5%	8.62	9.85	1.23	14%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
27405	Repair of knee ligament	090	282	300	18	6%	9.08	10.66	1.58	17%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
27407	Repair of knee ligament	090	349	373	24	7%	10.85	12.78	1.93	18%	0	0	0	4.5	0	0	0	3	0	0	1	0	0	0
27409	Repair of knee ligaments	090	410	444	34	8%	13.71	16.12	2.41	18%	0	0	0	4.5	0	0	0	5	0	0	1	0	0	0
27412	Autochondrocyte implant knee	090	484	510	26	5%	24.74	26.83	2.09	8%	0	0	0	2	3	0	0	1	1	0	1	0	0	0
27415	Osteochondral knee allograft	090	424	450	26	6%	20.00	22.09	2.09	10%	0	0	0	2	3	0	0	1	1	0	1	0	0	0
27416	Osteochondral knee autograft	090	287	305	18	6%	14.16	15.37	1.21	9%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
27418	Repair degenerated kneecap	090	358	389.5	31.5	9%	11.60	13.89	2.29	20%	0	0	0	4.5	0	0	0	4.5	0	0	1	0	0	0
27420	Revision of unstable kneecap	090	295	313	18	6%	10.26	11.84	1.58	15%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
27422	Revision of unstable kneecap	090	297	315	18	6%	10.21	11.79	1.58	15%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
27424	Revision/removal of kneecap	090	298	316	18	6%	10.24	11.82	1.58	15%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
27425	Lat retinacular release open	090	159	166	7	4%	5.39	6.16	0.77	14%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
27427	Reconstruction knee	090	302	320	18	6%	9.79	11.37	1.58	16%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
27428	Reconstruction knee	090	363	398	35	10%	15.58	17.45	1.87	12%	0	0	0	0	5	0	0	0	0	0	1	0	0	0
27429	Reconstruction knee	090	466	513	47	10%	17.54	19.98	2.44	14%	0	0	0	0	6	0	0	1	0	0	1	0	0	0
27430	Revision of thigh muscles	090	303	323.5	20.5	7%	10.16	11.86	1.70	17%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
27435	Incision of knee joint	090	340	373	33	10%	10.88	12.66	1.78	16%	0	0	0	0	4	0	0	1	0	0	1	0	0	0
27437	Revise kneecap	090	273	292.5	19.5	7%	8.93	10.52	1.59	18%	0	0	0	3.5	0	0	0	2.5	0	0	1	0	0	0
27438	Revise kneecap with implant	090	332	360	28	8%	11.89	13.95	2.06	17%	0	0	0	4	0	0	0	4	0	0	1	0	0	0
27440	Revision of knee joint	090	334	362	28	8%	11.09	13.15	2.06	19%	0	0	0	4	0	0	0	4	0	0	1	0	0	0
27441	Revision of knee joint	090	360	390.5	30.5	8%	11.54	13.72	2.18	19%	0	0	0	4	0	0	0	4.5	0	0	1	0	0	0
27442	Revision of knee joint	090	307	327.5	20.5	7%	12.37	14.07	1.70	14%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
27443	Revision of knee joint	090	323	343.5	20.5	6%	11.41	13.11	1.70	15%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
27445	Revision of knee joint	090	447	488.5	41.5	9%	18.66	21.43	2.77	15%	0	0	0	4.5	0	0	0	6.5	0	0	1	0	0	0
27446	Revision of knee joint	090	310	333	23	7%	17.13	18.32	1.19	7%	-2	0	0	0	2	1	0	0	0	0	0.5	0	0	0
27447	Total knee arthroplasty	090	374	387	13	3%	19.60	21.21	1.61	8%	0	0	0	0	3	0	0	0	2	0	1	0	0	0
27448	Incision of thigh	090	324	347	23	7%	11.60	13.42	1.82	16%	0	0	0	4	0	0	0	3	0	0	1	0	0	0
27450	Incision of thigh	090	392	418.5	26.5	7%	14.61	16.66	2.05	14%	0	0	0	4.5	0	0	0	3.5	0	0	1	0	0	0
27454	Realignment of thigh bone	090	430	473	43	10%	19.17	21.43	2.26	12%	0	0	0	0	4	0	0	3	0	0	1	0	0	0
27455	Realignment of knee	090	344	367	23	7%	13.36	15.18	1.82	14%	0	0	0	4	0	0	0	3	0	0	1	0	0	0
27457	Realignment of knee	090	370	394.5	24.5	7%	14.03	15.86	1.83	13%	0	0	0	3.5	0	0	0	3.5	0	0	1	0	0	0
27465	Shortening of thigh bone	090	383.5	416.5	33	9%	18.60	20.64	2.04	11%	0	0	0	2	2	0	0	3	0	0	1	0	0	0
27466	Lengthening of thigh bone	090	467	507	40	9%	17.28	20.04	2.76	16%	0	0	0	5	0	0	0	6	0	0	1	0	0	0
27468	Shorten/lengthen thighs	090	515	557.5	42.5	8%	19.97	22.85	2.88	14%	0	0	0	5	0	0	0	6.5	0	0	1	0	0	0
27470	Repair of thigh	090	400	421	21	5%	17.14	19.25	2.11	12%	0	0	0	4	1	0	0	2	1	0	1	0	0	0
27472	Repair/graft of thigh	090	502	544.5	42.5	8%	18.72	21.60	2.88	15%	0	0	0	5	0	0	0	6.5	0	0	1	0	0	0

27475	Surgery to stop leg growth	090	252	264	12	5%	8.93	10.16	1.23	14%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
27477	Surgery to stop leg growth	090	262	274	12	5%	10.14	11.37	1.23	12%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
27479	Surgery to stop leg growth	090	326	341.5	15.5	5%	13.16	14.62	1.46	11%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
27485	Surgery to stop leg growth	090	241	253	12	5%	9.13	10.36	1.23	13%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
27486	Revise/replace knee joint	090	470	523	53	11%	21.12	23.86	2.74	13%	0	0	0	0	4	0	0	5	0	0	1	0	0	0
27487	Revise/replace knee joint	090	520	573	53	10%	27.11	29.85	2.74	10%	0	0	0	0	4	0	0	5	0	0	1	0	0	0
27488	Removal of knee prosthesis	090	470	523	53	11%	17.60	20.34	2.74	16%	0	0	0	0	4	0	0	5	0	0	1	0	0	0
27495	Reinforce thigh	090	452	493.5	41.5	9%	16.54	19.31	2.77	17%	0	0	0	4.5	0	0	0	6.5	0	0	1	0	0	0
27496	Decompression of thigh/knee	090	287	315	28	10%	6.78	8.84	2.06	30%	0	0	0	4	0	0	0	4	0	0	1	0	0	0
27497	Decompression of thigh/knee	090	301	327	26	9%	7.79	9.63	1.84	24%	0	0	0	3	0	0	0	4	0	0	1	0	0	0
27498	Decompression of thigh/knee	090	327	355	28	9%	8.66	10.72	2.06	24%	0	0	0	4	0	0	0	4	0	0	1	0	0	0
27499	Decompression of thigh/knee	090	332	350	18	5%	9.43	11.01	1.58	17%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
27500	Treatment of thigh fracture	090	216	232	16	7%	6.30	7.66	1.36	22%	0	0	0	3	0	0	0	2	0	0	1	0	0	0
27501	Treatment of thigh fracture	090	169	185	16	9%	6.45	7.68	1.23	19%	0	0	0	2	1	0	0	1	0	0	1	0	0	0
27502	Treatment of thigh fracture	090	328	361	33	10%	11.36	13.66	2.30	20%	0	0	0	4	0	0	0	5	0	0	1	0	0	0
27503	Treatment of thigh fracture	090	249	272	23	9%	11.27	12.96	1.69	15%	0	0	0	3	1	0	0	2	0	0	1	0	0	0
27506	Treatment of thigh fracture	090	501.5	565.5	64	13%	19.65	22.92	3.27	17%	0	0	0	0	4.5	0	0	6.5	0	0	1	0	0	0
27507	Treatment of thigh fracture	090	376	397	21	6%	14.48	16.08	1.60	11%	0	0	0	3	0	0	0	3	0	0	1	0	0	0
27508	Treatment of thigh fracture	090	221	236.5	15.5	7%	6.20	7.66	1.46	24%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
27509	Treatment of thigh fracture	090	297	315	18	6%	8.14	9.72	1.58	19%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
27510	Treatment of thigh fracture	090	298	326	28	9%	9.80	11.86	2.06	21%	0	0	0	4	0	0	0	4	0	0	1	0	0	0
27511	Treatment of thigh fracture	090	439	449	10	2%	15.11	16.96	1.85	12%	0	0	0	3	1	0	0	1	2	0	1	0	0	0
27513	Treatment of thigh fracture	090	464	474	10	2%	19.25	21.10	1.85	10%	0	0	0	3	1	0	0	1	2	0	1	0	0	0
27514	Treatment of thigh fracture	090	409	419	10	2%	14.60	16.45	1.85	13%	0	0	0	3	1	0	0	1	2	0	1	0	0	0
27516	Treat thigh fx growth plate	090	215	224	9	4%	5.59	6.80	1.21	22%	0	0	0	4.5	0	0	0	0	0	0	1	0	0	0
27517	Treat thigh fx growth plate	090	249	263	14	6%	9.12	10.57	1.45	16%	0	0	0	4.5	0	0	0	1	0	0	1	0	0	0
27519	Treat thigh fx growth plate	090	359	373	14	4%	13.25	14.90	1.65	12%	0	0	0	3	1	0	0	1	1	0	1	0	0	0
27520	Treat kneecap fracture	090	124	131	7	6%	3.04	3.81	0.77	25%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
27524	Treat kneecap fracture	090	274	289.5	15.5	6%	10.37	11.83	1.46	14%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
27530	Treat knee fracture	090	91	99	8	9%	2.65	3.53	0.88	33%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
27532	Treat knee fracture	090	218	228.5	10.5	5%	7.55	8.77	1.22	16%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
27535	Treat knee fracture	090	389	394	5	1%	13.41	15.02	1.61	12%	0	0	0	3	1	0	0	0	2	0	1	0	0	0
27536	Treat knee fracture	090	475	523	48	10%	17.39	19.89	2.50	14%	0	0	0	0	4	0	0	4	0	0	1	0	0	0
27538	Treat knee fracture(s)	090	140	149	9	6%	5.09	6.08	0.99	19%	0	0	0	4.5	0	0	0	0	0	0	0	0	0	0
27540	Treat knee fracture	090	334	343	9	3%	11.30	12.71	1.41	12%	0	0	0	3	1	0	0	0	1	0	1	0	0	0
27550	Treat knee dislocation	090	143	152	9	6%	5.98	6.97	0.99	17%	0	0	0	4.5	0	0	0	0	0	0	0	0	0	0
27552	Treat knee dislocation	090	228	239.5	11.5	5%	8.18	9.51	1.33	16%	0	0	0	4.5	0	0	0	0.5	0	0	1	0	0	0
27556	Treat knee dislocation	090	369	383	14	4%	13.00	14.65	1.65	13%	0	0	0	3	1	0	0	1	1	0	1	0	0	0
27557	Treat knee dislocation	090	399	413	14	4%	15.90	17.55	1.65	10%	0	0	0	3	1	0	0	1	1	0	1	0	0	0
27558	Treat knee dislocation	090	429	443	14	3%	18.39	20.04	1.65	9%	0	0	0	3	1	0	0	1	1	0	1	0	0	0
27560	Treat kneecap dislocation	090	105	112	7	7%	3.99	4.76	0.77	19%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
27562	Treat kneecap dislocation	090	168	176	8	5%	5.98	6.97	0.99	17%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
27566	Treat kneecap dislocation	090	303	323.5	20.5	7%	12.71	14.41	1.70	13%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
27570	Fixation of knee joint	010	71	73	2	3%	1.79	2.01	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
27580	Fusion of knee	090	450	498	48	11%	21.10	23.60	2.50	12%	0	0	0	0	4	0	0	4	0	0	1	0	0	0
27590	Amputate leg at thigh	090	449	509.5	60.5	13%	13.47	17.09	3.62	27%	0	0	0	4	0	0	0	10.5	0	0	1	0	0	0
27591	Amputate leg at thigh	090	462	515	53	11%	13.94	17.20	3.26	23%	0	0	0	4	0	0	0	9	0	0	1	0	0	0
27592	Amputate leg at thigh	090	358	398.5	40.5	11%	10.98	13.64	2.66	24%	0	0	0	4	0	0	0	6.5	0	0	1	0	0	0
27594	Amputation follow-up surgery	090	268	283.5	15.5	6%	7.29	8.75	1.46	20%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
27596	Amputation follow-up surgery	090	345	374	29	8%	11.29	13.46	2.17	19%	0	0	0	4.5	0	0	0	4	0	0	1	0	0	0
27598	Amputate lower leg at knee	090	340	369	29	9%	11.22	13.39	2.17	19%	0	0	0	4.5	0	0	0	4	0	0	1	0	0	0
27600	Decompression of lower leg	090	211	227	16	8%	6.03	7.39	1.36	23%	0	0	0	3	0	0	0	2	0	0	1	0	0	0
27601	Decompression of lower leg	090	220	237	17	8%	6.05	7.52	1.47	24%	0	0	0	3.5	0	0	0	2	0	0	1	0	0	0
27602	Decompression of lower leg	090	253	272.5	19.5	8%	7.82	9.41	1.59	20%	0	0	0	3.5	0	0	0	2.5	0	0	1	0	0	0
27603	Drain lower leg lesion	090	199	211	12	6%	5.23	6.46	1.23	24%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
27604	Drain lower leg bursa	090	130	135	5	4%	4.59	5.25	0.66	14%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
27605	Incision of achilles tendon	010	88	90	2	2%	2.92	3.14	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
27606	Incision of achilles tendon	010	131	133	2	2%	4.18	4.62	0.44	11%	0	0	0	1	0	0	0	0	0	0	1	0	0	0
27607	Treat lower leg bone lesion	090	281	308	27	10%	8.62	10.57	1.95	23%	0	0	0	3.5	0	0	0	4	0	0	1	0	0	0
27610	Explore/treat ankle joint	090	311	344	33	11%	9.13	11.43	2.30	25%	0	0	0	4	0	0	0	5	0	0	1	0	0	0
27612	Exploration of ankle joint	090	353	387	34	10%	8.15	10.56	2.41	30%	0	0	0	4.5	0	0	0	5	0	0	1	0	0	0
27613	Biopsy lower leg soft tissue	010	77	79	2	3%	2.22	2.44	0.22	10%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
27614	Biopsy lower leg soft tissue	090	192	198	6	3%	5.80	6.68	0.88	15%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
27615	Resect leg/ankle tum < 5 cm	090	416	440	24	6%	15.72	17.59	1.87	12%	0	0	0	1	3	0	0	1	1	0	1	0	0	0
27616	Resect leg/ankle tum 5 cm/>	090	463	489	26	6%	19.63	21.59	1.96	10%	-2	0	0	1	2	1	0	1	1	0	1	0	0	0
27618	Exc leg/ankle tum < 3 cm	090	137	146	9	7%	3.96	4.62	0.66	17%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
27619	Exc leg/ankle tum deep <5 cm	090	225	236	11	5%	6.91	7.79	0.88	13%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
27620	Explore/treat ankle joint	090	180	187	7	4%	6.15	7.03	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
27625	Remove ankle joint lining	090	249	257	8	3%	8.49	9.59	1.10	13%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
27626	Remove ankle joint lining	090	268	276	8	3%	9.10	10.20	1.10	12%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
27630	Removal of tendon lesion	090	146	152	6	4%	4.94	5.60	0.66	13%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
27632	Exc leg/ankle les sc 3 cm/>	090	183	192	9	5%	5.91	6.57	0.66	11%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
27634	Exc leg/ankle tum dep 5 cm/>	090	281	302	21	7%	10.13	11.47	1.34	13%	0	0	0	1	2	0	0	1	0	0	1	0	0	0

27635	Remove lower leg bone lesion	090	267	277.5	10.5	4%	8.03	9.25	1.22	15%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
27637	Remove/graft leg bone lesion	090	336	355	19	6%	10.31	12.00	1.69	16%	0	0	0	4.5	0	0	0	2	0	0	1	0	0	0
27638	Remove/graft leg bone lesion	090	315	333	18	6%	10.99	12.57	1.58	14%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
27640	Partial removal of tibia	090	382	418.5	36.5	10%	12.24	14.77	2.53	21%	0	0	0	4.5	0	0	0	5.5	0	0	1	0	0	0
27641	Partial removal of fibula	090	319	344.5	25.5	8%	9.84	11.78	1.94	20%	0	0	0	4	0	0	0	3.5	0	0	1	0	0	0
27645	Resect tibia tumor	090	553	580	27	5%	27.21	29.61	2.40	9%	-2	0	0	1	2	1	0	2	2	0	1	0	0	0
27646	Resect fibula tumor	090	540	562	22	4%	23.21	25.37	2.16	9%	-2	0	0	1	2	1	0	1	2	0	1	0	0	0
27647	Resect talus/calcaneus tum	090	469	484	15	3%	20.26	22.09	1.83	9%	-2	0	0	1	1	1	0	1	2	0	1	0	0	0
27650	Repair achilles tendon	090	239	264	25	10%	9.21	10.75	1.54	17%	0	0	0	2	3	0	0	0	0	0	0.5	0	0	0
27652	Repair/graft achilles tendon	090	312	331	19	6%	10.78	12.47	1.69	16%	0	0	0	4.5	0	0	0	2	0	0	1	0	0	0
27654	Repair of achilles tendon	090	283	308	25	9%	10.53	12.07	1.54	15%	0	0	0	2	3	0	0	0	0	0	0.5	0	0	0
27656	Repair leg fascia defect	090	171	177	6	4%	4.71	5.48	0.77	16%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
27658	Repair of leg tendon each	090	196	202	6	3%	5.12	6.00	0.88	17%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
27659	Repair of leg tendon each	090	246	258	12	5%	7.10	8.33	1.23	17%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
27664	Repair of leg tendon each	090	173	179	6	3%	4.73	5.50	0.77	16%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
27665	Repair of leg tendon each	090	201	208	7	3%	5.57	6.45	0.88	16%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
27675	Repair lower leg tendons	090	228	235	7	3%	7.35	8.34	0.99	13%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
27676	Repair lower leg tendons	090	274	287	13	5%	8.73	10.07	1.34	15%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
27680	Release of lower leg tendon	090	197	203	6	3%	5.88	6.76	0.88	15%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
27681	Release of lower leg tendons	090	232	241.5	9.5	4%	7.05	8.16	1.11	16%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
27685	Revision of lower leg tendon	090	200	208	8	4%	6.69	7.68	0.99	15%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
27686	Revise lower leg tendons	090	252	264	12	5%	7.75	8.98	1.23	16%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
27687	Revision of calf tendon	090	199	206	7	4%	6.41	7.29	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
27690	Revise lower leg tendon	090	258	283	25	10%	9.17	10.71	1.54	17%	0	0	0	2	3	0	0	0	0	0	0.5	0	0	0
27691	Revise lower leg tendon	090	292	317	25	9%	10.49	12.14	1.65	16%	0	0	0	2	3	0	0	0	0	0	1	0	0	0
27695	Repair of ankle ligament	090	225	233	8	4%	6.70	7.80	1.10	16%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
27696	Repair of ankle ligaments	090	280	293	13	5%	8.58	9.92	1.34	16%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
27698	Repair of ankle ligament	090	275	285.5	10.5	4%	9.61	10.83	1.22	13%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
27700	Revision of ankle joint	090	310	325.5	15.5	5%	9.66	11.12	1.46	15%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
27702	Reconstruct ankle joint	090	416	447.5	31.5	8%	14.42	16.71	2.29	16%	0	0	0	4.5	0	0	0	4.5	0	0	1	0	0	0
27703	Reconstruction ankle joint	090	488	533	45	9%	16.94	19.94	3.00	18%	0	0	0	5	0	0	0	7	0	0	1	0	0	0
27704	Removal of ankle implant	090	251	259	8	3%	7.81	8.91	1.10	14%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
27705	Incision of tibia	090	303	323.5	20.5	7%	10.86	12.56	1.70	16%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
27707	Incision of fibula	090	243	260	17	7%	4.78	6.25	1.47	31%	0	0	0	3.5	0	0	0	2	0	0	1	0	0	0
27709	Incision of tibia & fibula	090	346	374	28	8%	17.48	19.28	1.80	10%	0	0	0	2	2	0	0	2	0	0	1	0	0	0
27712	Realignment of lower leg	090	400	443	43	11%	15.87	18.13	2.26	14%	0	0	0	0	4	0	0	3	0	0	1	0	0	0
27715	Revision of lower leg	090	457	503.5	46.5	10%	15.50	18.51	3.01	19%	0	0	0	4.5	0	0	0	7.5	0	0	1	0	0	0
27720	Repair of tibia	090	356	380	24	7%	12.36	14.29	1.93	16%	0	0	0	4.5	0	0	0	3	0	0	1	0	0	0
27722	Repair/graft of tibia	090	389	415.5	26.5	7%	12.45	14.50	2.05	16%	0	0	0	4.5	0	0	0	3.5	0	0	1	0	0	0
27724	Repair/graft of tibia	090	460	477	17	4%	19.31	20.85	1.54	8%	0	0	0	1	2	0	0	1	1	0	1	0	0	0
27725	Repair of lower leg	090	464	511	47	10%	17.41	19.85	2.44	14%	-4	0	0	0	2	2	0	3	0	0	1	0	0	0
27726	Repair fibula nonunion	090	319	337	18	6%	14.34	15.79	1.45	10%	0	0	0	3	1	0	0	1	0	0	1	0	0	0
27727	Repair of lower leg	090	445	480	35	8%	14.84	17.36	2.52	17%	0	0	0	5	0	0	0	5	0	0	1	0	0	0
27730	Repair of tibia epiphysis	090	241	253	12	5%	7.70	8.93	1.23	16%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
27732	Repair of fibula epiphysis	090	183	189	6	3%	5.46	6.23	0.77	14%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
27734	Repair lower leg epiphyses	090	273	287.5	14.5	5%	8.83	10.18	1.35	15%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0	0
27740	Repair of leg epiphyses	090	315	328	13	4%	9.61	10.95	1.34	14%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
27742	Repair of leg epiphyses	090	340	354	14	4%	10.63	12.08	1.45	14%	0	0	0	4.5	0	0	0	1	0	0	1	0	0	0
27745	Reinforce tibia	090	312	330	18	6%	10.49	12.07	1.58	15%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
27750	Treatment of tibia fracture	090	143	150	7	5%	3.37	4.25	0.88	26%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
27752	Treatment of tibia fracture	090	250	268	18	7%	6.27	7.85	1.58	25%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
27756	Treatment of tibia fracture	090	344	372	28	8%	7.45	9.51	2.06	28%	0	0	0	4	0	0	0	4	0	0	1	0	0	0
27758	Treatment of tibia fracture	090	435	471.5	36.5	8%	12.54	15.07	2.53	20%	0	0	0	4.5	0	0	0	5.5	0	0	1	0	0	0
27759	Treatment of tibia fracture	090	324	347	23	7%	14.45	16.14	1.69	12%	0	0	0	3	1	0	0	2	0	0	1	0	0	0
27760	Cltx medial ankle fx	090	124	132	8	6%	3.21	4.09	0.88	27%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
27762	Cltx med ankle fx w/mnpj	090	212	221	9	4%	5.47	6.68	1.21	22%	0	0	0	4.5	0	0	0	0	0	0	1	0	0	0
27766	Optx medial ankle fx	090	266	289	23	9%	7.89	9.45	1.56	20%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
27767	Cltx post ankle fx	090	96	109	13	14%	2.64	3.63	0.99	38%	0	0	0	3	1	0	0	0	0	0	0	0	0	0
27768	Cltx post ankle fx w/mnpj	090	170	183	13	8%	5.14	6.24	1.10	21%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
27769	Optx post ankle fx	090	279	297	18	6%	10.14	11.59	1.45	14%	0	0	0	3	1	0	0	1	0	0	1	0	0	0
27780	Treatment of fibula fracture	090	110	117	7	6%	2.83	3.60	0.77	27%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
27781	Treatment of fibula fracture	090	146	154	8	5%	4.59	5.47	0.88	19%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
27784	Treatment of fibula fracture	090	281	304	23	8%	9.67	11.23	1.56	16%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
27786	Treatment of ankle fracture	090	114	121	7	6%	3.02	3.79	0.77	25%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
27788	Treatment of ankle fracture	090	148	156	8	5%	4.64	5.52	0.88	19%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
27792	Treatment of ankle fracture	090	245	263	18	7%	8.75	9.96	1.21	14%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
27808	Treatment of ankle fracture	090	127	135	8	6%	3.03	3.91	0.88	29%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
27810	Treatment of ankle fracture	090	180	188	8	4%	5.32	6.31	0.99	19%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
27814	Treatment of ankle fracture	090	346	360	14	4%	10.62	12.14	1.52	14%	0	0	0	2	2	0	0	0	1	0	1	0	0	0
27816	Treatment of ankle fracture	090	119	126	7	6%	3.07	3.84	0.77	25%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
27818	Treatment of ankle fracture	090	193	201	8	4%	5.69	6.68	0.99	17%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
27822	Treatment of ankle fracture	090	353	372	19	5%	11.21	12.84	1.63	15%	0	0	0	1	3	0	0	0	1	0	1	0	0	0
27823	Treatment of ankle fracture	090	366	385	19	5%	13.16	14.79	1.63	12%	0	0	0	1	3	0	0	0	1	0	1	0	0	0

27824	Treat lower leg fracture	090	137	148	11	8%	3.31	4.08	0.77	23%	0	0	0	2	1	0	0	0	0	0	0	0	0	0
27825	Treat lower leg fracture	090	345	366	21	6%	6.69	8.29	1.60	24%	0	0	0	3	0	0	0	3	0	0	1	0	0	0
27826	Treat lower leg fracture	090	328	347	19	6%	11.10	12.73	1.63	15%	0	0	0	1	3	0	0	0	1	0	1	0	0	0
27827	Treat lower leg fracture	090	441	472	31	7%	14.79	16.99	2.20	15%	0	0	0	1	4	0	0	1	1	0	1	0	0	0
27828	Treat lower leg fracture	090	471	502	31	7%	18.43	20.63	2.20	12%	0	0	0	1	4	0	0	1	1	0	1	0	0	0
27829	Treat lower leg joint	090	271	294	23	8%	8.80	10.36	1.56	18%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
27830	Treat lower leg dislocation	090	152	159	7	5%	3.96	4.84	0.88	22%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
27831	Treat lower leg dislocation	090	166	173	7	4%	4.73	5.61	0.88	19%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
27832	Treat lower leg dislocation	090	301	324	23	8%	10.17	11.73	1.56	15%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
27840	Treat ankle dislocation	090	160	168	8	5%	4.77	5.76	0.99	21%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
27842	Treat ankle dislocation	090	225	235.5	10.5	5%	6.46	7.68	1.22	19%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
27846	Treat ankle dislocation	090	312	332.5	20.5	7%	10.28	11.98	1.70	17%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
27848	Treat ankle dislocation	090	334	354.5	20.5	6%	11.68	13.38	1.70	15%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
27860	Fixation of ankle joint	010	105	107	2	2%	2.39	2.61	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
27870	Fusion of ankle joint open	090	400	438	38	10%	15.41	17.43	2.02	13%	0	0	0	0	4	0	0	2	0	0	1	0	0	0
27871	Fusion of tibiofibular joint	090	301	316.5	15.5	5%	9.54	11.00	1.46	15%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
27880	Amputation of lower leg	090	400	437	37	9%	15.37	17.87	2.50	16%	0	0	0	1	2	0	0	5	1	0	1	0	0	0
27881	Amputation of lower leg	090	468	515.5	47.5	10%	13.47	16.59	3.12	23%	0	0	0	5	0	0	0	7.5	0	0	1	0	0	0
27882	Amputation of lower leg	090	331	366.5	35.5	11%	9.79	12.21	2.42	25%	0	0	0	4	0	0	0	5.5	0	0	1	0	0	0
27884	Amputation follow-up surgery	090	292	315	23	8%	8.76	10.58	1.82	21%	0	0	0	4	0	0	0	3	0	0	1	0	0	0
27886	Amputation follow-up surgery	090	340	369	29	9%	10.02	12.19	2.17	22%	0	0	0	4.5	0	0	0	4	0	0	1	0	0	0
27888	Amputation of foot at ankle	090	335	364	29	9%	10.37	12.54	2.17	21%	0	0	0	4.5	0	0	0	4	0	0	1	0	0	0
27889	Amputation of foot at ankle	090	361	397.5	36.5	10%	10.86	13.39	2.53	23%	0	0	0	4.5	0	0	0	5.5	0	0	1	0	0	0
27892	Decompression of leg	090	307	330	23	7%	7.94	9.76	1.82	23%	0	0	0	4	0	0	0	3	0	0	1	0	0	0
27893	Decompression of leg	090	307	330	23	7%	7.90	9.72	1.82	23%	0	0	0	4	0	0	0	3	0	0	1	0	0	0
27894	Decompression of leg	090	433	493	60	14%	12.67	15.74	3.07	24%	0	0	0	0	5	0	0	5	0	0	1	0	0	0
28005	Treat foot bone lesion	090	320	351.5	31.5	10%	9.44	11.73	2.29	24%	0	0	0	4.5	0	0	0	4.5	0	0	1	0	0	0
28008	Incision of foot fascia	090	159	165	6	4%	4.59	5.36	0.77	17%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28010	Incision of toe tendon	090	90	95	5	6%	2.97	3.52	0.55	19%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
28011	Incision of toe tendons	090	123	129	6	5%	4.28	4.94	0.66	15%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28020	Exploration of foot joint	090	161	167	6	4%	5.15	5.92	0.77	15%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28022	Exploration of foot joint	090	157	163	6	4%	4.81	5.58	0.77	16%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28024	Exploration of toe joint	090	151	157	6	4%	4.52	5.29	0.77	17%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28035	Decompression of tibia nerve	090	169	175	6	4%	5.23	6.00	0.77	15%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28039	Exc foot/toe tum sc 1.5 cm/>	090	153	162	9	6%	5.42	6.08	0.66	12%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
28041	Exc foot/toe tum dep 1.5cm/>	090	217	233	16	7%	7.13	8.12	0.99	14%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
28043	Exc foot/toe tum sc < 1.5 cm	090	138	147	9	7%	3.96	4.62	0.66	17%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
28045	Exc foot/toe tum deep <1.5cm	090	169	180	11	7%	5.45	6.33	0.88	16%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
28046	Resect foot/toe tumor < 3 cm	090	334	367	33	10%	12.38	14.29	1.91	15%	0	0	0	1	3	0	0	2	0	0	1	0	0	0
28047	Resect foot/toe tumor 3 cm/>	090	413	439	26	6%	17.45	19.41	1.96	11%	-2	0	0	1	2	1	0	1	1	0	1	0	0	0
28050	Biopsy of foot joint lining	090	163	169	6	4%	4.39	5.16	0.77	18%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28052	Biopsy of foot joint lining	090	149	154	5	3%	4.06	4.72	0.66	16%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
28054	Biopsy of toe joint lining	090	133	138	5	4%	3.57	4.23	0.66	18%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
28055	Neurectomy foot	090	197	203	6	3%	6.29	7.17	0.88	14%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
28060	Partial removal foot fascia	090	156	163	7	4%	5.40	6.17	0.77	14%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
28062	Removal of foot fascia	090	221	228	7	3%	6.69	7.57	0.88	13%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
28070	Removal of foot joint lining	090	190	196	6	3%	5.24	6.12	0.88	17%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
28072	Removal of foot joint lining	090	166	172	6	4%	4.72	5.49	0.77	16%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28080	Removal of foot lesion	090	169	197	28	17%	4.86	6.18	1.32	27%	-2	0	1	0	4	0	0	0	0	0	0	0	0	0
28086	Excise foot tendon sheath	090	172	178	6	3%	4.92	5.69	0.77	16%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28088	Excise foot tendon sheath	090	142	147	5	4%	3.98	4.64	0.66	17%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
28090	Removal of foot lesion	090	130	136	6	5%	4.55	5.21	0.66	15%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28092	Removal of toe lesions	090	115	121	6	5%	3.78	4.44	0.66	17%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28100	Removal of ankle/heel lesion	090	195	202	7	4%	5.83	6.71	0.88	15%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
28102	Remove/graft foot lesion	090	273	281	8	3%	7.92	9.02	1.10	14%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
28103	Remove/graft foot lesion	090	233	240	7	3%	6.67	7.66	0.99	15%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
28104	Removal of foot lesion	090	173	179	6	3%	5.26	6.03	0.77	15%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28106	Remove/graft foot lesion	090	243	251	8	3%	7.35	8.45	1.10	15%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
28107	Remove/graft foot lesion	090	232	239	7	3%	5.73	6.72	0.99	17%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
28108	Removal of toe lesions	090	134	140	6	4%	4.30	4.96	0.66	15%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28110	Part removal of metatarsal	090	151	157	6	4%	4.22	4.99	0.77	18%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28111	Part removal of metatarsal	090	171	177	6	4%	5.15	5.92	0.77	15%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28112	Part removal of metatarsal	090	163	169	6	4%	4.63	5.40	0.77	17%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28113	Part removal of metatarsal	090	178	208	30	17%	6.11	7.65	1.54	25%	0	0	0	1	4	0	0	0	0	0	0	0	0	0
28114	Removal of metatarsal heads	090	339	387	48	14%	12.00	14.25	2.25	19%	-6	0	0	0	3	3	0	0	0	0	0	0	0	0
28116	Revision of foot	090	320	353	33	10%	9.14	10.92	1.78	19%	0	0	0	0	4	0	0	1	0	0	1	0	0	0
28118	Removal of heel bone	090	196	203	7	4%	6.13	7.01	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
28119	Removal of heel spur	090	183	190	7	4%	5.56	6.44	0.88	16%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
28120	Part removal of ankle/heel	090	251	271	20	8%	7.31	8.74	1.43	20%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
28122	Partial removal of foot bone	090	230	248	18	8%	6.76	7.97	1.21	18%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
28124	Partial removal of toe	090	151	159	8	5%	5.00	5.88	0.88	18%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
28126	Partial removal of toe	090	116	121	5	4%	3.64	4.19	0.55	15%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
28130	Removal of ankle bone	090	330	363	33	10%	9.50	11.28	1.78	19%	0	0	0	0	4	0	0	1	0	0	1	0	0	0

28140	Removal of metatarsal	090	228	237.5	9.5	4%	7.14	8.25	1.11	16%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
28150	Removal of toe	090	151	157	6	4%	4.23	5.00	0.77	18%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28153	Partial removal of toe	090	142	148	6	4%	3.80	4.57	0.77	20%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28160	Partial removal of toe	090	129	135	6	5%	3.88	4.54	0.66	17%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28171	Resect tarsal tumor	090	365	388	23	6%	16.41	17.84	1.43	9%	-2	0	0	1	1	1	0	1	0	0	1	0	0	0
28173	Resect metatarsal tumor	090	304	327	23	8%	14.16	15.59	1.43	10%	-2	0	0	1	1	1	0	1	0	0	1	0	0	0
28175	Resect phalanx of toe tumor	090	205	223	18	9%	8.29	9.37	1.08	13%	-2	0	0	1	1	1	0	0	0	0	0.5	0	0	0
28190	Removal of foot foreign body	010	64	66	2	3%	2.01	2.23	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
28192	Removal of foot foreign body	090	141	147	6	4%	4.78	5.44	0.66	14%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28193	Removal of foot foreign body	090	189	196	7	4%	5.90	6.78	0.88	15%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
28200	Repair of foot tendon	090	149	155	6	4%	4.74	5.40	0.66	14%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28202	Repair/graft of foot tendon	090	240	249.5	9.5	4%	7.07	8.18	1.11	16%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
28208	Repair of foot tendon	090	154	160	6	4%	4.51	5.28	0.77	17%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28210	Repair/graft of foot tendon	090	209	216	7	3%	6.52	7.51	0.99	15%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
28220	Release of foot tendon	090	149	155	6	4%	4.67	5.44	0.77	16%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28222	Release of foot tendons	090	175	181	6	3%	5.76	6.53	0.77	13%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28225	Release of foot tendon	090	133	138	5	4%	3.78	4.44	0.66	17%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
28226	Release of foot tendons	090	162	168	6	4%	4.67	5.44	0.77	16%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28230	Incision of foot tendon(s)	090	143	148	5	3%	4.36	5.02	0.66	15%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
28232	Incision of toe tendon	090	107	112	5	5%	3.51	4.06	0.55	16%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
28234	Incision of foot tendon	090	122	129	7	6%	3.54	4.31	0.77	22%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
28238	Revision of foot tendon	090	248	257.5	9.5	4%	7.96	9.07	1.11	14%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
28240	Release of big toe	090	139	144	5	4%	4.48	5.14	0.66	15%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
28250	Revision of foot fascia	090	164	170	6	4%	6.06	6.83	0.77	13%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28260	Release of midfoot joint	090	225	234.5	9.5	4%	8.19	9.30	1.11	14%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
28261	Revision of foot tendon	090	343	376	33	10%	13.11	14.89	1.78	14%	0	0	0	0	4	0	0	1	0	0	1	0	0	0
28262	Revision of foot and ankle	090	380	413	33	9%	17.21	18.99	1.78	10%	0	0	0	0	4	0	0	1	0	0	1	0	0	0
28264	Release of midfoot joint	090	269	282	13	5%	10.65	11.99	1.34	13%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
28270	Release of foot contracture	090	145	152	7	5%	4.93	5.70	0.77	16%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
28272	Release of toe joint each	090	113	118	5	4%	3.92	4.47	0.55	14%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
28280	Fusion of toes	090	167	173	6	4%	5.33	6.10	0.77	14%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28285	Repair of hammertoe	090	190	208	18	9%	5.62	6.83	1.21	22%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
28286	Repair of hammertoe	090	145	151	6	4%	4.70	5.36	0.66	14%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28288	Partial removal of foot bone	090	169	197	28	17%	6.02	7.34	1.32	22%	-2	0	1	0	4	0	0	0	0	0	0	0	0	0
28289	Corrj halux rigdus w/o implt	090	210	228	18	9%	6.90	8.11	1.21	18%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
28291	Corrj halux rigdus w/implt	090	215	233	18	8%	8.01	9.22	1.21	15%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
28292	Cor hlx vlgs rsc prx phlx bs	090	226	246	20	9%	7.44	8.87	1.43	19%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
28295	Cor hlx vlgs prx mtar osteot	090	241	261	20	8%	8.57	10.00	1.43	17%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
28296	Cor hlx vlgs dstl mtar osteo	090	241	261	20	8%	8.25	9.68	1.43	17%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
28297	Cor hlx vlgs jt arthrd	090	256	276	20	8%	9.29	10.72	1.43	15%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
28298	Cor hlx vlgs prx phlx osteot	090	225	243	18	8%	7.75	8.96	1.21	16%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
28299	Cor hlx vlgs double osteot	090	256	276	20	8%	9.29	10.72	1.43	15%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
28300	Incision of heel bone	090	218	226	8	4%	9.73	10.72	0.99	10%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
28302	Incision of ankle bone	090	234	242	8	3%	9.74	10.84	1.10	11%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
28304	Incision of midfoot bones	090	239	249.5	10.5	4%	9.41	10.63	1.22	13%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
28305	Incise/graft midfoot bones	090	283	294.5	11.5	4%	10.77	12.10	1.33	12%	0	0	0	4.5	0	0	0	0.5	0	0	1	0	0	0
28306	Incision of metatarsal	090	163	169	6	4%	6.00	6.66	0.66	11%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28307	Incision of metatarsal	090	213	220	7	3%	6.50	7.38	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
28308	Incision of metatarsal	090	165	173	8	5%	5.48	6.36	0.88	16%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
28309	Incision of metatarsals	090	350	383	33	9%	14.16	15.94	1.78	13%	0	0	0	0	4	0	0	1	0	0	1	0	0	0
28310	Revision of big toe	090	165	171	6	4%	5.57	6.34	0.77	14%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28312	Revision of toe	090	160	166	6	4%	4.69	5.46	0.77	16%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28313	Repair deformity of toe	090	151	157	6	4%	5.15	5.92	0.77	15%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28315	Removal of sesamoid bone	090	156	162	6	4%	5.00	5.77	0.77	15%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28320	Repair of foot bones	090	254	262	8	3%	9.37	10.47	1.10	12%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
28322	Repair of metatarsals	090	221	229	8	4%	8.53	9.52	0.99	12%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
28340	Resect enlarged toe tissue	090	230	237	7	3%	7.15	8.14	0.99	14%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
28341	Resect enlarged toe	090	298	311	13	4%	8.72	10.06	1.34	15%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
28344	Repair extra toe(s)	090	185	191	6	3%	4.40	5.28	0.88	20%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
28345	Repair webbed toe(s)	090	222	229	7	3%	6.09	7.08	0.99	16%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
28360	Reconstruct cleft foot	090	395	430	35	9%	14.92	16.57	1.65	11%	0	0	0	0	5	0	0	0	0	0	0	0	0	0
28400	Treatment of heel fracture	090	97	103	6	6%	2.31	2.97	0.66	29%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28405	Treatment of heel fracture	090	164	171	7	4%	4.74	5.62	0.88	19%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
28406	Treatment of heel fracture	090	229	239.5	10.5	5%	6.56	7.78	1.22	19%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
28415	Treat heel fracture	090	441	472	31	7%	16.19	18.39	2.20	14%	0	0	0	1	4	0	0	1	1	0	1	0	0	0
28420	Treat/graft heel fracture	090	481	512	31	6%	17.52	19.72	2.20	13%	0	0	0	1	4	0	0	1	1	0	1	0	0	0
28430	Treatment of ankle fracture	090	89	94	5	6%	2.22	2.77	0.55	25%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
28435	Treatment of ankle fracture	090	116	122	6	5%	3.54	4.20	0.66	19%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28436	Treatment of ankle fracture	090	190	198	8	4%	4.90	5.89	0.99	20%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
28445	Treat ankle fracture	090	444	475	31	7%	15.76	17.96	2.20	14%	0	0	0	1	4	0	0	1	1	0	1	0	0	0
28446	Osteochondral talus autogrft	090	339	364	25	7%	17.71	19.36	1.65	9%	0	0	0	2	3	0	0	0	0	0	1	0	0	0
28450	Treat midfoot fracture each	090	87	92	5	6%	2.03	2.58	0.55	27%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
28455	Treat midfoot fracture each	090	113	119	6	5%	3.24	3.90	0.66	20%	0	0	0	3	0	0	0	0	0	0	0	0	0	0

28456	Treat midfoot fracture	090	182	189	7	4%	2.86	3.74	0.88	31%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
28465	Treat midfoot fracture each	090	257	275	18	7%	8.80	10.01	1.21	14%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
28470	Treat metatarsal fracture	090	77	83	6	8%	2.03	2.69	0.66	33%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28475	Treat metatarsal fracture	090	80.5	80.5	0	0%	3.01	3.01	-	0%	-7	0	3.5	0	0	0	0	0	0	0	0	0	0	0
28476	Treat metatarsal fracture	090	168	177	9	5%	3.60	4.59	0.99	28%	0	0	0	4.5	0	0	0	0	0	0	0	0	0	0
28485	Treat metatarsal fracture	090	242	260	18	7%	7.44	8.65	1.21	16%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
28490	Treat big toe fracture	090	64	67	3	5%	1.17	1.50	0.33	28%	0	0	0	1.5	0	0	0	0	0	0	0	0	0	0
28495	Treat big toe fracture	090	89	93	4	4%	1.68	2.12	0.44	26%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
28496	Treat big toe fracture	090	142	148	6	4%	2.48	3.14	0.66	27%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28505	Treat big toe fracture	090	227	245	18	8%	7.44	8.65	1.21	16%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
28510	Treatment of toe fracture	090	53	56	3	6%	1.17	1.50	0.33	28%	0	0	0	1.5	0	0	0	0	0	0	0	0	0	0
28515	Treatment of toe fracture	090	71	75	4	6%	1.56	2.00	0.44	28%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
28525	Treat toe fracture	090	207	225	18	9%	5.62	6.83	1.21	22%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
28530	Treat sesamoid bone fracture	090	56	58	2	4%	1.11	1.33	0.22	20%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
28531	Treat sesamoid bone fracture	090	225	234	9	4%	2.57	3.47	0.90	35%	0	0	0	2	0	0	0	1	0	0	1	0	0	0
28540	Treat foot dislocation	090	106	112	6	6%	2.19	2.85	0.66	30%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28545	Treat foot dislocation	090	142	148	6	4%	2.60	3.37	0.77	30%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28546	Treat foot dislocation	090	184	192	8	4%	3.40	4.39	0.99	29%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
28555	Repair foot dislocation	090	281	304	23	8%	9.65	11.21	1.56	16%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
28570	Treat foot dislocation	090	92	96	4	4%	1.76	2.20	0.44	25%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
28575	Treat foot dislocation	090	178	185	7	4%	3.49	4.48	0.99	28%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
28576	Treat foot dislocation	090	277	295	18	6%	4.60	6.18	1.58	34%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
28585	Repair foot dislocation	090	324	354	30	9%	11.13	13.02	1.89	17%	0	0	0	2	3	0	0	1	0	0	1	0	0	0
28600	Treat foot dislocation	090	105	110	5	5%	2.02	2.57	0.55	27%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
28605	Treat foot dislocation	090	156	163	7	4%	2.89	3.77	0.88	30%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
28606	Treat foot dislocation	090	224	232	8	4%	5.09	6.19	1.10	22%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
28615	Repair foot dislocation	090	323	355	32	10%	10.70	12.81	2.11	20%	0	0	0	3	3	0	0	1	0	0	1	0	0	0
28630	Treat toe dislocation	010	55	57	2	4%	1.75	1.97	0.22	13%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
28635	Treat toe dislocation	010	61	63	2	3%	1.96	2.18	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
28636	Treat toe dislocation	010	77	77	0	0%	2.77	2.77	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28645	Repair toe dislocation	090	217	235	18	8%	7.44	8.65	1.21	16%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
28660	Treat toe dislocation	010	49	51	2	4%	1.28	1.50	0.22	17%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
28665	Treat toe dislocation	010	53	55	2	4%	1.97	2.19	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
28666	Treat toe dislocation	010	87	87	0	0%	2.66	2.66	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28675	Repair of toe dislocation	090	197	215	18	9%	5.62	6.83	1.21	22%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
28705	Fusion of foot bones	090	490	516	26	5%	20.33	22.29	1.96	10%	-2	0	0	1	2	1	0	1	1	0	1	0	0	0
28715	Fusion of foot bones	090	366	398	32	9%	13.42	15.29	1.87	14%	0	0	0	2	4	0	0	0	0	0	0.5	0	0	0
28725	Fusion of foot bones	090	298	323	25	8%	11.22	12.76	1.54	14%	0	0	0	2	3	0	0	0	0	0	0.5	0	0	0
28730	Fusion of foot bones	090	308	333	25	8%	10.70	12.24	1.54	14%	0	0	0	2	3	0	0	0	0	0	0.5	0	0	0
28735	Fusion of foot bones	090	360	393	33	9%	12.23	14.01	1.78	15%	0	0	0	0	4	0	0	1	0	0	1	0	0	0
28737	Revision of foot bones	090	340	373	33	10%	11.03	12.81	1.78	16%	0	0	0	0	4	0	0	1	0	0	1	0	0	0
28740	Fusion of foot bones	090	266	294	28	11%	9.29	10.72	1.43	15%	0	0	0	0	4	0	0	0	0	0	0.5	0	0	0
28750	Fusion of big toe joint	090	237	265	28	12%	8.57	9.89	1.32	15%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
28755	Fusion of big toe joint	090	172	178	6	3%	4.88	5.65	0.77	16%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28760	Fusion of big toe joint	090	330	363	33	10%	9.14	10.92	1.78	19%	0	0	0	0	4	0	0	1	0	0	1	0	0	0
28800	Amputation of midfoot	090	306	330	24	8%	8.79	10.72	1.93	22%	0	0	0	4.5	0	0	0	3	0	0	1	0	0	0
28805	Amputation thru metatarsal	090	376	424	48	13%	12.71	15.47	2.76	22%	0	0	0	2	2	0	0	6	0	0	1	0	0	0
28810	Amputation toe & metatarsal	090	251	269	18	7%	6.64	8.22	1.58	24%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
28890	Hi enrgy eswt plantar fascia	090	140	146	6	4%	3.45	4.22	0.77	22%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
29800	Jaw arthroscopy/surgery	090	161	172	11	7%	6.84	7.72	0.88	13%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
29804	Jaw arthroscopy/surgery	090	206	224	18	9%	8.87	10.08	1.21	14%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
29805	Sho arthrs dx +- synovial bx	090	154	160	6	4%	6.03	6.69	0.66	11%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
29806	Sho arthrs srg capsulorraphy	090	298	318	20	7%	15.14	16.57	1.43	9%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
29807	Sho arthrs srg rpr slap les	090	288	308	20	7%	14.67	16.10	1.43	10%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
29819	Sho arthrs srg rmvl loose/fb	090	196	203	7	4%	7.79	8.67	0.88	11%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
29820	Sho arthrs srg prtl synvct	090	189	195	6	3%	7.21	7.98	0.77	11%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
29821	Sho arthrs srg compl synvct	090	223	230	7	3%	7.89	8.77	0.88	11%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
29822	Sho arthrs srg lmtd dbrdmt	090	191	207	16	8%	7.03	8.02	0.99	14%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
29823	Sho arthrs srg xtnsv dbrdmt	090	211	227	16	8%	7.98	8.97	0.99	12%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
29824	Sho arthrs srg dstl clavicle	090	225	243	18	8%	8.98	10.19	1.21	13%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
29825	Sho arthrs srg lss&rescj ads	090	212	219	7	3%	7.79	8.67	0.88	11%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
29827	Sho arthrs srg rt8tr cuf rpr	090	334	344	10	3%	15.59	16.80	1.21	8%	0	0	0	5	0	0	0	0	0	0	0.5	0	0	0
29828	Sho arthrs srg bicp tenodsis	090	252	270	18	7%	13.16	14.37	1.21	9%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
29830	Elbow arthroscopy	090	132	137	5	4%	5.88	6.43	0.55	9%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
29834	Elbow arthroscopy/surgery	090	153	159	6	4%	6.42	7.08	0.66	10%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
29835	Elbow arthroscopy/surgery	090	160	166	6	4%	6.62	7.28	0.66	10%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
29836	Elbow arthroscopy/surgery	090	196	203	7	4%	7.72	8.49	0.77	10%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
29837	Elbow arthroscopy/surgery	090	165	171	6	4%	7.01	7.67	0.66	9%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
29838	Elbow arthroscopy/surgery	090	220	227	7	3%	7.88	8.76	0.88	11%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
29840	Wrist arthroscopy	090	146	152	6	4%	5.68	6.34	0.66	12%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
29843	Wrist arthroscopy/surgery	090	157	163	6	4%	6.15	6.81	0.66	11%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
29844	Wrist arthroscopy/surgery	090	160	166	6	4%	6.51	7.17	0.66	10%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
29845	Wrist arthroscopy/surgery	090	199	206	7	4%	7.69	8.46	0.77	10%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0

29846	Wrist arthroscopy/surgery	090	179	185	6	3%	6.89	7.55	0.66	10%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
29847	Wrist arthroscopy/surgery	090	190	196	6	3%	7.22	7.88	0.66	9%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
29848	Wrist endoscopy/surgery	090	179	200	21	12%	6.39	7.38	0.99	15%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
29850	Knee arthroscopy/surgery	090	192	198	6	3%	8.27	9.04	0.77	9%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
29851	Knee arthroscopy/surgery	090	274	297	23	8%	13.26	14.58	1.32	10%	0	0	0	1	3	0	0	0	0	0	0.5	0	0	0
29855	Tibial arthroscopy/surgery	090	255	273	18	7%	10.76	11.97	1.21	11%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
29856	Tibial arthroscopy/surgery	090	314	332	18	6%	14.28	15.60	1.32	9%	0	0	0	2	2	0	0	0	0	0	1	0	0	0
29860	Hip arthroscopy dx	090	244	265	21	9%	9.00	9.99	0.99	11%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
29861	Hip arthro w/fb removal	090	254	275	21	8%	10.10	11.09	0.99	10%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
29862	Hip arthr0 w/debridement	090	297	325	28	9%	11.17	12.49	1.32	12%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
29863	Hip arthr0 w/synovectomy	090	297	325	28	9%	11.17	12.49	1.32	12%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
29866	Autgrft implnt knee w/scope	090	308	328	20	6%	14.67	16.10	1.43	10%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
29867	Allgrft implnt knee w/scope	090	404	425	21	5%	18.39	20.24	1.85	10%	0	0	0	2	3	0	0	0	1	0	1	0	0	0
29868	Meniscal trnspl knee w/scpe	090	484	510	26	5%	25.10	27.19	2.09	8%	0	0	0	2	3	0	0	1	1	0	1	0	0	0
29870	Knee arthroscopy dx	090	129	134	5	4%	5.19	5.74	0.55	11%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
29871	Knee arthroscopy/drainage	090	184	190	6	3%	6.69	7.46	0.77	12%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
29873	Knee arthroscopy/surgery	090	249	259	10	4%	6.24	7.45	1.21	19%	0	0	0	5	0	0	0	0	0	0	0.5	0	0	0
29874	Knee arthroscopy/surgery	090	181	187	6	3%	7.19	7.96	0.77	11%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
29875	Knee arthroscopy/surgery	090	168	174	6	4%	6.45	7.11	0.66	10%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
29876	Knee arthroscopy/surgery	090	233	254	21	9%	8.87	9.97	1.10	12%	0	0	0	0	3	0	0	0	0	0	0.5	0	0	0
29877	Knee arthroscopy/surgery	090	197	218	21	11%	8.30	9.29	0.99	12%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
29879	Knee arthroscopy/surgery	090	217	238	21	10%	8.99	10.09	1.10	12%	0	0	0	0	3	0	0	0	0	0	0.5	0	0	0
29880	Knee arthroscopy/surgery	090	199	215	16	8%	7.39	8.38	0.99	13%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
29881	Knee arthroscopy/surgery	090	194	210	16	8%	7.03	8.02	0.99	14%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
29882	Knee arthroscopy/surgery	090	244	265	21	9%	9.60	10.70	1.10	11%	0	0	0	0	3	0	0	0	0	0	0.5	0	0	0
29883	Knee arthroscopy/surgery	090	311	329	18	6%	11.77	13.09	1.32	11%	0	0	0	2	2	0	0	0	0	0	1	0	0	0
29884	Knee arthroscopy/surgery	090	208	229	21	10%	8.28	9.38	1.10	13%	0	0	0	0	3	0	0	0	0	0	0.5	0	0	0
29885	Knee arthroscopy/surgery	090	250.5	275	24.5	10%	10.21	11.48	1.27	12%	0	0	0	0	3.5	0	0	0	0	0	0.5	0	0	0
29886	Knee arthroscopy/surgery	090	221	242	21	10%	8.49	9.59	1.10	13%	0	0	0	0	3	0	0	0	0	0	0.5	0	0	0
29887	Knee arthroscopy/surgery	090	261.5	286	24.5	9%	10.16	11.43	1.27	12%	0	0	0	0	3.5	0	0	0	0	0	0.5	0	0	0
29888	Knee arthroscopy/surgery	090	295	313	18	6%	14.30	15.51	1.21	8%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
29889	Knee arthroscopy/surgery	090	433	465	32	7%	17.41	19.26	1.85	11%	-2	0	0	1	3	1	0	0	0	0	1	0	0	0
29891	Ankle arthroscopy/surgery	090	227	255	28	12%	9.67	10.99	1.32	14%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
29892	Ankle arthroscopy/surgery	090	272	300	28	10%	10.27	11.59	1.32	13%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
29893	Scope plantar fasciotomy	090	247	274	27	11%	6.32	7.97	1.65	26%	0	0	0	3	3	0	0	0	0	0	0	0	0	0
29894	Ankle arthroscopy/surgery	090	179	185	6	3%	7.35	8.12	0.77	10%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
29895	Ankle arthroscopy/surgery	090	178	184	6	3%	7.13	7.90	0.77	11%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
29897	Ankle arthroscopy/surgery	090	186	192	6	3%	7.32	8.09	0.77	11%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
29898	Ankle arthroscopy/surgery	090	222	229	7	3%	8.49	9.37	0.88	10%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
29899	Ankle arthroscopy/surgery	090	395	433	38	10%	15.41	17.43	2.02	13%	0	0	0	0	4	0	0	2	0	0	1	0	0	0
29900	Mcp joint arthroscopy dx	090	220	233	13	6%	5.88	6.98	1.10	19%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
29901	Mcp joint arthroscopy surg	090	235	248	13	6%	6.59	7.69	1.10	17%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
29902	Mcp joint arthroscopy surg	090	250	263	13	5%	7.16	8.26	1.10	15%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
29904	Subtalar arthro w/fb rmvl	090	228	249	21	9%	8.65	9.75	1.10	13%	0	0	0	0	3	0	0	0	0	0	0.5	0	0	0
29905	Subtalar arthro w/exc	090	244	267	23	9%	9.18	10.50	1.32	14%	0	0	0	1	3	0	0	0	0	0	0.5	0	0	0
29906	Subtalar arthro w/deb	090	244	267	23	9%	9.65	10.97	1.32	14%	0	0	0	1	3	0	0	0	0	0	0.5	0	0	0
29907	Subtalar arthro w/fusion	090	293	316	23	8%	12.18	13.61	1.43	12%	0	0	0	1	3	0	0	0	0	0	1	0	0	0
29914	Hip arthro w/femoroplasty	090	280	298	18	6%	14.67	15.88	1.21	8%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
29915	Hip arthro acetabuloplasty	090	270	288	18	7%	15.00	16.21	1.21	8%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
29916	Hip arthro w/labral repair	090	270	288	18	7%	15.00	16.21	1.21	8%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
30000	Drainage of nose lesion	010	56	58	2	4%	1.48	1.70	0.22	15%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
30020	Drainage of nose lesion	010	57	59	2	4%	1.48	1.70	0.22	15%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
30110	Removal of nose polyp(s)	010	62	64	2	3%	1.68	1.90	0.22	13%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
30115	Removal of nose polyp(s)	090	120	124	4	3%	4.44	4.88	0.44	10%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
30117	Removal of intranasal lesion	090	133	147	14	11%	3.91	4.68	0.77	20%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
30118	Removal of intranasal lesion	090	211	232	21	10%	7.75	8.85	1.10	14%	0	0	0	0	3	0	0	0	0	0	0.5	0	0	0
30120	Revision of nose	090	160	165	5	3%	5.39	5.94	0.55	10%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
30124	Removal of nose lesion	090	101	105	4	4%	3.20	3.64	0.44	14%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
30125	Removal of nose lesion	090	252	258	6	2%	7.30	8.18	0.88	12%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
30130	Excise inferior turbinate	090	122	126	4	3%	3.47	4.02	0.55	16%	0	0	0	2	0	0	0	0	0	0	0.5	0	0	0
30150	Partial removal of nose	090	267	284	17	6%	9.55	11.02	1.47	15%	0	0	0	3.5	0	0	0	2	0	0	1	0	0	0
30160	Removal of nose	090	302	319	17	6%	9.99	11.46	1.47	15%	0	0	0	3.5	0	0	0	2	0	0	1	0	0	0
30210	Nasal sinus therapy	010	39	41	2	5%	1.13	1.35	0.22	19%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
30220	Insert nasal septal button	010	51	53	2	4%	1.59	1.81	0.22	14%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
30300	Remove nasal foreign body	010	46	48	2	4%	1.09	1.31	0.22	20%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
30310	Remove nasal foreign body	010	68	70	2	3%	2.01	2.23	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
30320	Remove nasal foreign body	090	151	156	5	3%	4.64	5.19	0.55	12%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
30400	Reconstruction of nose	090	312	338	26	8%	10.86	12.58	1.72	16%	-4	0	0	4	0	2	0	0	0	0	0	0	0	0
30410	Reconstruction of nose	090	362	388	26	7%	14.00	15.72	1.72	12%	-4	0	0	4	0	2	0	0	0	0	0	0	0	0
30420	Reconstruction of nose	090	399	425	26	7%	16.90	18.62	1.72	10%	-4	0	0	4	0	2	0	0	0	0	0	0	0	0
30430	Revision of nose	090	274	300	26	9%	8.24	9.96	1.72	21%	-4	0	0	4	0	2	0	0	0	0	0	0	0	0
30435	Revision of nose	090	354	380	26	7%	12.73	14.45	1.72	14%	-4	0	0	4	0	2	0	0	0	0	0	0	0	0
30450	Revision of nose	090	414	440	26	6%	19.66	21.38	1.72	9%	-4	0	0	4	0	2	0	0	0	0	0	0	0	0

30460	Revision of nose	090	232	241	9	4%	10.32	10.87	0.55	5%	0	0	0	1	1	0	0	0	0	0	0	0	0
30462	Revision of nose	090	388	406	18	5%	20.28	21.38	1.10	5%	0	0	0	2	2	0	0	0	0	0	0	0	0
30465	Repair nasal stenosis	090	277	295	18	6%	12.36	13.57	1.21	10%	0	0	0	2	2	0	0	0	0	0	0.5	0	0
30520	Repair of nasal septum	090	210.5	228.5	18	9%	7.01	8.22	1.21	17%	0	0	0	2	2	0	0	0	0	0	0.5	0	0
30540	Rpr choanal atresia ntranasl	090	196	203	7	4%	7.92	8.80	0.88	11%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0
30545	Rpr choanal atresia trsnpltn	090	305	315.5	10.5	3%	11.62	12.84	1.22	10%	0	0	0	4	0	0	0	0.5	0	0	1	0	0
30560	Lysis intranasal synechia	010	46	48	2	4%	1.31	1.53	0.22	17%	0	0	0	1	0	0	0	0	0	0	0	0	0
30580	Repair upper jaw fistula	090	204	212	8	4%	6.88	7.76	0.88	13%	0	0	0	4	0	0	0	0	0	0	0	0	0
30600	Repair mouth/nose fistula	090	167	173	6	4%	6.16	6.82	0.66	11%	0	0	0	3	0	0	0	0	0	0	0	0	0
30620	Intranasal reconstruction	090	234	242	8	3%	6.16	7.26	1.10	18%	0	0	0	4	0	0	0	0	0	0	1	0	0
30630	Repair nasal septum defect	090	260	267	7	3%	7.29	8.17	0.88	12%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0
30801	Ablate inf turbinate superf	010	46	48	2	4%	1.14	1.36	0.22	19%	0	0	0	1	0	0	0	0	0	0	0	0	0
30802	Ablate inf turbinate submuc	010	56	58	2	4%	2.08	2.30	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0
30915	Ligation nasal sinus artery	090	242	252	10	4%	7.44	8.45	1.01	14%	0	0	0	2.5	0	0	0	1	0	0	1	0	0
30920	Ligation upper jaw artery	090	428	441	13	3%	11.14	13.01	1.87	17%	0	0	0	2	1	0	0	2	2	0	1	0	0
30930	Ther fx nasal inf turbinate	010	56	58	2	4%	1.31	1.53	0.22	17%	0	0	0	1	0	0	0	0	0	0	0	0	0
31000	Irrigation maxillary sinus	010	52	54	2	4%	1.20	1.42	0.22	18%	0	0	0	1	0	0	0	0	0	0	0	0	0
31002	Irrigation sphenoid sinus	010	62	64	2	3%	1.96	2.18	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0
31020	Exploration maxillary sinus	090	105	110	5	5%	3.07	3.62	0.55	18%	0	0	0	2.5	0	0	0	0	0	0	0	0	0
31030	Exploration maxillary sinus	090	167	171	4	2%	6.01	6.67	0.66	11%	0	0	0	2	0	0	0	0	0	0	1	0	0
31032	Explore sinus remove polyps	090	211	216	5	2%	6.69	7.46	0.77	12%	0	0	0	2.5	0	0	0	0	0	0	1	0	0
31040	Exploration behind upper jaw	090	300	314.5	14.5	5%	9.77	11.12	1.35	14%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0
31050	Exploration sphenoid sinus	090	147	151	4	3%	5.37	5.92	0.55	10%	0	0	0	2	0	0	0	0	0	0	0.5	0	0
31051	Sphenoid sinus surgery	090	179	185	6	3%	7.25	8.02	0.77	11%	0	0	0	3	0	0	0	0	0	0	0.5	0	0
31070	Exploration of frontal sinus	090	144	149	5	3%	4.40	5.06	0.66	15%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0
31075	Exploration of frontal sinus	090	263	277.5	14.5	6%	9.51	10.86	1.35	14%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0
31080	Removal of frontal sinus	090	343	373.5	30.5	9%	12.74	14.40	1.66	13%	0	0	0	0	4	0	0	0.5	0	0	1	0	0
31081	Removal of frontal sinus	090	365	400.5	35.5	10%	14.19	16.09	1.90	13%	0	0	0	0	4	0	0	1.5	0	0	1	0	0
31084	Removal of frontal sinus	090	387	422.5	35.5	9%	14.95	16.85	1.90	13%	0	0	0	0	4	0	0	1.5	0	0	1	0	0
31085	Removal of frontal sinus	090	400	435.5	35.5	9%	15.64	17.54	1.90	12%	0	0	0	0	4	0	0	1.5	0	0	1	0	0
31086	Removal of frontal sinus	090	370	408	38	10%	14.36	16.38	2.02	14%	0	0	0	0	4	0	0	2	0	0	1	0	0
31087	Removal of frontal sinus	090	423.5	463	39.5	9%	14.57	16.67	2.10	14%	0	0	0	0	3.5	0	0	3	0	0	1	0	0
31090	Exploration of sinuses	090	425	464	39	9%	11.17	13.35	2.18	20%	-4	0	0	1	2	2	0	1	0	0	1	0	0
31200	Removal of ethmoid sinus	090	186	193	7	4%	5.14	6.02	0.88	17%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0
31201	Removal of ethmoid sinus	090	237	246.5	9.5	4%	8.60	9.71	1.11	13%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0
31205	Removal of ethmoid sinus	090	258	272.5	14.5	6%	10.58	11.93	1.35	13%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0
31225	Removal of upper jaw	090	608	634	26	4%	26.70	29.59	2.89	11%	-2	0	0	1	3	1	0	1	2	1	1	0	0
31230	Removal of upper jaw	090	688	719	31	5%	30.82	33.95	3.13	10%	-2	0	0	1	3	1	0	2	2	1	1	0	0
31239	Nsl/sinus endoscopy surg dcr	010	168	175	7	4%	9.04	9.48	0.44	5%	0	0	0	0	1	0	0	0	0	0	0.5	0	0
31290	Nasal/sinus endoscopy surg	010	578	600	22	4%	18.61	20.64	2.03	11%	-1	0	0	0	0	0	1	3	2	0	1	0	0
31291	Nasal/sinus endoscopy surg	010	581	603	22	4%	19.56	21.59	2.03	10%	-1	0	0	0	0	0	1	3	2	0	1	0	0
31292	Nsl/sins ndsc med/inf dcmprn	010	453	465	12	3%	15.90	17.45	1.55	10%	-1	0	0	0	0	0	1	1	2	0	1	0	0
31293	Nsl/sins ndsc med&inf dcmprn	010	528	545	17	3%	17.47	19.26	1.79	10%	-1	0	0	0	0	0	1	2	2	0	1	0	0
31294	Nsl/sins ndsc surg on dcmprn	010	563	580	17	3%	20.31	22.10	1.79	9%	-1	0	0	0	0	0	1	2	2	0	1	0	0
31300	Removal of larynx lesion	090	414	457	43	10%	15.91	18.17	2.26	14%	0	0	0	0	4	0	0	3	0	0	1	0	0
31360	Removal of larynx	090	768	809	41	5%	29.91	33.90	3.99	13%	-4	0	0	1	3	2	0	3	3	1	1	0	0
31365	Removal of larynx	090	893	939	46	5%	38.81	43.04	4.23	11%	-4	0	0	1	3	2	0	4	3	1	1	0	0
31367	Partial removal of larynx	090	728	764	36	5%	30.57	34.32	3.75	12%	-4	0	0	1	3	2	0	2	3	1	1	0	0
31368	Partial removal of larynx	090	858	899	41	5%	34.19	38.18	3.99	12%	-4	0	0	1	3	2	0	3	3	1	1	0	0
31370	Partial removal of larynx	090	728	764	36	5%	27.57	31.32	3.75	14%	-4	0	0	1	3	2	0	2	3	1	1	0	0
31375	Partial removal of larynx	090	698	734	36	5%	26.07	29.82	3.75	14%	-4	0	0	1	3	2	0	2	3	1	1	0	0
31380	Partial removal of larynx	090	708	744	36	5%	25.57	29.32	3.75	15%	-4	0	0	1	3	2	0	2	3	1	1	0	0
31382	Partial removal of larynx	090	728	764	36	5%	28.57	32.32	3.75	13%	-4	0	0	1	3	2	0	2	3	1	1	0	0
31390	Removal of larynx & pharynx	090	988	1026	38	4%	42.51	46.90	4.39	10%	-4	0	0	1	3	2	0	3	3	2	1	0	0
31395	Reconstruct larynx & pharynx	090	1048	1091	43	4%	43.80	48.43	4.63	11%	-4	0	0	1	3	2	0	4	3	2	1	0	0
31400	Revision of larynx	090	481	514	33	7%	11.60	13.90	2.30	20%	0	0	0	4	0	0	0	5	0	0	1	0	1	0
31420	Removal of epiglottis	090	436	465.5	29.5	7%	11.43	13.50	2.07	18%	0	0	0	3.5	0	0	0	4.5	0	0	1	0	1	0
31551	Laryngoplasty laryngeal sten	090	658	684	26	4%	21.50	24.43	2.93	14%	0	0	0	0	3	0	0	3	1	2	1	0	1	0
31552	Laryngoplasty laryngeal sten	090	505	527	22	4%	20.50	22.15	1.65	8%	0	0	0	0	3	0	0	1	1	0	1	0	1	0
31553	Laryngoplasty laryngeal sten	090	718	717	-1	0%	22.00	24.81	2.81	13%	0	0	0	0	3	0	0	0	4	2	1	0	1	0
31554	Laryngoplasty laryngeal sten	090	540	567	27	5%	22.00	23.89	1.89	9%	0	0	0	0	3	0	0	2	1	0	1	0	1	0
31580	Laryngoplasty laryngeal web	090	405	431	26	6%	14.60	16.05	1.45	10%	0	0	0	0	3	0	0	1	0	0	1	0	1	0
31584	Laryngoplasty fx rdctj fixj	090	445	467	22	5%	17.58	19.23	1.65	9%	0	0	0	0	3	0	0	1	1	0	1	0	1	0
31587	Laryngoplasty cricoid split	090	445	474	29	7%	15.27	17.80	2.53	17%	0	0	0	0	3	0	0	3	1	1	1	0	0	0
31590	Reinnervate larynx	090	291	313	22	8%	7.85	9.26	1.41	18%	-2	0	0	3	1	1	0	0	0	0	0	0	0	0
31591	Laryngoplasty medialization	090	275	296	21	8%	13.56	14.66	1.10	8%	0	0	0	0	3	0	0	0	0	0	0.5	0	0	0
31592	Cricotracheal resection	090	738	741	3	0%	25.00	27.61	2.61	10%	0	0	0	0	3	0	0	0	3	2	1	0	1	0
31610	Incision of windpipe	090	367	391	24	7%	12.00	14.29	2.29	19%	0	0	0	0	3	0	0	2	1	1	1	0	0	0
31611	Surgery/speech prosthesis	090	164	169	5	3%	6.00	6.66	0.66	11%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
31613	Repair windpipe opening	090	155	160	5	3%	4.71	5.48	0.77	16%	0	0	0	2.5	0	0	0	0	0	0	1	0	0	0
31614	Repair windpipe opening	090	346	361	15	4%	8.63	10.59	1.96	23%	0	0	0	2	2	0	0	1	2	0	1	0	0	0
31750	Repair of windpipe	090	540	561	21	4%	15.39	17.77	2.38	15%	0	0	0	0	4	0	0	1	3	0	1	0	0	0
31755	Repair of windpipe	090	414	452	38	9%	17.54	19.70	2.16	12%	-4	0	0	3	2	2	0	0	0	0	0	0	0	0

31760	Repair of windpipe	090	623	671	48	8%	23.48	26.50	3.02	13%	0	0	0	4	0	0	0	8	0	0	1	0	0	0
31766	Reconstruction of windpipe	090	788	841.5	53.5	7%	31.67	34.83	3.16	10%	0	0	0	3	0	0	0	9.5	0	0	1	0	0	0
31770	Repair/graft of bronchus	090	544	588	44	8%	23.54	26.12	2.58	11%	0	0	0	2	0	0	0	8	0	0	1	0	0	0
31775	Reconstruct bronchus	090	557	602	45	8%	24.59	27.28	2.69	11%	0	0	0	2.5	0	0	0	8	0	0	1	0	0	0
31780	Reconstruct windpipe	090	619	631	12	2%	19.84	22.57	2.73	14%	0	0	0	3	1	0	0	3	4	0	1	0	0	0
31781	Reconstruct windpipe	090	602	637	35	6%	24.85	27.06	2.21	9%	0	0	0	2.5	0	0	0	6	0	0	1	0	1	0
31785	Remove windpipe lesion	090	524	550.5	26.5	5%	18.35	20.09	1.74	9%	0	0	0	2	0	0	0	4.5	0	0	1	0	1	0
31786	Remove windpipe lesion	090	722	762	40	6%	25.42	27.87	2.45	10%	0	0	0	2.5	0	0	0	7	0	0	1	0	1	0
31800	Repair of windpipe injury	090	301	311	10	3%	8.18	9.19	1.01	12%	0	0	0	2.5	0	0	0	1	0	0	1	0	1	0
31805	Repair of windpipe injury	090	382	394.5	12.5	3%	13.42	14.55	1.13	8%	0	0	0	2.5	0	0	0	1.5	0	0	1	0	0	0
31820	Closure of windpipe lesion	090	168	174.5	6.5	4%	4.64	5.42	0.78	17%	0	0	0	2	0	0	0	0.5	0	0	1	0	0	0
31825	Repair of windpipe defect	090	230	241	11	5%	7.07	8.19	1.12	16%	0	0	0	3	0	0	0	1	0	0	1	0	0	0
31830	Revise windpipe scar	090	153	158	5	3%	4.62	5.28	0.66	14%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
32035	Thoracostomy w/rib resection	090	667	723	56	8%	11.29	14.57	3.28	29%	0	0	0	3	0	0	0	10	0	0	1	0	2.5	0
32036	Thoracostomy w/flap drainage	090	674	730	56	8%	12.30	15.58	3.28	27%	0	0	0	3	0	0	0	10	0	0	1	0	2.5	0
32096	Open wedge/bx lung infiltr	090	436	434	-2	0%	13.75	15.74	1.99	14%	0	0	0	0	1	0	0	1	2	2	1	0	0	0
32097	Open wedge/bx lung nodule	090	401	402	1	0%	13.75	15.34	1.59	12%	0	0	0	0	1	0	0	1	2	1	1	0	0	0
32098	Open biopsy of lung pleura	090	341	346	5	1%	12.91	14.30	1.39	11%	0	0	0	0	1	0	0	1	1	1	1	0	0	0
32100	Exploration of chest	090	411	412	1	0%	13.75	15.34	1.59	12%	0	0	0	0	1	0	0	1	2	1	1	0	0	0
32110	Explore/repair chest	090	561	580	19	3%	25.28	27.33	2.05	8%	-2	0	0	0	1	1	0	2	1	1	1	0	1	0
32120	Re-exploration of chest	090	647	700.5	53.5	8%	14.39	17.16	2.77	19%	-3	0	0	0	0	1.5	0	8	0	0	1	0	2.5	0
32124	Explore chest free adhesions	090	696	744.5	48.5	7%	15.45	17.98	2.53	16%	-3	0	0	0	0	1.5	0	7	0	0	1	0	2.5	0
32140	Removal of lung lesion(s)	090	664	712.5	48.5	7%	16.66	19.19	2.53	15%	-3	0	0	0	0	1.5	0	7	0	0	1	0	2.5	0
32141	Remove/treat lung lesions	090	673	662	-11	-2%	27.18	30.19	3.01	11%	0	0	0	1	1	0	0	1	4	3	1	0	0	0
32150	Removal of lung lesion(s)	090	626	672	46	7%	16.82	19.23	2.41	14%	-3	0	0	0	0	1.5	0	6.5	0	0	1	0	2.5	0
32151	Remove lung foreign body	090	656	704.5	48.5	7%	16.94	19.47	2.53	15%	-3	0	0	0	0	1.5	0	7	0	0	1	0	2.5	0
32160	Open chest heart massage	090	788	832	44	6%	13.10	15.42	2.32	18%	-2	0	0	0	0	1	0	7	0	0	1	0	5	0
32200	Drain open lung lesion	090	691	758.5	67.5	10%	18.68	22.11	3.43	18%	-5	0	0	0	0	2.5	0	9	0	0	1	0	2.5	0
32215	Treat chest lining	090	471	509.5	38.5	8%	13.05	15.10	2.05	16%	-3	0	0	0	0	1.5	0	5	0	0	1	0	1	0
32220	Release of lung	090	722	756	34	5%	26.65	29.51	2.86	11%	-2	0	0	2	2	1	0	3	2	0	1	0	1	0
32225	Partial release of lung	090	716	767	51	7%	16.75	19.40	2.65	16%	-3	0	0	0	0	1.5	0	7.5	0	0	1	0	2.5	0
32310	Removal of chest lining	090	516	559.5	43.5	8%	15.28	17.57	2.29	15%	-3	0	0	0	0	1.5	0	6	0	0	1	0	1	0
32320	Free/remove chest lining	090	735	765	30	4%	27.25	30.49	3.24	12%	-2	0	0	1	2	1	0	3	1	2	1	0	1	0
32440	Remove lung pneumonectomy	090	628	638	10	2%	27.28	29.55	2.27	8%	0	0	0	2	1	0	0	2	2	1	1	0	1	0
32442	Sleeve pneumonectomy	090	1035	1020	-15	-1%	56.47	60.79	4.32	8%	0	0	0	0	2	0	0	1	4	6	1	0	0	0
32445	Removal of lung extrapleural	090	1182	1180	-2	0%	63.84	68.89	5.05	8%	-4	0	0	1	1	2	0	1	4	6	1	0	1	0
32480	Partial removal of lung	090	593	612	19	3%	25.82	28.13	2.31	9%	0	0	0	2	1	0	0	3	1	1	1	0	1	0
32482	Bilobectomy	090	680	706	26	4%	27.44	29.95	2.51	9%	-2	0	0	1	1	1	0	3	1	1	1	0	1	0
32484	Segmentectomy	090	561	561	0	0%	25.38	27.59	2.21	9%	0	0	0	1	1	0	0	1	2	2	1	0	0	0
32486	Sleeve lobectomy	090	812	802	-10	-1%	42.88	46.09	3.21	7%	0	0	0	1	1	0	0	1	3	4	1	0	0	0
32488	Completion pneumonectomy	090	836	839	3	0%	42.99	46.42	3.43	8%	-2	0	0	1	1	1	0	1	2	4	1	0	1	0
32491	Lung volume reduction	090	887	1000	113	13%	25.24	31.65	6.41	25%	0	0	0	0	3	0	0	20	2	0	1	0	0	0
32503	Resect apical lung tumor	090	645	687	42	7%	31.74	34.48	2.74	9%	0	0	0	1	2	0	0	6	1	0	1	0	0	0
32504	Resect apical lung tum/chest	090	705	747	42	6%	36.54	39.28	2.74	7%	0	0	0	1	2	0	0	6	1	0	1	0	0	0
32505	Wedge resect of lung initial	090	427	430	3	1%	15.75	17.56	1.81	11%	0	0	0	1	1	0	0	1	2	1	1	0	0	0
32540	Removal of lung lesion	090	740	732	-8	-1%	30.35	33.89	3.54	12%	0	0	0	1	2	0	0	1	5	3	1	0	0	0
32552	Remove lung catheter	010	82	84	2	2%	2.53	2.86	0.33	13%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
32650	Thoracoscopy w/pleurodesis	090	290	304	14	5%	10.83	11.97	1.14	11%	0	0	0	2	0	0	0	2	0	0	1	0	0	0
32651	Thoracoscopy remove cortex	090	502	496	-6	-1%	18.78	20.79	2.01	11%	0	0	0	1	1	0	0	1	5	0	1	0	0	0
32652	Thoracoscopy rem totl cortex	090	645	648	3	0%	29.13	31.87	2.74	9%	0	0	0	1	2	0	0	1	3	2	1	0	0	0
32653	Thoracoscopy remov fb/fibrin	090	509	503	-6	-1%	18.17	20.18	2.01	11%	0	0	0	1	1	0	0	1	5	0	1	0	0	0
32654	Thoracoscopy contrl bleeding	090	515	507	-8	-2%	20.52	23.13	2.61	13%	0	0	0	1	1	0	0	1	4	2	1	0	0	0
32655	Thoracoscopy resect bullae	090	425	427	2	0%	16.17	17.78	1.61	10%	0	0	0	1	1	0	0	1	3	0	1	0	0	0
32656	Thoracoscopy w/pleurectomy	090	377	401	24	6%	13.26	14.75	1.49	11%	0	0	0	1	1	0	0	3	0	0	1	0	0	0
32658	Thoracoscopy w/sac fb remove	090	330	339	9	3%	11.71	12.61	0.90	8%	0	0	0	2	0	0	0	1	0	0	1	0	0	0
32659	Thoracoscopy w/sac drainage	090	357	376	19	5%	11.94	13.19	1.25	10%	0	0	0	1	1	0	0	2	0	0	1	0	0	0
32661	Thoracoscopy w/pericard exc	090	300	309	9	3%	13.33	14.23	0.90	7%	0	0	0	2	0	0	0	1	0	0	1	0	0	0
32662	Thoracoscopy w/mediast exc	090	350	355	5	1%	14.99	15.96	0.97	6%	0	0	0	1	1	0	0	0	1	0	1	0	0	0
32663	Thoracoscopy w/lobectomy	090	507	511	4	1%	24.64	26.65	2.01	8%	0	0	0	1	1	0	0	1	1	2	1	0	0	0
32664	Thoracoscopy w/ th nrv exc	090	330	339	9	3%	14.28	15.18	0.90	6%	0	0	0	2	0	0	0	1	0	0	1	0	0	0
32665	Thoracoscop w/esoph musc exc	090	512	511	-1	0%	21.53	23.54	2.01	9%	0	0	0	1	1	0	0	1	3	1	1	0	0	0
32666	Thoracoscopy w/wedge resect	090	332	343	11	3%	14.50	15.91	1.41	10%	0	0	0	1	1	0	0	1	0	1	1	0	0	0
32669	Thoracoscopy remove segment	090	502	506	4	1%	23.53	25.54	2.01	9%	0	0	0	1	1	0	0	1	1	2	1	0	0	0
32670	Thoracoscopy bilobectomy	090	532	536	4	1%	28.52	30.53	2.01	7%	0	0	0	1	1	0	0	1	1	2	1	0	0	0
32671	Thoracoscopy pneumonectomy	090	602	606	4	1%	31.92	33.93	2.01	6%	0	0	0	1	1	0	0	1	1	2	1	0	1	0
32672	Thoracoscopy for lvrs	090	567	564	-3	-1%	27.00	29.61	2.61	10%	0	0	0	1	1	0	0	1	2	3	1	0	0	0
32673	Thoracoscopy w/thymus resect	090	447	454	7	2%	21.13	22.74	1.61	8%	0	0	0	1	1	0	0	1	1	1	1	0	0	0
32800	Repair lung hernia	090	578	629	51	9%	15.71	18.36	2.65	17%	-3	0	0	0	0	1.5	0	7.5	0	0	1	0	1	0
32810	Close chest after drainage	090	523	569	46	9%	14.95	17.36	2.41	16%	-3	0	0	0	0	1.5	0	6.5	0	0	1	0	1	0
32815	Close bronchial fistula	090	1147	1133	-14	-1%	50.03	55.68	5.65	11%	-4	0	0	1	1	2	0	1	7	6	1	0	1	0
32820	Reconstruct injured chest	090	854	894.5	40.5	5%	22.51	24.65	2.14	10%	-2	0	0	0	2	1	0	3.5	0	0	1	0	4.5	0
32851	Lung transplant single	090	1165	1182	17	1%	59.64	63.04	3.40	6%	-3	0	0	0	0	1	1	1	3	3	0	1	3	1
32852	Lung transplant with bypass	090	1320	1330	10	1%	65.50	69.50	4.00	6%	-3	0	0	0	0	1	1	1	4	4	0	1	3	1

32853	Lung transplant double	090	1440	1447	7	0%	84.48	88.88	4.40	5%	-3	0	0	0	0	1	1	1	4	5	0	1	3	1
32854	Lung transplant with bypass	090	1600	1596	-4	0%	90.00	95.20	5.20	6%	-3	0	0	0	0	1	1	1	6	6	0	1	3	1
32900	Removal of rib(s)	090	821	872	51	6%	23.81	26.46	2.65	11%	-3	0	0	0	0	1.5	0	7.5	0	0	1	0	4	0
32905	Revise & repair chest wall	090	721	762	41	6%	23.29	25.46	2.17	9%	-3	0	0	0	0	1.5	0	5.5	0	0	1	0	2.5	0
32906	Revise & repair chest wall	090	751	792	41	5%	29.30	31.47	2.17	7%	-3	0	0	0	0	1.5	0	5.5	0	0	1	0	2.5	0
32940	Revision of lung	090	546	582	36	7%	21.34	23.27	1.93	9%	-3	0	0	0	0	1.5	0	4.5	0	0	1	0	1.5	0
33020	Incision of heart sac	090	321	326	5	2%	14.31	15.70	1.39	10%	0	0	0	0	1	0	0	1	1	1	1	0	0	0
33025	Incision of heart sac	090	301	310	9	3%	13.20	14.39	1.19	9%	0	0	0	0	1	0	0	1	0	1	1	0	0	0
33030	Partial removal of heart sac	090	739	746	7	1%	36.00	38.41	2.41	7%	-2	0	0	0	1	1	0	1	2	2	1	0	2	0
33031	Partial removal of heart sac	090	839	852	13	2%	45.00	47.84	2.84	6%	-2	0	0	0	1	1	0	1	2	3	0	1	2	0
33050	Resect heart sac lesion	090	623	666.5	43.5	7%	16.97	19.26	2.29	13%	-3	0	0	0	0	1.5	0	6	0	0	1	0	2.5	0
33120	Removal of heart lesion	090	686	686	0	0%	38.45	40.53	2.08	5%	-2	0	0	0	0	1	0	1	2	2	1	0	1	0
33130	Removal of heart lesion	090	719	770	51	7%	24.17	26.82	2.65	11%	-3	0	0	0	0	1.5	0	7.5	0	0	1	0	2.5	0
33140	Heart revascularize (tmr)	090	621	622	1	0%	28.34	30.62	2.28	8%	-2	0	0	0	0	1	0	1	1	3	1	0	1	0
33202	Insert epicard eltrd open	090	301	309	8	3%	13.20	14.19	0.99	8%	0	0	0	0	1	0	0	1	1	0	1	0	0	0
33203	Insert epicard eltrd endo	090	326	334	8	2%	13.97	14.96	0.99	7%	0	0	0	0	1	0	0	1	1	0	1	0	0	0
33206	Insert heart pm atrial	090	248.5	269	20.5	8%	7.14	8.34	1.20	17%	0	0	0	0	1.5	0	0	2	0	0	1	0	0	0
33207	Insert heart pm ventricular	090	233.5	236.5	3	1%	7.80	8.55	0.75	10%	0	0	0	0	1	0	0	0	1	0	1	0	0	0
33208	Insrt heart pm atrial & vent	090	231	234	3	1%	8.52	9.27	0.75	9%	0	0	0	0	1	0	0	0	1	0	1	0	0	0
33212	Insert pulse gen sngl lead	090	124	131	7	6%	5.01	5.45	0.44	9%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33213	Insert pulse gen dual leads	090	125	132	7	6%	5.28	5.72	0.44	8%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33214	Upgrade of pacemaker system	090	262	266	4	2%	7.59	8.03	0.44	6%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
33215	Reposition pacing-defib lead	090	179	186	7	4%	4.92	5.60	0.68	14%	0	0	0	1	0	0	0	1	0	0	1	0	0	0
33216	Insert 1 electrode pm-defib	090	262	266	4	2%	5.62	6.06	0.44	8%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
33217	Insert 2 electrode pm-defib	090	262	266	4	2%	5.59	6.03	0.44	8%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
33218	Repair lead pace-defib one	090	246	260	14	6%	5.82	6.48	0.66	11%	0	0	0	0	2	0	0	0	0	0	0	0	0	0
33220	Repair lead pace-defib dual	090	276	290	14	5%	5.90	6.56	0.66	11%	0	0	0	0	2	0	0	0	0	0	0	0	0	0
33221	Insert pulse gen mult leads	090	129	136	7	5%	5.55	5.99	0.44	8%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33222	Relocation pocket pacemaker	090	275	281	6	2%	4.85	5.51	0.66	14%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
33223	Relocate pocket for defib	090	230	234	4	2%	6.30	6.74	0.44	7%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
33227	Remove&replace pm gen singl	090	124	131	7	6%	5.25	5.69	0.44	8%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33228	Remv&replc pm gen dual lead	090	129	136	7	5%	5.52	5.96	0.44	8%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33229	Remv&replc pm gen mult leads	090	139	146	7	5%	5.79	6.23	0.44	8%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33230	Insrt pulse gen w/dual leads	090	150	157	7	5%	6.07	6.51	0.44	7%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33231	Insrt pulse gen w/mult leads	090	150	157	7	5%	6.34	6.78	0.44	7%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33233	Removal of pm generator	090	150	154	4	3%	3.14	3.58	0.44	14%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
33234	Removal of pacemaker system	090	292	296	4	1%	7.66	8.10	0.44	6%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
33235	Removal pacemaker electrode	090	390	420	30	8%	9.90	11.28	1.38	14%	-2	0	0	0	0	0	2	0	0	0	0	0	0	0
33236	Remove electrode/thoracotomy	090	346	372	26	8%	12.73	14.57	1.84	14%	0	0	0	3	0	0	0	4	0	0	1	0	0	0
33237	Remove electrode/thoracotomy	090	456	487	31	7%	13.84	15.92	2.08	15%	0	0	0	3	0	0	0	5	0	0	1	0	0	0
33238	Remove electrode/thoracotomy	090	472	505	33	7%	15.40	17.70	2.30	15%	0	0	0	4	0	0	0	5	0	0	1	0	0	0
33240	Insrt pulse gen w/singl lead	090	135	142	7	5%	5.80	6.24	0.44	8%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33241	Remove pulse generator	090	171	173	2	1%	3.04	3.26	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
33243	Remove eltrd/thoracotomy	090	537	583	46	9%	23.57	25.98	2.41	10%	0	0	0	0	3	0	0	5	0	0	1	0	0	0
33244	Remove elctrd transvenously	090	310	320	10	3%	13.74	14.84	1.10	8%	0	0	0	5	0	0	0	0	0	0	0	0	0	0
33249	Insj/rplcmt defib w/lead(s)	090	239	260	21	9%	14.92	15.91	0.99	7%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
33250	Ablate heart dysrhythm focus	090	983	1034	51	5%	25.90	28.55	2.65	10%	-3	0	0	0	0	1.5	0	7.5	0	0	1	0	5	0
33251	Ablate heart dysrhythm focus	090	1001	1052	51	5%	28.92	31.57	2.65	9%	-3	0	0	0	0	1.5	0	7.5	0	0	1	0	5	0
33254	Ablate atria lmtd	090	416	433	17	4%	23.71	25.12	1.41	6%	-2	0	0	0	1	1	0	1	1	1	0	1	0	0
33255	Ablate atria w/o bypass ext	090	516	529	13	3%	29.04	30.65	1.61	6%	-2	0	0	0	1	1	0	1	2	0	1	0	0	0
33256	Ablate atria w/bypass exten	090	646	655	9	1%	34.90	36.71	1.81	5%	-2	0	0	0	1	1	0	1	3	0	1	0	1	0
33261	Ablate heart dysrhythm focus	090	1004	1055	51	5%	28.92	31.57	2.65	9%	-3	0	0	0	0	1.5	0	7.5	0	0	1	0	5	0
33262	Rmvl& replc pulse gen 1 lead	090	150	157	7	5%	5.81	6.25	0.44	8%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33263	Rmvl & rplcmt dfb gen 2 lead	090	150	157	7	5%	6.08	6.52	0.44	7%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33264	Rmvl & rplcmt dfb gen mlt ld	090	150	157	7	5%	6.35	6.79	0.44	7%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33265	Ablate atria lmtd endo	090	446	463	17	4%	23.71	25.12	1.41	6%	-2	0	0	0	1	1	0	1	1	0	1	0	0	0
33266	Ablate atria x10sv endo	090	536	549	13	2%	33.04	34.65	1.61	5%	-2	0	0	0	1	1	0	1	2	0	1	0	0	0
33267	Excl laa open any method	090	401	400	-1	0%	18.50	19.45	0.95	5%	0	0	0	0	1	0	0	0	2	0	1	0	1	0
33269	Excl laa thrscp any method	090	323	323	0	0%	14.31	15.46	1.15	8%	0	0	0	0	1	0	0	0	1	1	1	0	0	0
33270	Ins/rep subq defibrillator	090	232	241	9	4%	9.10	9.74	0.64	7%	-2	0	0	0	0	1	0	0	0	0	1	0	0	0
33271	Insj subq impltbl dfb elctrd	090	202	211	9	4%	7.50	8.14	0.64	9%	-2	0	0	0	0	1	0	0	0	0	1	0	0	0
33272	Rmvl of subq defibrillator	090	151	158	7	5%	5.42	5.86	0.44	8%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33273	Repos prev impltbl subq dfb	090	202	211	9	4%	6.50	7.14	0.64	10%	-2	0	0	0	0	1	0	0	0	0	1	0	0	0
33274	Tcat insj/rpl perm ldls pm	090	173	180	7	4%	7.80	8.24	0.44	6%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33275	Tcat rmvl perm ldls pm w/img	090	188	195	7	4%	8.59	9.03	0.44	5%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33276	Insj phrnc nrv stim sys	090	253	262	9	4%	9.50	10.03	0.53	6%	-2	0	0	0	0	1	0	0	0	0	0.5	0	0	0
33278	Rmvl phrnc nrv stim sys	090	239	246	7	3%	9.55	9.99	0.44	5%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33279	Rmvl phrnc nrv stim transvns	090	239	246	7	3%	5.42	5.86	0.44	8%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33280	Rmvl phrnc nrv stim pg only	090	155	162	7	5%	3.04	3.48	0.44	14%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33281	Reposg phrnc nrv stim trnsvn	090	246	255	9	4%	6.00	6.53	0.53	9%	-2	0	0	0	0	1	0	0	0	0	0.5	0	0	0
33287	Rmv&rplcmt phrnc nrv stim pg	090	177	186	9	5%	6.05	6.58	0.53	9%	-2	0	0	0	0	1	0	0	0	0	0.5	0	0	0
33288	Rmv&rplcmt phrnc nrv stim ld	090	256	265	9	4%	8.51	9.04	0.53	6%	-2	0	0	0	0	1	0	0	0	0	0.5	0	0	0
33300	Repair of heart wound	090	859	853	-6	-1%	44.97	47.85	2.88	6%	-2	0	0	0	0	1	0	1	2	4	1	0	3	1

33305	Repair of heart wound	090	1251	1245	-6	0%	76.93	79.81	2.88	4%	-2	0	0	0	0	1	0	1	2	4	1	0	6	2
33310	Exploratory heart surgery	090	532	575.5	43.5	8%	20.34	22.63	2.29	11%	-3	0	0	0	0	1.5	0	6	0	0	1	0	1	0
33315	Exploratory heart surgery	090	621	625	4	1%	35.00	36.88	1.88	5%	-2	0	0	0	0	1	0	1	1	2	1	0	1	0
33320	Repair major blood vessel(s)	090	516.5	559.5	43	8%	18.54	20.82	2.28	12%	0	0	0	0	1.5	0	0	6.5	0	0	1	0	1	0
33321	Repair major vessel	090	754	808	54	7%	20.81	23.61	2.80	13%	0	0	0	0	2	0	0	8	0	0	1	0	0	0
33322	Repair major blood vessel(s)	090	884	935	51	6%	24.42	27.07	2.65	11%	-3	0	0	0	0	1.5	0	7.5	0	0	1	0	4.5	0
33330	Insert major vessel graft	090	916	969.5	53.5	6%	25.29	28.06	2.77	11%	-3	0	0	0	0	1.5	0	8	0	0	1	0	4.5	0
33335	Insert major vessel graft	090	963	1019	56	6%	33.91	36.80	2.89	9%	-3	0	0	0	0	1.5	0	8.5	0	0	1	0	4.5	0
33390	Valvuloplasty aortic valve	090	622	625	3	0%	35.00	36.81	1.81	5%	0	0	0	0	1	1	0	0	1	2	1	1	0	1	0
33391	Valvuloplasty aortic valve	090	676	686	10	1%	41.50	43.51	2.01	5%	-2	0	0	0	0	1	1	0	1	2	1	1	0	1	0
33404	Prepare heart-aorta conduit	090	846	899.5	53.5	6%	31.37	34.14	2.77	9%	-3	0	0	0	0	1.5	0	8	0	0	1	0	2.5	0
33405	Replacement aortic valve opn	090	768	772	4	1%	41.32	44.13	2.81	7%	-2	0	0	0	1	1	0	1	2	3	1	0	1	0
33406	Replacement aortic valve opn	090	853	857	4	0%	52.68	55.49	2.81	5%	-2	0	0	0	1	1	0	1	2	3	1	0	1	0
33410	Replacement aortic valve opn	090	800	804	4	0%	46.41	49.22	2.81	6%	-2	0	0	0	1	1	0	1	2	3	1	0	1	0
33411	Replacement of aortic valve	090	1059	1052	-7	-1%	62.07	65.68	3.61	6%	-2	0	0	0	1	1	0	1	4	4	1	0	2	0
33412	Replacement of aortic valve	090	866	867	1	0%	59.00	61.28	2.28	4%	-2	0	0	0	0	1	0	1	1	3	1	0	2	0
33413	Replacement of aortic valve	090	898	906	8	1%	59.87	62.48	2.61	4%	-2	0	0	0	1	1	0	1	1	3	1	0	2	0
33414	Repair of aortic valve	090	763	764	1	0%	39.37	41.65	2.28	6%	-2	0	0	0	0	1	0	1	1	3	1	0	1	0
33415	Revision subvalvular tissue	090	679	679	0	0%	37.27	39.35	2.08	6%	-2	0	0	0	0	1	0	1	2	2	1	0	1	0
33416	Revise ventricle muscle	090	664	683	19	3%	36.56	38.61	2.05	6%	-2	0	0	0	1	1	0	2	1	1	1	0	1	0
33417	Repair of aortic valve	090	750	780.5	30.5	4%	29.33	30.99	1.66	6%	-4	0	0	0	0	2	0	2.5	0	0	1	0	2.5	0
33418	Repair tcat mitral valve	090	561	580	19	3%	32.25	33.74	1.49	5%	-4	0	0	0	0	2	0	0	2	0	0	1	1	0
33420	Revision of mitral valve	090	761	814.5	53.5	7%	25.79	28.56	2.77	11%	-3	0	0	0	0	1.5	0	8	0	0	1	0	3	0
33422	Revision of mitral valve	090	892	943	51	6%	29.73	32.38	2.65	9%	-3	0	0	0	0	1.5	0	7.5	0	0	1	0	4.5	0
33425	Repair of mitral valve	090	880	881	1	0%	49.96	53.17	3.21	6%	-2	0	0	0	1	1	0	1	2	4	1	0	1	0
33426	Repair of mitral valve	090	776	780	4	1%	43.28	46.09	2.81	6%	-2	0	0	0	1	1	0	1	2	3	1	0	1	0
33427	Repair of mitral valve	090	737	744	7	1%	44.83	47.24	2.41	5%	-2	0	0	0	1	1	0	1	2	2	1	0	1	0
33430	Replacement of mitral valve	090	913	933	20	2%	50.93	54.10	3.17	6%	-2	0	0	0	2	1	0	1	2	3	0	1	2	0
33440	Rplcmt a-valve tlcj autol pv	090	998	996	-2	0%	64.00	66.92	2.92	5%	-2	0	0	0	0	1	0	2	3	3	1	0	2	0
33460	Revision of tricuspid valve	090	877	867	-10	-1%	44.70	47.78	3.08	7%	-2	0	0	0	0	1	0	1	3	4	1	0	2	0
33463	Valvuloplasty tricuspid	090	1127	1108	-19	-2%	57.08	61.29	4.21	7%	-2	0	0	0	1	1	0	1	7	4	1	0	2	0
33464	Valvuloplasty tricuspid	090	871	868	-3	0%	44.62	48.03	3.41	8%	-2	0	0	0	1	1	0	1	3	4	1	0	1	0
33465	Replace tricuspid valve	090	972	964	-8	-1%	50.72	54.13	3.41	7%	-2	0	0	0	1	1	0	1	5	3	1	0	2	0
33468	Revision of tricuspid valve	090	806	807	1	0%	45.13	47.41	2.28	5%	-2	0	0	0	0	1	0	1	1	3	1	0	2	0
33471	Vlvt pv clsd hrt via p-art	090	572	608	36	6%	22.96	24.89	1.93	8%	-2	0	0	0	1	1	0	4	0	0	1	0	1	0
33474	Revision of pulmonary valve	090	738	745	7	1%	39.40	41.81	2.41	6%	-2	0	0	0	1	1	0	1	2	2	1	0	1	0
33475	Replacement pulmonary valve	090	750	757	7	1%	42.40	44.81	2.41	6%	-2	0	0	0	1	1	0	1	2	2	1	0	1	0
33476	Revision of heart chamber	090	859	877	18	2%	26.57	27.63	1.06	4%	-4	0	0	0	0	2	0	0	0	0	1	0	5	0
33478	Revision of heart chamber	090	882	900	18	2%	27.54	28.60	1.06	4%	-4	0	0	0	0	2	0	0	0	0	1	0	5	0
33496	Repair prosth valve clot	090	881	887	6	1%	29.84	32.29	2.45	8%	-2	0	0	0	1	1	0	2	5	0	1	0	0	0
33500	Repair heart vessel fistula	090	690	736	46	7%	27.94	30.35	2.41	9%	-3	0	0	0	0	1.5	0	6.5	0	0	1	0	2	0
33501	Repair heart vessel fistula	090	411	419	8	2%	19.51	21.56	2.05	11%	0	0	0	1	1	0	0	2	2	1	1	0	0	0
33502	Coronary artery correction	090	688	718.5	30.5	4%	21.85	23.51	1.66	8%	-4	0	0	0	0	2	0	2.5	0	0	1	0	2.5	0
33503	Coronary artery graft	090	838	895.5	57.5	7%	22.51	25.43	2.92	13%	-2	0	0	0	0	0	2	5.5	0	0	1	0	2.5	0
33504	Coronary artery graft	090	789	829.5	40.5	5%	25.46	27.60	2.14	8%	-4	0	0	0	0	2	0	4.5	0	0	1	0	2.5	0
33505	Repair artery w/tunnel	090	678	727	49	7%	38.40	41.51	3.11	8%	0	0	0	0	1	0	0	9	0	1	1	0	1	0
33506	Repair artery translocation	090	678	727	49	7%	37.85	40.96	3.11	8%	0	0	0	0	1	0	0	9	0	1	1	0	1	0
33507	Repair art intramural	090	563.5	576.5	13	2%	31.40	32.63	1.23	4%	0	0	0	0	1	0	0	2	1	0	1	0	1	0
33510	Cabg vein single	090	718	717	-1	0%	34.98	37.68	2.70	8%	-2	0	0	1	0	1	0	1	2	3	1	0	1	0
33511	Cabg vein two	090	750	749	-1	0%	38.45	41.15	2.70	7%	-2	0	0	1	0	1	0	1	2	3	1	0	1	0
33512	Cabg vein three	090	832	828	-4	0%	43.98	47.08	3.10	7%	-2	0	0	1	0	1	0	1	2	4	1	0	1	0
33513	Cabg vein four	090	850	846	-4	0%	45.37	48.47	3.10	7%	-2	0	0	1	0	1	0	1	2	4	1	0	1	0
33514	Cabg vein five	090	867	863	-4	0%	48.08	51.18	3.10	6%	-2	0	0	1	0	1	0	1	2	4	1	0	1	0
33516	Cabg vein six or more	090	883	879	-4	0%	49.76	52.86	3.10	6%	-2	0	0	1	0	1	0	1	2	4	1	0	1	0
33533	Cabg arterial single	090	682	685	3	0%	33.75	36.25	2.50	7%	-2	0	0	1	0	1	0	1	1	3	1	0	1	0
33534	Cabg arterial two	090	717	720	3	0%	39.88	42.38	2.50	6%	-2	0	0	1	0	1	0	1	1	3	1	0	1	0
33535	Cabg arterial three	090	755	758	3	0%	44.75	47.25	2.50	6%	-2	0	0	1	0	1	0	1	1	3	1	0	1	0
33536	Cabg arterial four or more	090	783	786	3	0%	48.43	50.93	2.50	5%	-2	0	0	1	0	1	0	1	1	3	1	0	1	0
33542	Removal of heart lesion	090	848	852	4	0%	48.21	51.02	2.81	6%	-2	0	0	0	1	1	0	1	2	3	1	0	2	0
33545	Repair of heart damage	090	939	953	14	1%	57.06	60.10	3.04	5%	-2	0	0	0	1	1	0	1	1	4	0	1	2	1
33548	Restore/remodel ventricle	090	928	948	20	2%	54.14	57.31	3.17	6%	-2	0	0	0	2	1	0	1	2	3	0	1	2	1
33600	Closure of valve	090	628	676	48	8%	30.31	32.81	2.50	8%	-4	0	0	0	0	2	0	6	0	0	1	0	0	0
33602	Closure of valve	090	628	676	48	8%	29.34	31.84	2.50	9%	-4	0	0	0	0	2	0	6	0	0	1	0	0	0
33606	Anastomosis/artery-aorta	090	728	786	58	8%	31.53	34.51	2.98	9%	-4	0	0	0	0	2	0	8	0	0	1	0	0	0
33608	Repair anomaly w/conduit	090	668	711	43	6%	31.88	34.14	2.26	7%	-4	0	0	0	0	2	0	5	0	0	1	0	0	0
33610	Repair by enlargement	090	648	701	53	8%	31.40	34.14	2.74	9%	-4	0	0	0	0	2	0	7	0	0	1	0	0	0
33611	Repair double ventricle	090	673	732	59	9%	35.57	38.61	3.04	9%	-2	0	0	0	0	1	0	10	0	0	1	0	0	0
33612	Repair double ventricle	090	673	732	59	9%	36.57	39.61	3.04	8%	-2	0	0	0	0	1	0	10	0	0	1	0	0	0
33615	Repair modified fontan	090	696	762	66	9%	35.89	39.26	3.37	9%	-2	0	0	0	1	1	0	10	0	0	1	0	0	0
33617	Repair single ventricle	090	811	868	57	7%	39.09	42.42	3.33	9%	-2	0	0	0	1	1	0	9	1	0	1	0	0	0
33619	Repair single ventricle	090	1039	1058	19	2%	48.76	52.90	4.14	8%	-12	0	5	1	0	1	0	7	6	1	1	0	0	0
33620	Apply r&l pulm art bands	090	609	630	21	3%	30.00	32.55	2.55	9%	0	0	0	0	1	0	0	5	2	1	1	0	1	0
33621	Transthor cath for stent	090	363.5	385.5	22	6%	16.18	17.23	1.05	6%	0	0	0	0	1	0	0	3	0	0	0	0	1	0

33622	Redo compl cardiac anomaly	090	986	1017	31	3%	64.00	67.72	3.72	6%	-2	0	0	0	0	1	0	7	1	3	1	0	2	0
33641	Repair heart septum defect	090	562	569	7	1%	29.58	31.06	1.48	5%	-2	0	0	0	0	1	0	1	1	1	1	0	1	0
33645	Revision of heart veins	090	546	553	7	1%	31.30	32.78	1.48	5%	-2	0	0	0	0	1	0	1	1	1	1	0	1	0
33647	Repair heart septum defects	090	614	618	4	1%	33.00	34.88	1.88	6%	-2	0	0	0	0	1	0	1	1	2	1	0	1	0
33660	Repair of heart defects	090	613	620	7	1%	31.83	33.31	1.48	5%	-2	0	0	0	0	1	0	1	1	1	1	0	1	0
33665	Repair of heart defects	090	613	620	7	1%	34.85	36.33	1.48	4%	-2	0	0	0	0	1	0	1	1	1	1	0	1	0
33670	Repair of heart chambers	090	626	645	19	3%	36.63	38.30	1.67	5%	0	0	0	0	1	0	0	3	0	1	1	0	1	0
33675	Close mult vsd	090	628	644	16	3%	35.95	37.71	1.76	5%	-2	0	0	0	0	1	0	3	2	0	1	0	1	0
33676	Close mult vsd w/resection	090	658	674	16	2%	36.95	38.71	1.76	5%	-2	0	0	0	0	1	0	3	2	0	1	0	1	0
33677	Cl mult vsd w/rem pul band	090	688	704	16	2%	38.45	40.21	1.76	5%	-2	0	0	0	0	1	0	3	2	0	1	0	1	0
33681	Repair heart septum defect	090	506.5	559.5	53	10%	32.34	35.08	2.74	8%	-2	0	0	0	2	1	0	6	0	0	1	0	0	0
33684	Repair heart septum defect	090	616	623	7	1%	34.37	35.85	1.48	4%	-2	0	0	0	0	1	0	1	1	1	1	0	1	0
33688	Repair heart septum defect	090	628	635	7	1%	34.75	36.23	1.48	4%	-2	0	0	0	0	1	0	1	1	1	1	0	1	0
33690	Reinforce pulmonary artery	090	636	666.5	30.5	5%	20.36	22.02	1.66	8%	-4	0	0	0	0	2	0	2.5	0	0	1	0	2.5	0
33692	Repair of heart defects	090	684	697	13	2%	36.15	38.31	2.16	6%	-2	0	0	0	0	1	0	3	2	1	1	0	1	0
33694	Repair of heart defects	090	718	777	59	8%	35.57	38.61	3.04	9%	-2	0	0	0	0	1	0	10	0	0	1	0	0	0
33697	Repair of heart defects	090	693	752	59	9%	37.57	40.61	3.04	8%	-2	0	0	0	0	1	0	10	0	0	1	0	0	0
33702	Repair of heart defects	090	751	769.5	18.5	2%	27.24	28.33	1.09	4%	-2	0	0	0	1	1	0	0.5	0	0	1	0	3.5	0
33710	Repair of heart defects	090	656	663	7	1%	37.50	38.98	1.48	4%	-2	0	0	0	0	1	0	1	1	1	1	0	2	0
33720	Repair of heart defect	090	770	786	16	2%	27.26	28.23	0.97	4%	-2	0	0	0	1	1	0	0	0	0	1	0	4	0
33724	Repair venous anomaly	090	559	574	15	3%	27.63	28.95	1.32	5%	-2	0	0	0	0	1	0	2	1	0	1	0	1	0
33726	Repair pul venous stenosis	090	643	663	20	3%	37.12	38.68	1.56	4%	-2	0	0	0	0	1	0	3	1	0	1	0	1	0
33730	Repair heart-vein defect(s)	090	671	737	66	10%	36.14	39.51	3.37	9%	-2	0	0	0	1	1	0	10	0	0	1	0	0	0
33732	Repair heart-vein defect	090	578	621	43	7%	28.96	31.22	2.26	8%	-4	0	0	0	0	2	0	5	0	0	1	0	0	0
33735	Revision of heart chamber	090	770	800.5	30.5	4%	22.20	23.86	1.66	7%	-4	0	0	0	0	2	0	2.5	0	0	1	0	3.5	0
33736	Revision of heart chamber	090	548	591	43	8%	24.32	26.58	2.26	9%	-4	0	0	0	0	2	0	5	0	0	1	0	0	0
33737	Revision of heart chamber	090	706	732	26	4%	22.47	23.92	1.45	6%	-2	0	0	0	1	1	0	2	0	0	1	0	3	0
33750	Major vessel shunt	090	722	750	28	4%	22.22	23.76	1.54	7%	-4	0	0	0	0	2	0	2	0	0	1	0	3	0
33755	Major vessel shunt	090	750	775.5	25.5	3%	22.60	24.02	1.42	6%	-4	0	0	0	0	2	0	1.5	0	0	1	0	3.5	0
33762	Major vessel shunt	090	755	780.5	25.5	3%	22.60	24.02	1.42	6%	-4	0	0	0	0	2	0	1.5	0	0	1	0	3.5	0
33764	Major vessel shunt & graft	090	750	775.5	25.5	3%	22.60	24.02	1.42	6%	-4	0	0	0	0	2	0	1.5	0	0	1	0	3.5	0
33766	Major vessel shunt	090	756	781.5	25.5	3%	23.57	24.99	1.42	6%	-4	0	0	0	0	2	0	1.5	0	0	1	0	3.5	0
33767	Major vessel shunt	090	608	651	43	7%	25.30	27.56	2.26	9%	-4	0	0	0	0	2	0	5	0	0	1	0	0	0
33770	Repair great vessels defect	090	696	716	20	3%	39.07	41.18	2.11	5%	0	0	0	0	1	0	0	4	1	1	1	0	1	0
33771	Repair great vessels defect	090	716	736	20	3%	40.63	42.74	2.11	5%	0	0	0	0	1	0	0	4	1	1	1	0	1	0
33774	Repair great vessels defect	090	998	1024.5	26.5	3%	31.73	33.18	1.45	5%	-3	0	0	0	0	1	1	0.5	0	0	1	0	6.5	0
33775	Repair great vessels defect	090	1043	1063.5	20.5	2%	32.99	34.17	1.18	4%	-4	0	0	0	0	2	0	0.5	0	0	1	0	6.5	0
33776	Repair great vessels defect	090	1096	1133.5	37.5	3%	34.75	36.71	1.96	6%	-2	0	0	0	0	0	2	1.5	0	0	1	0	6.5	0
33777	Repair great vessels defect	090	993	1040.5	47.5	5%	34.17	36.61	2.44	7%	-2	0	0	0	0	0	2	3.5	0	0	1	0	4.5	0
33778	Repair great vessels defect	090	838.5	887.5	49	6%	42.75	46.48	3.73	9%	-2	0	0	0	1	1	0	9	3	0	1	0	0	0
33779	Repair great vessels defect	090	733	755	22	3%	43.23	45.43	2.20	5%	-2	0	0	0	0	1	0	4	1	1	1	0	1	0
33780	Repair great vessels defect	090	731	760	29	4%	43.90	46.29	2.39	5%	0	0	0	0	1	0	0	6	2	0	1	0	1	0
33781	Repair great vessels defect	090	738	767	29	4%	43.21	45.60	2.39	6%	0	0	0	0	1	0	0	6	2	0	1	0	1	0
33782	Nikaidoh proc	090	866	867	1	0%	60.08	62.36	2.28	4%	-2	0	0	0	0	1	0	1	1	3	1	0	2	0
33783	Nikaidoh proc w/ostia implt	090	926	927	1	0%	65.08	67.36	2.28	4%	-2	0	0	0	0	1	0	1	1	3	1	0	2	0
33786	Repair arterial trunk	090	838.5	892.5	54	6%	41.87	45.84	3.97	9%	-2	0	0	0	1	1	0	10	3	0	1	0	0	0
33788	Revision of pulmonary artery	090	736	766.5	30.5	4%	27.42	29.08	1.66	6%	-4	0	0	0	0	2	0	2.5	0	0	1	0	2.5	0
33800	Aortic suspension	090	375	386	11	3%	17.28	18.61	1.33	8%	0	0	0	0	1	0	0	2	1.5	0	1	0	0	0
33802	Repair vessel defect	090	556	584.5	28.5	5%	18.37	19.94	1.57	9%	-2	0	0	0	1	1	0	2.5	0	0	1	0	1.5	0
33803	Repair vessel defect	090	586	614.5	28.5	5%	20.31	21.88	1.57	8%	-2	0	0	0	1	1	0	2.5	0	0	1	0	1.5	0
33813	Repair septal defect	090	664	685	21	3%	21.36	22.57	1.21	6%	-2	0	0	0	1	1	0	1	0	0	1	0	3	0
33814	Repair septal defect	090	838	856	18	2%	26.57	27.63	1.06	4%	-4	0	0	0	0	2	0	0	0	0	1	0	5	0
33820	Revise major vessel	090	414	428	14	3%	16.69	17.57	0.88	5%	-2	0	0	0	0	1	0	1	0	0	1	0	1	0
33822	Revise major vessel	090	463	472	9	2%	17.71	18.35	0.64	4%	-2	0	0	0	0	1	0	0	0	0	1	0	2	0
33824	Revise major vessel	090	615	633.5	18.5	3%	20.23	21.32	1.09	5%	-2	0	0	0	1	1	0	0.5	0	0	1	0	2.5	0
33840	Remove aorta constriction	090	639	662.5	23.5	4%	21.34	22.67	1.33	6%	-2	0	0	0	1	1	0	1.5	0	0	1	0	2.5	0
33845	Remove aorta constriction	090	726	749	23	3%	22.93	24.23	1.30	6%	-4	0	0	0	0	2	0	1	0	0	1	0	3	0
33851	Remove aorta constriction	090	700	726	26	4%	21.98	23.43	1.45	7%	-2	0	0	0	1	1	0	2	0	0	1	0	3	0
33852	Repair septal defect	090	719	745	26	4%	24.41	25.86	1.45	6%	-2	0	0	0	1	1	0	2	0	0	1	0	3	0
33853	Repair septal defect	090	668	726	58	9%	32.51	35.49	2.98	9%	-4	0	0	0	0	2	0	8	0	0	1	0	0	0
33858	As-aort grf f/aortic dsj	090	911	922	11	1%	63.40	65.61	2.21	3%	-2	0	0	0	1	1	0	1	1	2	1	0	3	0
33859	As-aort grf f/ds oth/thn dsj	090	778	782	4	1%	45.13	47.01	1.88	4%	-2	0	0	0	0	1	0	1	1	2	1	0	2	0
33863	Ascending aortic graft	090	838	842	4	0%	58.79	60.67	1.88	3%	-2	0	0	0	0	1	0	1	1	2	1	0	2	0
33864	Ascending aortic graft	090	838	842	4	0%	60.08	61.96	1.88	3%	-2	0	0	0	0	1	0	1	1	2	1	0	2	0
33871	Transvrs a-arch grf hypthrm	090	901	905	4	0%	60.88	62.76	1.88	3%	-2	0	0	0	0	1	0	1	1	2	1	0	2	0
33875	Thoracic aortic graft	090	993	1006	13	1%	50.72	53.56	2.84	6%	-2	0	0	0	1	1	0	1	2	3	0	1	3	0
33877	Thoracoabdominal graft	090	1110	1130	20	2%	69.03	72.20	3.17	5%	-2	0	0	0	2	1	0	1	2	3	0	1	3	0
33880	Endovasc taa repr incl subcl	090	599	611	12	2%	34.58	36.30	1.72	5%	0	0	0	0	2	0	0	1	1	1	1	0	0	0
33881	Endovasc taa repr w/o subcl	090	554	566	12	2%	29.58	31.30	1.72	6%	0	0	0	0	2	0	0	1	1	1	1	0	0	0
33883	Insert endovasc prosth taa	090	404	419	15	4%	21.09	22.41	1.32	6%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
33886	Endovasc prosth delayed	090	379	394	15	4%	18.09	19.41	1.32	7%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
33910	Remove lung artery emboli	090	889	893	4	0%	48.21	51.02	2.81	6%	-2	0	0	0	1	1	0	1	2	3	1	0	3	0
33915	Remove lung artery emboli	090	858	904	46	5%	24.95	27.36	2.41	10%	-3	0	0	0	0	1.5	0	6.5	0	0	1	0	5	0

33916	Surgery of great vessel	090	1259	1258	-1	0%	78.00	82.05	4.05	5%	-2	0	0	0	1	1	0	2	3	5	1	0	3	1
33917	Repair pulmonary artery	090	608	651	43	7%	25.30	27.56	2.26	9%	-4	0	0	0	0	2	0	5	0	0	1	0	0	0
33920	Repair pulmonary atresia	090	658	706	48	7%	32.74	35.24	2.50	8%	-4	0	0	0	0	2	0	6	0	0	1	0	0	0
33922	Transect pulmonary artery	090	546	587	41	8%	24.22	26.39	2.17	9%	-2	0	0	0	1	1	0	5	0	0	1	0	0	0
33925	Rpr pul art unifocal w/o cpb	090	641	665	24	4%	31.30	33.21	1.91	6%	0	0	0	0	1	0	0	4	0	1	1	0	1	0
33926	Repr pul art unifocal w/cpb	090	846	891	45	5%	44.73	48.04	3.31	7%	0	0	0	0	1	0	0	9	1	1	1	0	1	0
33935	Transplantation heart/lung	090	1713	1708	-5	0%	91.78	97.71	5.93	6%	-3	0	0	0	1	1	1	1	8	6	0	1	3	1
33945	Transplantation of heart	090	1716	1745	29	2%	89.50	95.71	6.21	7%	-5	0	0	0	3	2	1	1	6	5	0	1	3	1
33971	Aortic circulation assist	090	494	518	24	5%	11.99	13.35	1.36	11%	-2	0	0	0	0	1	0	3	0	0	1	0	3	0
33974	Remove intra-aortic balloon	090	314	333	19	6%	15.03	16.15	1.12	7%	0	0	0	0	2	0	0	1	0	0	1	0	0	0
34001	Removal of artery clot	090	384	386	2	1%	17.88	19.36	1.48	8%	0	0	0	0	2	0	0	0	3	0	1	0	0	0
34051	Removal of artery clot	090	594	636.5	42.5	7%	16.99	19.56	2.57	15%	0	0	0	2.5	0	0	0	7.5	0	0	1	0	1.5	0
34101	Removal of artery clot	090	322	337	15	5%	10.93	12.38	1.45	13%	0	0	0	1	1	0	0	2	1	0	1	0	0	0
34111	Removal of arm artery clot	090	307	322	15	5%	10.93	12.38	1.45	13%	0	0	0	1	1	0	0	2	1	0	1	0	0	0
34151	Removal of artery clot	090	508	531	23	5%	26.52	28.87	2.35	9%	0	0	0	2	1	0	0	4	2	0	1	0	0	0
34201	Removal of artery clot	090	422	438	16	4%	19.48	21.24	1.76	9%	0	0	0	0	2	0	0	2	2	0	1	0	0	0
34203	Removal of leg artery clot	090	413	440	27	7%	17.86	19.88	2.02	11%	0	0	0	1	2	0	0	3	1	0	1	0	0	0
34401	Removal of vein clot	090	503	526	23	5%	26.52	28.87	2.35	9%	0	0	0	2	1	0	0	4	2	0	1	0	0	0
34421	Removal of vein clot	090	412	428	16	4%	13.37	15.26	1.89	14%	0	0	0	1	1	0	0	3	2	0	1	0	0	0
34451	Removal of vein clot	090	533	556	23	4%	28.52	30.87	2.35	8%	0	0	0	2	1	0	0	4	2	0	1	0	0	0
34471	Removal of vein clot	090	453	475	22	5%	21.11	23.02	1.91	9%	0	0	0	2	1	0	0	3	1	0	1	0	0	0
34490	Removal of vein clot	090	367	387	20	5%	10.91	12.60	1.69	15%	0	0	0	1	1	0	0	3	1	0	1	0	0	0
34501	Repair valve femoral vein	090	393	405	12	3%	16.85	18.28	1.43	8%	0	0	0	2	1	0	0	1	1	0	1	0	0	0
34502	Reconstruct vena cava	090	741	796	55	7%	28.07	30.90	2.83	10%	-4	0	0	0	1	2	0	6	0	0	1	0	0	0
34510	Transposition of vein valve	090	448	465	17	4%	19.91	21.58	1.67	8%	0	0	0	2	1	0	0	2	1	0	1	0	0	0
34520	Cross-over vein graft	090	443	465	22	5%	19.18	20.96	1.78	9%	0	0	0	1	2	0	0	2	1	0	1	0	0	0
34530	Leg vein fusion	090	436	460	24	6%	17.93	19.93	2.00	11%	0	0	0	2	2	0	0	2	1	0	1	0	0	0
34701	Evasc rpr a-ao ndgft	090	482	484	2	0%	23.71	25.08	1.37	6%	0	0	0	1	1	0	0	0	1	1	1	0	0	0
34702	Evasc rpr a-ao ndgft rpt	090	677	686	9	1%	36.00	38.63	2.63	7%	-2	0	0	1	1	1	0	1	2	2	1	0	1	0
34703	Evasc rpr a-unilac ndgft	090	507	509	2	0%	26.52	27.89	1.37	5%	0	0	0	1	1	0	0	0	1	1	1	0	0	0
34704	Evasc rpr a-unilac ndgft rpt	090	737	746	9	1%	45.00	47.63	2.63	6%	-2	0	0	1	1	1	0	1	2	2	1	0	1	0
34705	Evac rpr a-biiliac ndgft	090	512	514	2	0%	29.58	30.95	1.37	5%	0	0	0	1	1	0	0	0	1	1	1	0	0	0
34706	Evasc rpr a-biiliac rpt	090	735	744	9	1%	45.00	47.63	2.63	6%	-2	0	0	1	1	1	0	1	2	2	1	0	1	0
34707	Evasc rpr ilio-iliac ndgft	090	482	484	2	0%	22.28	23.65	1.37	6%	0	0	0	1	1	0	0	0	1	1	1	0	0	0
34708	Evasc rpr ilio-iliac rpt	090	677	686	9	1%	36.50	39.13	2.63	7%	-2	0	0	1	1	1	0	1	2	2	1	0	1	0
34710	Dlyd plmt xtn prosth 1st vsl	090	397	407	10	3%	15.00	16.21	1.21	8%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
34712	Tcat dlvr enhncd fixj dev	090	307	317	10	3%	12.00	13.21	1.21	10%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
34718	Evasc rpr n/a a-iliac ndgft	090	477	479	2	0%	24.00	25.37	1.37	6%	0	0	0	1	1	0	0	0	1	1	1	0	0	0
34830	Open aortic tube prosth repr	090	665	682	17	3%	35.23	38.25	3.02	9%	0	0	0	1	2	0	0	3	2	2	1	0	0	0
34831	Open aortoiliac prosth repr	090	690	707	17	2%	37.98	41.00	3.02	8%	0	0	0	1	2	0	0	3	2	2	1	0	0	0
34832	Open aortofemor prosth repr	090	710	727	17	2%	37.98	41.00	3.02	8%	0	0	0	1	2	0	0	3	2	2	1	0	0	0
35001	Repair defect of artery	090	568	617.5	49.5	9%	20.81	23.84	3.03	15%	0	0	0	3.5	0	0	0	8.5	0	0	1	0	0	0
35002	Repair artery rupture neck	090	592	644	52	9%	22.23	25.38	3.15	14%	0	0	0	3.5	0	0	0	9	0	0	1	0	0	0
35005	Repair defect of artery	090	551	600.5	49.5	9%	19.29	22.32	3.03	16%	0	0	0	3.5	0	0	0	8.5	0	0	1	0	0	0
35011	Repair defect of artery	090	357	376	19	5%	18.58	19.83	1.25	7%	0	0	0	1	1	0	0	2	0	0	1	0	0	0
35013	Repair artery rupture arm	090	433	455	22	5%	23.23	25.01	1.78	8%	0	0	0	1	2	0	0	2	1	0	1	0	0	0
35021	Repair defect of artery	090	745	797.5	52.5	7%	22.17	25.22	3.05	14%	0	0	0	2.5	0	0	0	9.5	0	0	1	0	2.5	0
35022	Repair artery rupture chest	090	764	816.5	52.5	7%	25.70	28.75	3.05	12%	0	0	0	2.5	0	0	0	9.5	0	0	1	0	2.5	0
35045	Repair defect of arm artery	090	329	342	13	4%	18.01	18.91	0.90	5%	0	0	0	0.5	1	0	0	1	0	0	1	0	0	0
35081	Repair defect of artery	090	677	693	16	2%	33.53	35.80	2.27	7%	-2	0	0	1	1	1	0	2	3	0	1	0	1	0
35082	Repair artery rupture aorta	090	792	810	18	2%	42.09	45.00	2.91	7%	-2	0	0	1	1	1	0	3	3	1	1	0	2	0
35091	Repair defect of artery	090	790	845	55	7%	35.35	38.21	2.86	8%	0	0	0	0	0	0	0	11	0	0	1	0	2	0
35092	Repair artery rupture aorta	090	1172	1179	7	1%	50.97	54.44	3.47	7%	-2	0	0	1	1	1	0	2	3	3	1	0	5	0
35102	Repair defect of artery	090	732	748	16	2%	36.53	38.80	2.27	6%	-2	0	0	1	1	1	0	2	3	0	1	0	1	0
35103	Repair artery rupture aorta	090	740	764	24	3%	43.62	46.28	2.66	6%	0	0	0	1	2	0	0	4	3	0	1	0	2	0
35111	Repair defect of artery	090	483	496	13	3%	26.28	28.15	1.87	7%	0	0	0	2	1	0	0	2	2	0	1	0	0	0
35112	Repair artery rupture spleen	090	690	708	18	3%	32.57	34.55	1.98	6%	0	0	0	1	2	0	0	2	2	0	1	0	2	0
35121	Repair defect of artery	090	563	586	23	4%	31.52	33.87	2.35	7%	0	0	0	2	1	0	0	4	2	0	1	0	0	0
35122	Repair artery rupture belly	090	770	784	14	2%	37.89	40.07	2.18	6%	0	0	0	1	2	0	0	2	3	0	1	0	2	0
35131	Repair defect of artery	090	528	546	18	3%	26.40	28.51	2.11	8%	0	0	0	2	1	0	0	3	2	0	1	0	0	0
35132	Repair artery rupture groin	090	655	673	18	3%	32.57	34.55	1.98	6%	0	0	0	1	2	0	0	2	2	0	1	0	2	0
35141	Repair defect of artery	090	427	442	15	4%	20.91	22.36	1.45	7%	0	0	0	1	1	0	0	2	1	0	1	0	0	0
35142	Repair artery rupture thigh	090	555	582	27	5%	25.16	27.18	2.02	8%	0	0	0	1	2	0	0	3	1	0	1	0	1	0
35151	Repair defect of artery	090	473	495	22	5%	23.72	25.63	1.91	8%	0	0	0	2	1	0	0	3	1	0	1	0	0	0
35152	Repair ruptd popliteal art	090	590	605	15	3%	27.66	30.04	2.38	9%	0	0	0	1	2	0	0	2	2	1	1	0	0	0
35180	Repair blood vessel lesion	090	500	541	41	8%	15.10	17.66	2.56	17%	0	0	0	3	0	0	0	7	0	0	1	0	1	0
35182	Repair blood vessel lesion	090	553	572	19	3%	31.71	33.89	2.18	7%	0	0	0	1	2	0	0	2	1	1	1	0	0	0
35184	Repair blood vessel lesion	090	413	424	11	3%	18.82	20.14	1.32	7%	0	0	0	1.5	1	0	0	1	1	0	1	0	0	0
35188	Repair blood vessel lesion	090	380	390	10	3%	18.00	19.21	1.21	7%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
35189	Repair blood vessel lesion	090	548	560.5	12.5	2%	29.98	32.24	2.26	8%	0	0	0	1	2	0	0	1.5	2	1	1	0	0	0
35190	Repair blood vessel lesion	090	416	444.5	28.5	7%	13.42	15.38	1.96	15%	0	0	0	3	0	0	0	4.5	0	0	1	0	0	0
35201	Repair blood vessel lesion	090	382	415.5	33.5	9%	16.93	19.13	2.20	13%	0	0	0	3	0	0	0	5.5	0	0	1	0	0	0
35206	Repair blood vessel lesion	090	282	301	19	7%	13.84	15.09	1.25	9%	0	0	0	1	1	0	0	2	0	0	1	0	0	0

35207	Repair blood vessel lesion	090	376	409.5	33.5	9%	10.94	13.14	2.20	20%	0	0	0	3	0	0	0	5.5	0	0	1	0	0	0
35211	Repair blood vessel lesion	090	806	856	50	6%	24.58	27.51	2.93	12%	0	0	0	2.5	0	0	0	9	0	0	1	0	2.5	0
35216	Repair blood vessel lesion	090	658	677	19	3%	36.61	38.90	2.29	6%	-4	0	1	0	1	1	0	3	3	0	1	0	1	0
35221	Repair blood vessel lesion	090	545	553	8	1%	26.62	28.67	2.05	8%	0	0	0	1	1	0	0	2	2	1	1	0	1	0
35226	Repair blood vessel lesion	090	327	337	10	3%	15.30	16.51	1.21	8%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
35231	Repair blood vessel lesion	090	382	384	2	1%	21.16	22.53	1.37	6%	0	0	0	1	1	0	0	0	1	1	1	0	0	0
35236	Repair blood vessel lesion	090	367	382	15	4%	18.02	19.47	1.45	8%	0	0	0	1	1	0	0	2	1	0	1	0	0	0
35241	Repair blood vessel lesion	090	797	847	50	6%	25.58	28.51	2.93	11%	0	0	0	2.5	0	0	0	9	0	0	1	0	2.5	0
35246	Repair blood vessel lesion	090	577	584	7	1%	28.23	29.84	1.61	6%	0	0	0	1	1	0	0	1	1	1	1	0	1	0
35251	Repair blood vessel lesion	090	532	540	8	2%	31.91	33.96	2.05	6%	0	0	0	1	1	0	0	2	2	1	1	0	0	0
35256	Repair blood vessel lesion	090	347	371	24	7%	19.06	20.55	1.49	8%	0	0	0	1	1	0	0	3	0	0	1	0	0	0
35261	Repair blood vessel lesion	090	382	384	2	1%	18.96	20.33	1.37	7%	0	0	0	1	1	0	0	0	1	1	1	0	0	0
35266	Repair blood vessel lesion	090	337	352	15	4%	15.83	17.28	1.45	9%	0	0	0	1	1	0	0	2	1	0	1	0	0	0
35271	Repair blood vessel lesion	090	778	828	50	6%	24.58	27.51	2.93	12%	0	0	0	2.5	0	0	0	9	0	0	1	0	2.5	0
35276	Repair blood vessel lesion	090	553.5	572	18.5	3%	25.83	27.45	1.62	6%	0	0	0	1	1.5	0	0	2	1	0	1	0	1	0
35281	Repair blood vessel lesion	090	595	613	18	3%	30.06	32.04	1.98	7%	0	0	0	1	2	0	0	2	2	0	1	0	1	0
35286	Repair blood vessel lesion	090	350	381	31	9%	17.19	19.01	1.82	11%	0	0	0	1	2	0	0	3	0	0	1	0	0	0
35301	Rechanneling of artery	090	404	411	7	2%	21.16	22.64	1.48	7%	0	0	0	0	2	0	0	0	1	1	1	0	0	0
35302	Rechanneling of artery	090	392	402	10	3%	21.35	22.56	1.21	6%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
35303	Rechanneling of artery	090	392	402	10	3%	23.60	24.81	1.21	5%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
35304	Rechanneling of artery	090	422	432	10	2%	24.60	25.81	1.21	5%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
35305	Rechanneling of artery	090	402	412	10	2%	23.60	24.81	1.21	5%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
35311	Rechanneling of artery	090	532	535	3	1%	28.60	30.41	1.81	6%	0	0	0	1	1	0	0	1	2	1	1	0	0	0
35321	Rechanneling of artery	090	337	356	19	6%	16.59	17.84	1.25	8%	0	0	0	1	1	0	0	2	0	0	1	0	0	0
35331	Rechanneling of artery	090	558	581	23	4%	27.72	30.07	2.35	8%	0	0	0	2	1	0	0	4	2	0	1	0	0	0
35341	Rechanneling of artery	090	549	596	47	9%	26.21	29.12	2.91	11%	0	0	0	3.5	0	0	0	8	0	0	1	0	0	0
35351	Rechanneling of artery	090	502	505	3	1%	24.61	26.42	1.81	7%	0	0	0	1	1	0	0	1	2	1	1	0	0	0
35355	Rechanneling of artery	090	457	473	16	4%	19.86	21.75	1.89	10%	0	0	0	1	1	0	0	3	2	0	1	0	0	0
35361	Rechanneling of artery	090	605	620	15	2%	30.24	32.62	2.38	8%	0	0	0	1	2	0	0	2	2	1	1	0	0	0
35363	Rechanneling of artery	090	655	675	20	3%	32.35	34.97	2.62	8%	0	0	0	1	2	0	0	3	2	1	1	0	0	0
35371	Rechanneling of artery	090	325	344	19	6%	15.31	16.56	1.25	8%	0	0	0	1	1	0	0	2	0	0	1	0	0	0
35372	Rechanneling of artery	090	347	366	19	5%	18.58	19.83	1.25	7%	0	0	0	1	1	0	0	2	0	0	1	0	0	0
35501	Art byp grft ipsilat carotid	090	449	464	15	3%	29.09	30.41	1.32	5%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
35506	Art byp grft subclav-carotid	090	452	464	12	3%	25.33	27.05	1.72	7%	0	0	0	0	2	0	0	1	1	1	1	0	0	0
35508	Art byp grft carotid-vertbrl	090	404	419	15	4%	26.09	27.41	1.32	5%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
35509	Art byp grft contral carotid	090	439	454	15	3%	28.09	29.41	1.32	5%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
35510	Art byp grft carotid-brchial	090	497	508	11	2%	24.39	25.91	1.52	6%	0	0	0	0	2	0	0	1	2	0	1	0	0	0
35511	Art byp grft subclav-subclav	090	407	408	1	0%	22.20	23.37	1.17	5%	0	0	0	1	1	0	0	0	2	0	1	0	0	0
35512	Art byp grft subclav-brchial	090	462	473	11	2%	23.89	25.41	1.52	6%	0	0	0	0	2	0	0	1	2	0	1	0	0	0
35515	Art byp grft subclav-vertbrl	090	414	429	15	4%	26.09	27.41	1.32	5%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
35516	Art byp grft subclav-axilary	090	424	444	20	5%	24.21	25.77	1.56	6%	0	0	0	0	2	0	0	2	1	0	1	0	0	0
35518	Art byp grft axillary-axilry	090	457	459	2	0%	22.65	24.26	1.61	7%	0	0	0	1	1	0	0	1	3	0	1	0	0	0
35521	Art byp grft axill-femoral	090	530	540	10	2%	24.13	26.27	2.14	9%	0	0	0	1	2	0	0	1	2	1	1	0	0	0
35522	Art byp grft axill-brachial	090	497	508	11	2%	23.15	24.67	1.52	7%	0	0	0	0	2	0	0	1	2	0	1	0	0	0
35523	Art byp grft brchl-ulnr-rdl	090	485	498	13	3%	24.13	25.87	1.74	7%	0	0	0	1	2	0	0	1	2	0	1	0	0	0
35525	Art byp grft brachial-brchl	090	415	430	15	4%	21.69	23.01	1.32	6%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
35526	Art byp grft aor/carot/innom	090	562	565	3	1%	31.55	33.36	1.81	6%	0	0	0	1	1	0	0	1	2	1	1	0	0	0
35531	Art byp grft aorcel/aormesen	090	740	747	7	1%	39.11	41.65	2.54	6%	0	0	0	1	2	0	0	1	2	2	1	0	1	0
35533	Art byp grft axill/fem/fem	090	615	625	10	2%	29.92	32.06	2.14	7%	0	0	0	1	2	0	0	1	2	1	1	0	0	0
35535	Art byp grft hepatorenal	090	690	705	15	2%	38.13	40.51	2.38	6%	0	0	0	1	2	0	0	2	2	1	1	0	1	0
35536	Art byp grft splenorenal	090	550	565	15	3%	33.73	36.11	2.38	7%	0	0	0	1	2	0	0	2	2	1	1	0	0	0
35537	Art byp grft aortoiliac	090	683	696	13	2%	41.88	43.62	1.74	4%	0	0	0	1	2	0	0	1	2	0	1	0	1	0
35538	Art byp grft aortobi-iliac	090	798	820	22	3%	47.03	49.19	2.16	5%	-2	0	0	1	2	1	0	1	2	0	1	0	1	0
35539	Art byp grft aortofemoral	090	720	738	18	2%	44.11	46.09	1.98	4%	0	0	0	1	2	0	0	2	2	0	1	0	1	0
35540	Art byp grft aortbifemoral	090	780	798	18	2%	49.33	51.31	1.98	4%	0	0	0	1	2	0	0	2	2	0	1	0	1	0
35556	Art byp grft fem-popliteal	090	586	605	19	3%	26.75	28.93	2.18	8%	0	0	0	1	2	0	0	2	1	1	1	0	0	0
35558	Art byp grft fem-femoral	090	530	540	10	2%	23.13	25.27	2.14	9%	0	0	0	1	2	0	0	1	2	1	1	0	0	0
35560	Art byp grft aortorenal	090	590	605	15	3%	34.03	36.41	2.38	7%	0	0	0	1	2	0	0	2	2	1	1	0	0	0
35563	Art byp grft ilioiliac	090	535	545	10	2%	26.12	28.26	2.14	8%	0	0	0	1	2	0	0	1	2	1	1	0	0	0
35565	Art byp grft iliofemoral	090	535	545	10	2%	25.13	27.27	2.14	9%	0	0	0	1	2	0	0	1	2	1	1	0	0	0
35566	Art byp fem-ant-post tib/prl	090	718	747	29	4%	32.35	35.00	2.65	8%	0	0	0	1	2	0	0	3	2	1	0	1	0	0
35570	Art byp tibial-tib/peroneal	090	667	683	16	2%	29.15	31.84	2.69	9%	0	0	0	0	3	0	0	2	3	1	1	0	0	0
35571	Art byp pop-tibl-prl-other	090	510	542	32	6%	25.52	27.78	2.26	9%	0	0	0	1	2	0	0	4	1	0	1	0	0	0
35583	Vein byp grft fem-popliteal	090	588	607	19	3%	27.75	29.93	2.18	8%	0	0	0	1	2	0	0	2	1	1	1	0	0	0
35585	Vein byp fem-tibial peroneal	090	717	746	29	4%	32.35	35.00	2.65	8%	0	0	0	1	2	0	0	3	2	1	0	1	0	0
35587	Vein byp pop-tibl peroneal	090	523	555	32	6%	26.21	28.47	2.26	9%	0	0	0	1	2	0	0	4	1	0	1	0	0	0
35601	Art byp common ipsi carotid	090	484	496	12	2%	27.09	28.81	1.72	6%	0	0	0	0	2	0	0	1	1	1	1	0	0	0
35606	Art byp carotid-subclavian	090	414	421	7	2%	22.46	23.94	1.48	7%	0	0	0	0	2	0	0	0	1	1	1	0	0	0
35612	Art byp subclav-subclavian	090	485	498	13	3%	20.35	22.09	1.74	9%	0	0	0	1	2	0	0	1	2	0	1	0	0	0
35616	Art byp subclav-axillary	090	367	377	10	3%	21.82	23.03	1.21	6%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
35621	Art byp axillary-femoral	090	412	432	20	5%	21.03	22.72	1.69	8%	0	0	0	1	1	0	0	3	1	0	1	0	0	0
35623	Art byp axillary-pop-tibial	090	475	485	10	2%	25.92	28.06	2.14	8%	0	0	0	1	2	0	0	1	2	1	1	0	0	0
35626	Art byp aorsubcl/carot/innom	090	520	532	12	2%	29.14	30.99	1.85	6%	0	0	0	1	1	0	0	2	1	1	1	0	0	0

35631	Art byp aor-celiac-msn-renal	090	648	663	15	2%	36.03	38.41	2.38	7%	0	0	0	1	2	0	0	2	2	1	1	0	0	0
35632	Art byp ilio-celiac	090	690	705	15	2%	36.13	38.51	2.38	7%	0	0	0	1	2	0	0	2	2	1	1	0	1	0
35633	Art byp ilio-mesenteric	090	705	723	18	3%	39.11	41.09	1.98	5%	0	0	0	1	2	0	0	2	2	0	1	0	2	0
35634	Art byp iliorenal	090	680	695	15	2%	35.33	37.71	2.38	7%	0	0	0	1	2	0	0	2	2	1	1	0	1	0
35636	Art byp spenorenal	090	603	609	6	1%	31.75	34.09	2.34	7%	0	0	0	1	2	0	0	1	3	1	1	0	0	0
35637	Art byp aortoiliac	090	605	623	18	3%	33.05	35.03	1.98	6%	0	0	0	1	2	0	0	2	2	0	1	0	1	0
35638	Art byp aortobi-iliac	090	635	653	18	3%	33.60	35.58	1.98	6%	0	0	0	1	2	0	0	2	2	0	1	0	1	0
35642	Art byp carotid-vertebral	090	463	504	41	9%	18.94	21.50	2.56	14%	0	0	0	3	0	0	0	7	0	0	1	0	0	0
35645	Art byp subclav-vertebrl	090	463	504	41	9%	18.43	20.99	2.56	14%	0	0	0	3	0	0	0	7	0	0	1	0	0	0
35646	Art byp aortobifemoral	090	645	662	17	3%	32.98	35.58	2.60	8%	-2	0	0	2	0	1	0	3	2	1	1	0	0	0
35647	Art byp aortofemoral	090	573	587	14	2%	29.73	32.04	2.31	8%	0	0	0	2	1	0	0	3	3	0	1	0	0	0
35650	Art byp axillary-axillary	090	382	384	2	1%	20.16	21.53	1.37	7%	0	0	0	1	1	0	0	0	1	1	1	0	0	0
35654	Art byp axill-fem-femoral	090	513	526	13	3%	26.28	28.15	1.87	7%	0	0	0	2	1	0	0	2	2	0	1	0	0	0
35656	Art byp femoral-popliteal	090	447	481	34	8%	20.47	22.44	1.97	10%	0	0	0	1	1	0	0	5	0	0	1	0	0	0
35661	Art byp femoral-femoral	090	440	467	27	6%	20.35	22.37	2.02	10%	0	0	0	1	2	0	0	3	1	0	1	0	0	0
35663	Art byp ilioiliac	090	503	513	10	2%	23.93	26.07	2.14	9%	0	0	0	1	2	0	0	1	2	1	1	0	0	0
35665	Art byp iliofemoral	090	480	507	27	6%	22.35	24.37	2.02	9%	0	0	0	1	2	0	0	3	1	0	1	0	0	0
35666	Art byp fem-ant-post tib/prl	090	490	522	32	7%	23.66	25.92	2.26	10%	0	0	0	1	2	0	0	4	1	0	1	0	0	0
35671	Art byp pop-tibl-prl-other	090	435	448	13	3%	20.77	22.51	1.74	8%	0	0	0	1	2	0	0	1	2	0	1	0	0	0
35691	Art trnsposj vertbrl carotid	090	417	433	16	4%	18.41	19.77	1.36	7%	0	0	0	3	0	0	0	2	0	0	1	0	0	0
35693	Art trnsposj subclavian	090	372	388	16	4%	15.73	17.09	1.36	9%	0	0	0	3	0	0	0	2	0	0	1	0	0	0
35694	Art trnsposj subclav carotid	090	456	472	16	4%	19.28	20.64	1.36	7%	0	0	0	3	0	0	0	2	0	0	1	0	0	0
35695	Art trnsposj carotid subclav	090	532	535	3	1%	20.06	21.58	1.52	8%	0	0	0	3	0	0	0	1	2	0	1	0	0	0
35701	Expl n/flwd surg neck art	090	229	236	7	3%	7.50	8.18	0.68	9%	0	0	0	1	0	0	0	1	0	0	1	0	0	0
35702	Expl n/flwd surg uxtr art	090	219	226	7	3%	7.12	7.80	0.68	10%	0	0	0	1	0	0	0	1	0	0	1	0	0	0
35703	Expl n/flwd surg lxtr art	090	229	236	7	3%	7.50	8.18	0.68	9%	0	0	0	1	0	0	0	1	0	0	1	0	0	0
35800	Explore neck vessels	090	336	345	9	3%	12.00	13.83	1.83	15%	0	0	0	2	1	0	0	1	1	1	1	0	0	0
35820	Explore chest vessels	090	799	787	-12	-2%	36.89	40.57	3.68	10%	-2	0	0	0	0	1	0	1	2	6	1	0	1	0
35840	Explore abdominal vessels	090	431	433	2	0%	20.75	23.18	2.43	12%	0	0	0	2	1	0	0	1	2	2	1	0	0	0
35860	Explore limb vessels	090	406	411	5	1%	15.25	17.28	2.03	13%	0	0	0	2	1	0	0	1	2	1	1	0	0	0
35870	Repair vessel graft defect	090	715	759.5	44.5	6%	24.50	27.29	2.79	11%	0	0	0	3.5	0	0	0	7.5	0	0	1	0	2.5	0
35875	Removal of clot in graft	090	297	316	19	6%	10.72	11.97	1.25	12%	0	0	0	1	1	0	0	2	0	0	1	0	0	0
35876	Removal of clot in graft	090	402	431	29	7%	17.82	19.55	1.73	10%	0	0	0	1	1	0	0	4	0	0	1	0	0	0
35879	Revise graft w/vein	090	421	448	27	6%	17.41	19.30	1.89	11%	-2	0	0	0	1	1	0	3	1	0	1	0	0	0
35881	Revise graft w/vein	090	450	477	27	6%	19.35	21.37	2.02	10%	0	0	0	1	2	0	0	3	1	0	1	0	0	0
35883	Revj fem anast nonautog grf	090	462	468	6	1%	23.15	24.56	1.41	6%	0	0	0	1	1	0	0	1	2	0	1	0	0	0
35884	Revj fem anast autog vn grf	090	482	488	6	1%	24.65	26.06	1.41	6%	0	0	0	1	1	0	0	1	2	0	1	0	0	0
35901	Excision graft neck	090	482	510	28	6%	8.38	10.44	2.06	25%	0	0	0	4	0	0	0	4	0	0	1	0	0	0
35903	Excision graft extremity	090	416	437	21	5%	9.53	11.13	1.60	17%	0	0	0	3	0	0	0	3	0	0	1	0	0	0
35905	Excision graft thorax	090	720	745	25	3%	33.52	36.38	2.86	9%	0	0	0	1	2	0	0	4	2	1	1	0	0	0
35907	Excision graft abdomen	090	720	745	25	3%	37.27	40.13	2.86	8%	0	0	0	1	2	0	0	4	2	1	1	0	0	0
36260	Insertion of infusion pump	090	287	295.5	8.5	3%	9.91	10.91	1.00	10%	0	0	0	3	0	0	0	0.5	0	0	1	0	0	0
36261	Revision of infusion pump	090	233	240.5	7.5	3%	5.63	6.52	0.89	16%	0	0	0	2.5	0	0	0	0.5	0	0	1	0	0	0
36262	Removal of infusion pump	090	181	185	4	2%	4.11	4.77	0.66	16%	0	0	0	2	0	0	0	0	0	0	1	0	0	0
36557	Insert tunneled cv cath	010	117	119	2	2%	4.89	5.22	0.33	7%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36558	Insert tunneled cv cath	010	111	113	2	2%	4.59	4.92	0.33	7%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36560	Insert tunneled cv cath	010	134	136	2	1%	6.04	6.37	0.33	5%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36561	Insert tunneled cv cath	010	120	122	2	2%	5.79	6.12	0.33	6%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36563	Insert tunneled cv cath	010	140	142	2	1%	5.99	6.32	0.33	6%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36565	Insert tunneled cv cath	010	120	122	2	2%	5.79	6.12	0.33	6%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36566	Insert tunneled cv cath	010	135	137	2	1%	6.29	6.62	0.33	5%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36570	Insert picvad cath	010	135	137	2	1%	5.11	5.44	0.33	6%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36571	Insert picvad cath	010	130	132	2	2%	5.09	5.42	0.33	6%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36576	Repair tunneled cv cath	010	114	116	2	2%	2.99	3.32	0.33	11%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36578	Replace tunneled cv cath	010	106	108	2	2%	3.29	3.62	0.33	10%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36581	Replace tunneled cv cath	010	110	112	2	2%	3.23	3.56	0.33	10%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36582	Replace tunneled cv cath	010	146	148	2	1%	4.99	5.32	0.33	7%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36583	Replace tunneled cv cath	010	147	149	2	1%	5.04	5.37	0.33	7%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36585	Replace picvad cath	010	131	133	2	2%	4.59	4.92	0.33	7%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36589	Removal tunneled cv cath	010	79	79	0	0%	2.28	2.39	0.11	5%	-2	0	1	0	0	0	0	0	0	0	0.5	0	0	0
36590	Removal tunneled cv cath	010	105	107	2	2%	3.10	3.43	0.33	11%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36818	Av fuse uppr arm cephalic	090	248	257	9	4%	12.39	13.05	0.66	5%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
36819	Av fuse uppr arm basilic	090	283	292	9	3%	13.29	13.95	0.66	5%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
36820	Av fusion/forearm vein	090	258	267	9	3%	13.07	13.73	0.66	5%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
36821	Av fusion direct any site	090	233	242	9	4%	11.90	12.56	0.66	6%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
36823	Insertion of cannula(s)	090	606	618	12	2%	22.98	25.34	2.36	10%	0	0	0	2	2	0	0	1	2	1	1	0	0	0
36825	Artery-vein autograft	090	306	322	16	5%	14.17	15.16	0.99	7%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
36830	Artery-vein nonautograft	090	248	257	9	4%	12.03	12.69	0.66	5%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
36831	Open thrombect av fistula	090	248	257	9	4%	11.00	11.66	0.66	6%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
36832	Av fistula revision open	090	276	292	16	6%	13.50	14.49	0.99	7%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
36833	Av fistula revision	090	306	322	16	5%	14.50	15.49	0.99	7%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
36835	Artery to vein shunt	090	242	257	15	6%	7.51	8.76	1.25	17%	0	0	0	2.5	0	0	0	2	0	0	1	0	0	0
36838	Dist revas ligation hemo	090	424	439	15	4%	21.69	23.01	1.32	6%	0	0	0	0	2	0	0	1	1	0	1	0	0	0

37140	Revision of circulation	090	845	866	21	2%	40.00	42.93	2.93	7%	0	0	0	0	3	0	0	3	3	1	1	0	2	0
37145	Revision of circulation	090	798	823	25	3%	37.00	39.73	2.73	7%	0	0	0	0	3	0	0	3	2	1	1	0	2	0
37160	Revision of circulation	090	785	810	25	3%	38.00	40.73	2.73	7%	0	0	0	0	3	0	0	3	2	1	1	0	2	0
37180	Revision of circulation	090	805	830	25	3%	36.50	39.23	2.73	7%	0	0	0	0	3	0	0	3	2	1	1	0	2	0
37181	Splice spleen/kidney veins	090	785	801	16	2%	40.00	42.69	2.69	7%	0	0	0	0	3	0	0	2	3	1	1	0	1	0
37215	Transcath stent cca w/eps	090	337	347	10	3%	17.75	18.83	1.08	6%	0	0	0	0	2	0	0	0	1	0	1	0	0	0
37216	Transcath stent cca w/o eps	090	341	351	10	3%	17.98	19.06	1.08	6%	0	0	0	0	2	0	0	0	1	0	1	0	0	0
37217	Stent placemt retro carotid	090	403	410	7	2%	20.38	21.86	1.48	7%	0	0	0	0	2	0	0	0	1	1	1	0	0	0
37218	Stent placemt ante carotid	090	255	274	19	7%	14.75	15.87	1.12	8%	0	0	0	0	2	0	0	1	0	0	1	0	0	0
37500	Endoscopy ligate perf veins	090	261	277	16	6%	11.67	12.66	0.99	8%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
37565	Ligation of neck vein	090	312	314	2	1%	12.05	13.42	1.37	11%	0	0	0	1	1	0	0	0	1	1	1	0	0	0
37600	Ligation of neck artery	090	322	324	2	1%	12.42	13.79	1.37	11%	0	0	0	1	1	0	0	0	1	1	1	0	0	0
37605	Ligation of neck artery	090	342	344	2	1%	14.28	15.65	1.37	10%	0	0	0	1	1	0	0	0	1	1	1	0	0	0
37606	Ligation of neck artery	090	606	637	31	5%	8.81	10.89	2.08	24%	0	0	0	3	0	0	0	5	0	0	1	0	3.5	0
37607	Ligation of a-v fistula	090	242	246	4	2%	6.25	6.69	0.44	7%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
37609	Temporal artery procedure	010	130	132	2	2%	3.05	3.38	0.33	11%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
37615	Ligation of neck artery	090	489	511.5	22.5	5%	7.80	9.41	1.61	21%	0	0	0	2.5	0	0	0	3.5	0	0	1	0	3	0
37616	Ligation of chest artery	090	656	696	40	6%	18.97	21.42	2.45	13%	0	0	0	2.5	0	0	0	7	0	0	1	0	3	0
37617	Ligation of abdomen artery	090	475	483	8	2%	23.79	25.84	2.05	9%	0	0	0	1	1	0	0	2	2	1	1	0	0	0
37618	Ligation of extremity artery	090	359	376.5	17.5	5%	6.03	7.40	1.37	23%	0	0	0	2.5	0	0	0	2.5	0	0	1	0	1.5	0
37619	Ligation of inf vena cava	090	683	698	15	2%	30.00	32.38	2.38	8%	0	0	0	1	2	0	0	2	2	1	1	0	2	0
37650	Revision of major vein	090	262	267	5	2%	8.49	9.46	0.97	11%	0	0	0	1	1	0	0	0	1	0	1	0	0	0
37660	Revision of major vein	090	397	404	7	2%	22.28	23.89	1.61	7%	0	0	0	1	1	0	0	1	1	1	1	0	0	0
37700	Revise leg vein	090	152	156	4	3%	3.82	4.37	0.55	14%	0	0	0	2	0	0	0	0	0	0	0.5	0	0	0
37718	Ligate/strip short leg vein	090	178	187	9	5%	7.13	7.79	0.66	9%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
37722	Ligate/strip long leg vein	090	198	207	9	5%	8.16	8.82	0.66	8%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
37735	Removal of leg veins/lesion	090	365	381	16	4%	10.90	12.26	1.36	12%	0	0	0	3	0	0	0	2	0	0	1	0	0	0
37760	Ligate leg veins radical	090	335	348.5	13.5	4%	10.78	12.02	1.24	12%	0	0	0	3	0	0	0	1.5	0	0	1	0	0	0
37761	Ligate leg veins open	090	224	240	16	7%	9.13	10.12	0.99	11%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
37765	Stab phleb veins xtr 10-20	010	117	124	7	6%	4.80	5.13	0.33	7%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
37766	Phleb veins - extrem 20+	010	133	140	7	5%	6.00	6.33	0.33	5%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
37780	Revision of leg vein	090	179	183	4	2%	3.93	4.59	0.66	17%	0	0	0	2	0	0	0	0	0	0	1	0	0	0
37785	Ligate/divide/excise vein	090	177	181	4	2%	3.93	4.48	0.55	14%	0	0	0	2	0	0	0	0	0	0	0.5	0	0	0
37788	Revascularization penis	090	627	624	-3	0%	23.33	25.23	1.90	8%	0	0	0	4	0	0	0	0	2	1	1	0	0	0
37790	Penile venous occlusion	090	257	261	4	2%	8.43	8.87	0.44	5%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
38100	Removal of spleen total	090	442	459	17	4%	19.55	21.64	2.09	11%	0	0	0	1	1	0	0	3	1	1	1	0	0	0
38101	Removal of spleen partial	090	442	459	17	4%	19.55	21.64	2.09	11%	0	0	0	1	1	0	0	3	1	1	1	0	0	0
38115	Repair of ruptured spleen	090	492	505	13	3%	21.88	24.17	2.29	10%	0	0	0	1	1	0	0	3	2	1	1	0	0	0
38120	Laparoscopy splenectomy	090	434	468	34	8%	17.07	18.91	1.84	11%	0	0	0	0	2	0	0	4	0	0	1	0	0	0
38300	Drainage lymph node lesion	010	134	143	9	7%	2.36	2.91	0.55	23%	0	0	0	1	1	0	0	0	0	0	0	0	0	0
38305	Drainage lymph node lesion	090	186	202	16	9%	6.68	7.67	0.99	15%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
38308	Incision of lymph channels	090	178	187	9	5%	6.81	7.47	0.66	10%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
38380	Thoracic duct procedure	090	350	370.5	20.5	6%	8.46	10.16	1.70	20%	0	0	0	4	0	0	0	2.5	0	0	1	0	1	0
38381	Thoracic duct procedure	090	348	369.5	21.5	6%	13.38	14.88	1.50	11%	0	0	0	2	0	0	0	3.5	0	0	1	0	0	0
38382	Thoracic duct procedure	090	335	359	24	7%	10.65	12.58	1.93	18%	0	0	0	4.5	0	0	0	3	0	0	1	0	0	0
38500	Biopsy/removal lymph nodes	010	115	117	2	2%	3.79	4.12	0.33	9%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
38510	Biopsy/removal lymph nodes	010	152	159	7	5%	6.74	7.18	0.44	7%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
38520	Biopsy/removal lymph nodes	090	193	202	9	5%	7.03	7.69	0.66	9%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
38525	Biopsy/removal lymph nodes	090	178	187	9	5%	6.43	7.09	0.66	10%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
38530	Biopsy/removal lymph nodes	090	205.5	214.5	9	4%	8.34	9.00	0.66	8%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
38531	Open bx/exc inguinofem nodes	090	223	237	14	6%	6.74	7.51	0.77	11%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
38542	Explore deep node(s) neck	090	198	212	14	7%	7.95	8.72	0.77	10%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
38550	Removal neck/armpit lesion	090	211	219	8	4%	7.11	8.10	0.99	14%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
38555	Removal neck/armpit lesion	090	536	564.5	28.5	5%	15.59	17.86	2.27	15%	0	0	0	5.5	0	0	0	3.5	0	0	1	0	1.5	0
38562	Removal pelvic lymph nodes	090	326	350	24	7%	11.06	12.99	1.93	17%	0	0	0	4.5	0	0	0	3	0	0	1	0	0	0
38564	Removal abdomen lymph nodes	090	349	372.5	23.5	7%	11.38	13.10	1.72	15%	0	0	0	3	0	0	0	3.5	0	0	1	0	0	0
38570	Laparoscopy lymph node biop	010	220	229	9	4%	8.49	9.26	0.77	9%	0	0	0	1	1	0	0	0	0	0	1	0	0	0
38571	Laparoscopy lymphadenectomy	010	250	259	9	4%	12.00	12.77	0.77	6%	0	0	0	1	1	0	0	0	0	0	1	0	0	0
38572	Laparoscopy lymphadenectomy	010	321	337	16	5%	15.60	16.57	0.97	6%	-2	0	0	0	1	1	0	0	0	0	1	0	0	0
38573	Laps pelvic lymphadec	010	360	376	16	4%	20.00	20.86	0.86	4%	-2	0	0	0	1	1	0	0	0	0	0.5	0	0	0
38700	Removal of lymph nodes neck	090	300	321	21	7%	12.81	14.15	1.34	10%	0	0	0	1	2	0	0	1	0	0	1	0	0	0
38720	Removal of lymph nodes neck	090	482	518	36	7%	21.95	24.26	2.31	11%	-2	0	0	0	3	1	0	2	1	0	1	0	0	0
38724	Removal of lymph nodes neck	090	512	548	36	7%	23.95	26.26	2.31	10%	-2	0	0	0	3	1	0	2	1	0	1	0	0	0
38740	Remove armpit lymph nodes	090	231	247	16	7%	10.70	11.69	0.99	9%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
38745	Remove armpit lymph nodes	090	270.5	288.5	18	7%	13.87	14.95	1.08	8%	-2	0	0	1	1	1	0	0	0	0	0.5	0	0	0
38760	Remove groin lymph nodes	090	241	257	16	7%	13.62	14.61	0.99	7%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
38765	Remove groin lymph nodes	090	465	475	10	2%	21.91	24.05	2.14	10%	0	0	0	1	2	0	0	1	2	1	1	0	0	0
38770	Remove pelvis lymph nodes	090	403	438	35	9%	14.06	16.27	2.21	16%	0	0	0	2.5	0	0	0	6	0	0	1	0	0	0
38780	Remove abdomen lymph nodes	090	551	597.5	46.5	8%	17.70	20.71	3.01	17%	0	0	0	4.5	0	0	0	7.5	0	0	1	0	0	0
38794	Access thoracic lymph duct	090	207	214	7	3%	4.62	5.61	0.99	21%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
39000	Exploration of chest	090	381.5	412	30.5	8%	7.57	9.25	1.68	22%	0	0	0	0	1.5	0	0	4	0	0	1	0	1	0
39010	Exploration of chest	090	423.5	451.5	28	7%	13.19	14.75	1.56	12%	0	0	0	0	1.5	0	0	3.5	0	0	1	0	1	0
39200	Resect mediastinal cyst	090	459	493.5	34.5	8%	15.09	16.96	1.87	12%	0	0	0	0	1	0	0	5.5	0	0	1	0	1	0

39220	Resect mediastinal tumor	090	436	442	6	1%	19.55	20.96	1.41	7%	0	0	0	1	1	0	0	1	2	0	1	0	0	0
39501	Repair diaphragm laceration	090	378	411.5	33.5	9%	13.98	16.18	2.20	16%	0	0	0	3	0	0	0	5.5	0	0	1	0	0	0
39503	Repair of diaphragm hernia	090	2138	2139	1	0%	108.91	113.68	4.77	4%	-2	0	0	2	2	1	0	0	5	5	0	1	14	6
39540	Repair of diaphragm hernia	090	490	521.5	31.5	6%	14.57	16.55	1.98	14%	0	0	0	2	0	0	0	5.5	0	0	1	0	1	0
39541	Repair of diaphragm hernia	090	522	557	35	7%	15.75	17.96	2.21	14%	0	0	0	2.5	0	0	0	6	0	0	1	0	1	0
39545	Revision of diaphragm	090	466	499.5	33.5	7%	14.67	16.87	2.20	15%	0	0	0	3	0	0	0	5.5	0	0	1	0	1	0
39560	Resect diaphragm simple	090	323	350	27	8%	13.06	15.12	2.06	16%	0	0	0	3	0	0	0	5	1	0	0	0	0	0
39561	Resect diaphragm complex	090	505	549	44	9%	19.99	22.85	2.86	14%	-6	0	0	0	0	3	0	5	2	0	0	0	0	0
49186	Opn exc/dstr ntra-abd 5 cm/<	090	442	471	29	7%	22.00	23.98	1.98	9%	-2	0	0	0	2	1	0	2	1	0	1	0	0	0
49187	Opn exc/dstr ntra-abd 5.1-10	090	542	568	26	5%	28.65	31.03	2.38	8%	-2	0	0	0	2	1	0	2	1	1	1	0	0	0
49188	Opn exc/dst ntra-abd 10.1-20	090	717	747	30	4%	34.00	37.10	3.10	9%	-2	0	0	0	3	1	0	1	2	2	0	1	0	0
49189	Opn exc/dst ntra-abd 20.1-30	090	814	849	35	4%	40.00	43.34	3.34	8%	-2	0	0	0	3	1	0	2	2	2	0	1	0	0
49190	Opn exc/dstr ntra-abd >30 cm	090	1046	1069	23	2%	50.00	54.39	4.39	9%	-4	0	0	0	2	2	0	1	2	5	0	1	0	0
40500	Partial excision of lip	090	206	214	8	4%	4.47	5.35	0.88	20%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
40510	Partial excision of lip	090	153	158	5	3%	4.82	5.37	0.55	11%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
40520	Partial excision of lip	090	151	156	5	3%	4.79	5.34	0.55	11%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
40525	Reconstruct lip with flap	090	270	277	7	3%	7.72	8.60	0.88	11%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
40527	Reconstruct lip with flap	090	316	324	8	3%	9.32	10.42	1.10	12%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
40530	Partial removal of lip	090	191	197	6	3%	5.54	6.31	0.77	14%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
40650	Rpr lip fth vermilion only	090	126	132	6	5%	3.78	4.44	0.66	17%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
40652	Rpr lip fth<half ver height	090	154	161	7	5%	4.43	5.20	0.77	17%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
40654	Rpr lip fth>1half ver ht/cpx	090	183	190	7	4%	5.48	6.25	0.77	14%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
40700	Repair cleft lip/nasal	090	337	370	33	10%	14.17	15.95	1.78	13%	0	0	0	0	4	0	0	1	0	0	1	0	0	0
40701	Repair cleft lip/nasal	090	380	413	33	9%	17.23	19.01	1.78	10%	0	0	0	0	4	0	0	1	0	0	1	0	0	0
40702	Repair cleft lip/nasal	090	348.5	378	29.5	8%	14.27	15.89	1.62	11%	0	0	0	0	3.5	0	0	1	0	0	1	0	0	0
40720	Repair cleft lip/nasal	090	357.5	384.5	27	8%	14.72	16.22	1.50	10%	0	0	0	0	3.5	0	0	0.5	0	0	1	0	0	0
40761	Repair cleft lip/nasal	090	387	415.5	28.5	7%	15.84	17.41	1.57	10%	0	0	0	0	3	0	0	1.5	0	0	1	0	0	0
40800	Drainage of mouth lesion	010	63	65	2	3%	1.23	1.45	0.22	18%	-2	0	1	1	0	0	0	0	0	0	0	0	0	0
40801	Drainage of mouth lesion	010	87	91	4	5%	2.63	3.07	0.44	17%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
40804	Removal foreign body mouth	010	78	80	2	3%	1.30	1.52	0.22	17%	-2	0	1	1	0	0	0	0	0	0	0	0	0	0
40805	Removal foreign body mouth	010	97	101	4	4%	2.79	3.23	0.44	16%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
40808	Biopsy of mouth lesion	010	46	48	2	4%	1.05	1.27	0.22	21%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
40810	Excision of mouth lesion	010	56	58	2	4%	1.36	1.58	0.22	16%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
40812	Excise/repair mouth lesion	010	68	70	2	3%	2.37	2.59	0.22	9%	-2	0	1	1	0	0	0	0	0	0	0	0	0	0
40814	Excise/repair mouth lesion	090	96	100	4	4%	3.52	3.96	0.44	13%	-2	0	1	2	0	0	0	0	0	0	0	0	0	0
40816	Excision of mouth lesion	090	114	118	4	4%	3.77	4.21	0.44	12%	-2	0	1	2	0	0	0	0	0	0	0	0	0	0
40818	Excise oral mucosa for graft	090	123	134	11	9%	2.83	3.60	0.77	27%	0	0	0	2	1	0	0	0	0	0	0	0	0	0
40819	Excise lip or cheek fold	090	77	81	4	5%	2.51	2.95	0.44	18%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
40820	Treatment of mouth lesion	010	68	70	2	3%	1.34	1.56	0.22	16%	-2	0	1	1	0	0	0	0	0	0	0	0	0	0
40830	Repair mouth laceration	010	68	70	2	3%	1.82	2.04	0.22	12%	-2	0	1	1	0	0	0	0	0	0	0	0	0	0
40831	Repair mouth laceration	010	99	103	4	4%	2.57	3.01	0.44	17%	-2	0	1	2	0	0	0	0	0	0	0	0	0	0
40840	Reconstruction of mouth	090	272	283	11	4%	9.15	9.92	0.77	8%	-2	0	1	2	1	0	0	0	0	0	0	0	0	0
40842	Reconstruction of mouth	090	250	261	11	4%	9.15	9.92	0.77	8%	-2	0	1	2	1	0	0	0	0	0	0	0	0	0
40843	Reconstruction of mouth	090	370	392	22	6%	12.79	13.81	1.02	8%	-3	0	1	0	1	0	1	0	0	0	0	0	0	0
40844	Reconstruction of mouth	090	417	443	26	6%	16.80	18.26	1.46	9%	-3	0	1	2	1	0	1	0	0	0	0	0	0	0
40845	Reconstruction of mouth	090	397	423	26	7%	19.36	20.82	1.46	8%	-3	0	1	2	1	0	1	0	0	0	0	0	0	0
41000	Drainage of mouth lesion	010	51	53	2	4%	1.35	1.57	0.22	16%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
41005	Drainage of mouth lesion	010	53	55	2	4%	1.31	1.53	0.22	17%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
41006	Drainage of mouth lesion	090	104	108	4	4%	3.34	3.89	0.55	16%	0	0	0	2	0	0	0	0	0	0	0.5	0	0	0
41007	Drainage of mouth lesion	090	106	110	4	4%	3.20	3.75	0.55	17%	0	0	0	2	0	0	0	0	0	0	0.5	0	0	0
41008	Drainage of mouth lesion	090	109	113	4	4%	3.46	4.01	0.55	16%	0	0	0	2	0	0	0	0	0	0	0.5	0	0	0
41009	Drainage of mouth lesion	090	119	124	5	4%	3.71	4.37	0.66	18%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
41010	Incision of tongue fold	010	40	42	2	5%	1.11	1.33	0.22	20%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
41015	Drainage of mouth lesion	090	131	136	5	4%	4.08	4.74	0.66	16%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
41016	Drainage of mouth lesion	090	169	174	5	3%	4.19	4.96	0.77	18%	0	0	0	2.5	0	0	0	0	0	0	1	0	0	0
41017	Drainage of mouth lesion	090	176	181	5	3%	4.19	4.96	0.77	18%	0	0	0	2.5	0	0	0	0	0	0	1	0	0	0
41018	Drainage of mouth lesion	090	179	184	5	3%	5.22	5.99	0.77	15%	0	0	0	2.5	0	0	0	0	0	0	1	0	0	0
41100	Biopsy of tongue	010	66	68	2	3%	1.42	1.64	0.22	15%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
41105	Biopsy of tongue	010	51	53	2	4%	1.47	1.69	0.22	15%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
41108	Biopsy of floor of mouth	010	42	44	2	5%	1.10	1.32	0.22	20%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
41110	Excision of tongue lesion	010	56	58	2	4%	1.56	1.78	0.22	14%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
41112	Excision of tongue lesion	090	93	97	4	4%	2.83	3.27	0.44	16%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
41113	Excision of tongue lesion	090	104	108	4	4%	3.29	3.73	0.44	13%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
41114	Excision of tongue lesion	090	275	289.5	14.5	5%	8.82	10.17	1.35	15%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0	0
41115	Excision of tongue fold	010	48	50	2	4%	1.79	2.01	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
41116	Excision of mouth lesion	090	74	77	3	4%	2.52	2.85	0.33	13%	0	0	0	1.5	0	0	0	0	0	0	0	0	0	0
41120	Partial removal of tongue	090	278	308	30	11%	11.14	12.66	1.52	14%	-2	0	0	0	3	1	0	0	0	0	0.5	0	0	0
41130	Partial removal of tongue	090	407	452	45	11%	15.74	18.09	2.35	15%	-2	0	0	0	3	1	0	3	0	0	1	0	0	0
41135	Tongue and neck surgery	090	696	734	38	5%	30.14	33.60	3.46	11%	-2	0	0	1	4	1	0	2	2	1	1	0	0	0
41140	Removal of tongue	090	728	769	41	6%	29.15	33.14	3.99	14%	-4	0	0	1	3	2	0	3	3	1	1	0	0	0
41145	Tongue removal neck surgery	090	913	964	51	6%	37.93	42.40	4.47	12%	-4	0	0	1	3	2	0	5	3	1	1	0	0	0
41150	Tongue mouth jaw surgery	090	713	758	45	6%	29.86	33.65	3.79	13%	-4	0	0	1	3	2	0	3	2	1	1	0	0	0
41153	Tongue mouth neck surgery	090	826	865	39	5%	33.59	37.49	3.90	12%	-2	0	0	1	4	1	0	3	3	1	1	0	0	0

41155	Tongue jaw & neck surgery	090	968	1011	43	4%	44.30	48.93	4.63	10%	-4	0	0	1	3	2	0	4	3	2	1	0	0	0
41250	Repair tongue laceration	010	69	71	2	3%	1.96	2.18	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
41251	Repair tongue laceration	010	80	82	2	2%	2.32	2.54	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
41252	Repair tongue laceration	010	91	93	2	2%	3.02	3.24	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
41510	Tongue to lip surgery	090	97	101	4	4%	3.51	3.95	0.44	13%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
41512	Tongue suspension	090	209	220	11	5%	6.86	7.74	0.88	13%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
41520	Reconstruction tongue fold	090	90	94	4	4%	2.83	3.27	0.44	16%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
41800	Drainage of gum lesion	010	59	63	4	7%	1.27	1.71	0.44	35%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
41805	Removal foreign body gum	010	55	59	4	7%	1.34	1.78	0.44	33%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
41806	Removal foreign body jawbone	010	80	84	4	5%	2.79	3.23	0.44	16%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
41822	Excision of gum lesion	010	107	111	4	4%	2.41	2.85	0.44	18%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
41823	Excision of gum lesion	090	138	151	13	9%	3.77	4.76	0.99	26%	0	0	0	3	1	0	0	0	0	0	0	0	0	0
41825	Excision of gum lesion	010	57	61	4	7%	1.41	1.85	0.44	31%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
41826	Excision of gum lesion	010	73	77	4	5%	2.41	2.85	0.44	18%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
41827	Excision of gum lesion	090	141	152	11	8%	3.83	4.60	0.77	20%	0	0	0	2	1	0	0	0	0	0	0	0	0	0
41828	Excision of gum lesion	010	129	131	2	2%	3.14	3.36	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
41830	Removal of gum tissue	010	154	158	4	3%	3.45	3.89	0.44	13%	-2	0	1	2	0	0	0	0	0	0	0	0	0	0
41872	Repair gum	090	122	133	11	9%	3.01	3.78	0.77	26%	0	0	0	2	1	0	0	0	0	0	0	0	0	0
41874	Repair tooth socket	090	152	156	4	3%	3.19	3.63	0.44	14%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
42000	Drainage mouth roof lesion	010	49	51	2	4%	1.28	1.50	0.22	17%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
42100	Biopsy roof of mouth	010	42	44	2	5%	1.36	1.58	0.22	16%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
42104	Excision lesion mouth roof	010	52	54	2	4%	1.69	1.91	0.22	13%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
42106	Excision lesion mouth roof	010	68	70	2	3%	2.15	2.37	0.22	10%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
42107	Excision lesion mouth roof	090	160	165	5	3%	4.56	5.22	0.66	14%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
42120	Remove palate/lesion	090	306	329	23	8%	11.86	13.42	1.56	13%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
42140	Excision of uvula	090	84	87	3	4%	1.70	2.03	0.33	19%	0	0	0	1.5	0	0	0	0	0	0	0	0	0	0
42145	Repair palate pharynx/uvula	090	262	283	21	8%	9.78	10.99	1.21	12%	0	0	0	0	3	0	0	0	0	0	1	0	0	0
42160	Treatment mouth roof lesion	010	54	56	2	4%	1.85	2.07	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
42180	Repair lac palate<2 cm	010	65	67	2	3%	2.55	2.77	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
42182	Repair palate	010	90	92	2	2%	3.87	4.09	0.22	6%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
42200	Reconstruct cleft palate	090	330	346	16	5%	12.53	13.76	1.23	10%	-2	0	1	2	1	0	0	1	0	0	1	0	0	0
42205	Reconstruct cleft palate	090	288	304	16	6%	13.66	15.02	1.36	10%	0	0	0	3	0	0	0	2	0	0	1	0	0	0
42210	Reconstruct cleft palate	090	390	406	16	4%	15.03	16.26	1.23	8%	-2	0	1	2	1	0	0	1	0	0	1	0	0	0
42215	Reconstruct cleft palate	090	265	272	7	3%	8.99	9.98	0.99	11%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
42220	Reconstruct cleft palate	090	260	266	6	2%	7.16	8.04	0.88	12%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
42225	Reconstruct cleft palate	090	287	296.5	9.5	3%	9.77	10.88	1.11	11%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
42226	Lengthening of palate	090	316	330.5	14.5	5%	10.35	11.70	1.35	13%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0	0
42227	Lengthening of palate	090	291	307	16	5%	9.90	11.26	1.36	14%	0	0	0	3	0	0	0	2	0	0	1	0	0	0
42235	Repair palate	090	248	254	6	2%	8.01	8.89	0.88	11%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
42260	Repair nose to lip fistula	090	280	291	11	4%	10.22	11.21	0.99	10%	-2	0	1	2	1	0	0	0	0	0	1	0	0	0
42280	Preparation palate mold	010	53	55	2	4%	1.59	1.81	0.22	14%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
42281	Insertion palate prosthesis	010	83	85	2	2%	1.98	2.31	0.33	17%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
42300	Drainage of salivary gland	010	66	68	2	3%	1.98	2.20	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
42305	Drainage of salivary gland	090	203	213	10	5%	6.31	7.32	1.01	16%	0	0	0	2.5	0	0	0	1	0	0	1	0	0	0
42310	Drainage of salivary gland	010	57	59	2	4%	1.61	1.83	0.22	14%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
42320	Drainage of salivary gland	010	77	79	2	3%	2.40	2.62	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
42330	Removal of salivary stone	010	63	65	2	3%	2.26	2.48	0.22	10%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
42335	Removal of salivary stone	090	98	102	4	4%	3.41	3.85	0.44	13%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
42340	Removal of salivary stone	090	136	141	5	4%	4.72	5.27	0.55	12%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
42405	Biopsy of salivary gland	010	95	97	2	2%	3.34	3.56	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
42408	Excision of salivary cyst	090	134	139	5	4%	4.66	5.21	0.55	12%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
42409	Drainage of salivary cyst	090	87	91	4	5%	2.91	3.35	0.44	15%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
42410	Excise parotid gland/lesion	090	285	294.5	9.5	3%	9.57	10.68	1.11	12%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
42415	Excise parotid gland/lesion	090	333	349	16	5%	17.16	18.15	0.99	6%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
42420	Excise parotid gland/lesion	090	383	399	16	4%	19.53	20.52	0.99	5%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
42425	Excise parotid gland/lesion	090	348	365	17	5%	13.42	14.89	1.47	11%	0	0	0	3.5	0	0	0	2	0	0	1	0	0	0
42426	Excise parotid gland/lesion	090	654	692	38	6%	22.66	25.20	2.54	11%	0	0	0	4	0	0	0	6	0	0	1	0	1	0
42440	Excise submaxillary gland	090	198	207	9	5%	6.14	6.80	0.66	11%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
42450	Excise sublingual gland	090	155	160	5	3%	4.74	5.40	0.66	14%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
42500	Repair salivary duct	090	148	153	5	3%	4.42	5.08	0.66	15%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
42505	Repair salivary duct	090	207	213	6	3%	6.32	7.09	0.77	12%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
42507	Parotid duct diversion	090	191	197	6	3%	6.25	6.91	0.66	11%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
42509	Parotid duct diversion	090	349	358.5	9.5	3%	11.76	12.87	1.11	9%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
42510	Parotid duct diversion	090	270	278.5	8.5	3%	8.35	9.35	1.00	12%	0	0	0	3	0	0	0	0.5	0	0	1	0	0	0
42600	Closure of salivary fistula	090	163	168	5	3%	4.94	5.60	0.66	13%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
42665	Ligation of salivary duct	090	92	96	4	4%	2.63	3.07	0.44	17%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
42700	Drainage of tonsil abscess	010	53	55	2	4%	1.67	1.89	0.22	13%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
42720	Drainage of throat abscess	010	278	280	2	1%	6.31	7.41	1.10	17%	0	0	0	0	0	0	0	2	2	0	1	0	0	0
42725	Drainage of throat abscess	090	390	413	23	6%	12.41	14.63	2.22	18%	0	0	0	1	2	0	0	3	2	0	1	0	0	0
42800	Biopsy of throat	010	45	47	2	4%	1.44	1.66	0.22	15%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
42804	Biopsy of upper nose/throat	010	49	51	2	4%	1.29	1.51	0.22	17%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
42806	Biopsy of upper nose/throat	010	74	76	2	3%	1.63	1.85	0.22	13%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
42808	Excise pharynx lesion	010	87	89	2	2%	2.35	2.57	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0

42809	Remove pharynx foreign body	010	72	74	2	3%	1.86	2.08	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0
42810	Excision of neck cyst	090	126	131	5	4%	3.38	3.93	0.55	16%	0	0	0	2.5	0	0	0	0	0	0	0	0	0
42815	Excision of neck cyst	090	240	250	10	4%	7.31	8.32	1.01	14%	0	0	0	2.5	0	0	0	1	0	0	1	0	0
42820	Remove tonsils and adenoids	090	151	158	7	5%	4.22	4.77	0.55	13%	0	0	0	0	1	0	0	0	0	0	1	0	0
42821	Remove tonsils and adenoids	090	141	144	3	2%	4.36	4.80	0.44	10%	0	0	0	1.5	0	0	0	0	0	0	0.5	0	0
42825	Removal of tonsils	090	130	134	4	3%	3.51	4.06	0.55	16%	0	0	0	2	0	0	0	0	0	0	0.5	0	0
42826	Removal of tonsils	090	124	127	3	2%	3.45	3.89	0.44	13%	0	0	0	1.5	0	0	0	0	0	0	0.5	0	0
42830	Removal of adenoids	090	103	106	3	3%	2.65	2.98	0.33	12%	0	0	0	1.5	0	0	0	0	0	0	0	0	0
42831	Removal of adenoids	090	93	97	4	4%	2.81	3.25	0.44	16%	0	0	0	2	0	0	0	0	0	0	0	0	0
42835	Removal of adenoids	090	81	84	3	4%	2.38	2.71	0.33	14%	0	0	0	1.5	0	0	0	0	0	0	0	0	0
42836	Removal of adenoids	090	84	87	3	4%	3.26	3.59	0.33	10%	0	0	0	1.5	0	0	0	0	0	0	0	0	0
42842	Extensive surgery of throat	090	330	360	30	9%	12.23	13.99	1.76	14%	-2	0	0	1	2	1	0	1	0	0	1	0	0
42844	Extensive surgery of throat	090	445	476	31	7%	17.78	19.98	2.20	12%	-2	0	0	1	2	1	0	2	1	0	1	0	0
42845	Extensive surgery of throat	090	825	852	27	3%	32.56	36.44	3.88	12%	-2	0	0	1	2	1	0	4	3	2	1	0	0
42860	Excision of tonsil tags	090	76	79	3	4%	2.30	2.63	0.33	14%	0	0	0	1.5	0	0	0	0	0	0	0	0	0
42870	Excision of lingual tonsil	090	167	172	5	3%	5.52	6.18	0.66	12%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0
42890	Partial removal of pharynx	090	510	542	32	6%	19.13	21.77	2.64	14%	-2	0	0	1	2	1	0	3	2	0	1	0	0
42892	Revision of pharyngeal walls	090	643	679	36	6%	26.03	29.40	3.37	13%	-2	0	0	1	3	1	0	3	2	1	1	0	0
42894	Revision of pharyngeal walls	090	836	871	35	4%	33.92	38.02	4.10	12%	-2	0	0	1	4	1	0	3	4	1	1	0	0
42900	Repair throat wound	010	163	165	2	1%	5.29	5.73	0.44	8%	0	0	0	1	0	0	0	0	0	0	1	0	0
42950	Reconstruction of throat	090	293	300	7	2%	8.27	9.26	0.99	12%	0	0	0	3.5	0	0	0	0	0	0	1	0	0
42953	Repair throat esophagus	090	409	429.5	20.5	5%	9.45	11.15	1.70	18%	0	0	0	4	0	0	0	2.5	0	0	1	0	0
42955	Surgical opening of throat	090	282	308	26	9%	8.01	9.85	1.84	23%	0	0	0	3	0	0	0	4	0	0	1	0	0
42960	Control throat bleeding	010	70	72	2	3%	2.38	2.60	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0
42961	Control throat bleeding	090	193	200.5	7.5	4%	5.77	6.66	0.89	15%	0	0	0	2.5	0	0	0	0.5	0	0	1	0	0
42962	Control throat bleeding	090	234	245	11	5%	7.40	8.52	1.12	15%	0	0	0	3	0	0	0	1	0	0	1	0	0
42970	Control nose/throat bleeding	090	193	209.5	16.5	9%	5.82	7.08	1.26	22%	0	0	0	2	0	0	0	2.5	0	0	1	0	0
42971	Control nose/throat bleeding	090	227	243.5	16.5	7%	6.60	7.86	1.26	19%	0	0	0	2	0	0	0	2.5	0	0	1	0	0
42972	Control nose/throat bleeding	090	243	259.5	16.5	7%	7.59	8.85	1.26	17%	0	0	0	2	0	0	0	2.5	0	0	1	0	0
43020	Incision of esophagus	090	221	227	6	3%	8.23	9.11	0.88	11%	0	0	0	3	0	0	0	0	0	0	1	0	0
43030	Throat muscle surgery	090	244	256.5	12.5	5%	7.99	9.12	1.13	14%	0	0	0	2.5	0	0	0	1.5	0	0	1	0	0
43045	Incision of esophagus	090	536.5	588.5	52	10%	21.88	24.58	2.70	12%	0	0	0	0	3.5	0	0	5.5	0	0	1	0	0
43100	Excision of esophagus lesion	090	334	353.5	19.5	6%	9.66	11.25	1.59	16%	0	0	0	3.5	0	0	0	2.5	0	0	1	0	0
43101	Excision of esophagus lesion	090	459	494	35	8%	17.07	19.28	2.21	13%	0	0	0	2.5	0	0	0	6	0	0	1	0	0
43107	Removal of esophagus	090	977	1003	26	3%	52.05	55.48	3.43	7%	-2	0	0	1	2	1	0	2	3	2	0	1	2	0
43108	Removal of esophagus	090	1358	1358	0	0%	82.87	87.86	4.99	6%	-2	0	0	1	2	1	0	1	6	5	0	1	1	0
43112	Esphg tot w/thrcm	090	1097	1128	31	3%	62.00	65.67	3.67	6%	-2	0	0	1	2	1	0	3	3	2	0	1	2	0
43113	Removal of esophagus	090	1358	1358	0	0%	80.06	85.05	4.99	6%	-2	0	0	1	2	1	0	1	6	5	0	1	2	0
43116	Partial removal of esophagus	090	1403	1406	3	0%	92.99	97.58	4.59	5%	-2	0	0	1	2	1	0	1	6	4	0	1	1	0
43117	Partial removal of esophagus	090	1067	1098	31	3%	57.50	61.17	3.67	6%	-2	0	0	1	2	1	0	3	3	2	0	1	2	0
43118	Partial removal of esophagus	090	1184	1188	4	0%	67.07	71.86	4.79	7%	-2	0	0	1	2	1	0	1	5	5	0	1	1	0
43121	Partial removal of esophagus	090	962	977	15	2%	51.43	55.42	3.99	8%	-2	0	0	1	2	1	0	1	3	4	0	1	1	0
43122	Partial removal of esophagus	090	1015	1054	39	4%	44.18	47.69	3.51	8%	-2	0	0	1	2	1	0	4	3	1	0	1	2	0
43123	Partial removal of esophagus	090	1419	1411	-8	-1%	83.12	88.51	5.39	6%	-2	0	0	1	2	1	0	1	8	5	0	1	1	0
43124	Removal of esophagus	090	1398	1398	0	0%	69.09	75.01	5.92	9%	-2	0	0	1	3	1	0	1	7	6	0	1	3	0
43130	Removal of esophagus pouch	090	362	395	33	9%	12.53	14.83	2.30	18%	0	0	0	4	0	0	0	5	0	0	1	0	0	0
43135	Removal of esophagus pouch	090	571	570	-1	0%	26.17	28.18	2.01	8%	0	0	0	1	1	0	0	1	3	1	1	0	0	0
43180	Esophagoscopy rigid trnso	090	201	208	7	3%	9.03	9.58	0.55	6%	0	0	0	0	1	0	0	0	0	0	1	0	0	0
43279	Lap myotomy heller	090	404	419	15	4%	22.10	23.42	1.32	6%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
43280	Laparoscopy fundoplasty	090	404	428	24	6%	18.10	19.46	1.36	8%	0	0	0	0	2	0	0	2	0	0	1	0	0	0
43281	Lap paraesophag hern repair	090	424	439	15	4%	26.60	27.92	1.32	5%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
43282	Lap paraesoph her rpr w/mesh	090	454	469	15	3%	30.10	31.42	1.32	4%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
43284	Laps esophgl sphnctr agmntj	090	218	232	14	6%	10.13	10.90	0.77	8%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
43285	Rmvl esophgl sphnctr dev	090	233	247	14	6%	10.47	11.24	0.77	7%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
43286	Esphg tot w/laps moblj	090	957	983	26	3%	55.00	58.43	3.43	6%	-2	0	0	1	2	1	0	2	3	2	0	1	1	0
43287	Esphg dstl 2/3 w/laps moblj	090	1097	1123	26	2%	63.00	66.43	3.43	5%	-2	0	0	1	2	1	0	2	3	2	0	1	2	0
43288	Esphg thrsc moblj	090	1157	1183	26	2%	66.42	69.85	3.43	5%	-2	0	0	1	2	1	0	2	3	2	0	1	2	0
43300	Repair of esophagus	090	312	320	8	3%	9.33	10.43	1.10	12%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
43305	Repair esophagus and fistula	090	403	433.5	30.5	8%	18.10	20.28	2.18	12%	0	0	0	4	0	0	0	4.5	0	0	1	0	0	0
43310	Repair of esophagus	090	528	565.5	37.5	7%	26.26	28.59	2.33	9%	0	0	0	2.5	0	0	0	6.5	0	0	1	0	0	0
43312	Repair esophagus and fistula	090	563	599	36	6%	29.25	31.26	2.01	7%	0	0	0	0.5	0	0	0	7	0	0	1	0	0	0
43313	Esophagoplasty congenital	090	713	758	45	6%	48.45	51.72	3.27	7%	-2	0	0	0	4	1	0	2	2	1	0	1	0	0
43314	Tracheo-esophagoplasty cong	090	713	758	45	6%	53.43	56.70	3.27	6%	-2	0	0	0	4	1	0	2	2	1	0	1	0	0
43320	Fuse esophagus & stomach	090	740	748	8	1%	23.31	26.29	2.98	13%	0	0	0	1	2	0	0	2	3	2	1	0	1	0
43325	Revise esophagus & stomach	090	600	612	12	2%	22.60	25.38	2.78	12%	0	0	0	1	2	0	0	2	2	2	1	0	0	0
43327	Esoph fundoplasty lap	090	412	424	12	3%	13.35	15.07	1.72	13%	0	0	0	0	2	0	0	1	1	1	1	0	0	0
43328	Esoph fundoplasty thor	090	514	523	9	2%	19.91	22.03	2.12	11%	0	0	0	0	2	0	0	1	1	2	1	0	0	0
43330	Esophagomyotomy abdominal	090	550	557	7	1%	22.19	24.73	2.54	11%	0	0	0	1	2	0	0	1	2	2	1	0	0	0
43331	Esophagomyotomy thoracic	090	620	627	7	1%	23.06	25.60	2.54	11%	0	0	0	1	2	0	0	1	2	2	1	0	1	0
43332	Transab esoph hiat hern rpr	090	482	490	8	2%	19.62	21.54	1.92	10%	0	0	0	0	2	0	0	1	2	1	1	0	0	0
43333	Transab esoph hiat hern rpr	090	512	520	8	2%	21.46	23.38	1.92	9%	0	0	0	0	2	0	0	1	2	1	1	0	0	0
43334	Transthor diaphrag hern rpr	090	549	562	13	2%	22.12	24.28	2.16	10%	0	0	0	0	2	0	0	2	2	1	1	0	0	0
43335	Transthor diaphrag hern rpr	090	569	582	13	2%	23.97	26.13	2.16	9%	0	0	0	0	2	0	0	2	2	1	1	0	0	0

43336	Thorabd diaphr hern repair	090	695	710	15	2%	25.81	28.19	2.38	9%	0	0	0	0	1	2	0	0	2	2	1	1	0	1	0
43337	Thorabd diaphr hern repair	090	715	730	15	2%	27.65	30.03	2.38	9%	0	0	0	0	1	2	0	0	2	2	1	1	0	1	0
43340	Fuse esophagus & intestine	090	770	778	8	1%	22.99	25.97	2.98	13%	0	0	0	0	1	2	0	0	2	3	2	1	0	1	0
43341	Fuse esophagus & intestine	090	770	778	8	1%	24.23	27.21	2.98	12%	0	0	0	0	1	2	0	0	2	3	2	1	0	1	0
43351	Surgical opening esophagus	090	778	793	15	2%	22.05	25.36	3.31	15%	0	0	0	0	1	3	0	0	2	3	2	1	0	1	0
43352	Surgical opening esophagus	090	570	582	12	2%	17.81	20.59	2.78	16%	0	0	0	0	1	2	0	0	2	2	2	1	0	0	0
43360	Gastrointestinal repair	090	830	852	22	3%	40.11	43.75	3.64	9%	-2	0	0	0	1	2	1	0	3	3	2	1	0	0	0
43361	Gastrointestinal repair	090	1108	1120	12	1%	45.68	49.39	3.71	8%	0	0	0	0	1	3	0	0	2	3	3	1	0	3	0
43400	Ligate esophagus veins	090	835	843	8	1%	25.60	28.58	2.98	12%	0	0	0	0	1	2	0	0	2	3	2	1	0	3	0
43405	Ligate/staple esophagus	090	873	888	15	2%	24.73	28.04	3.31	13%	0	0	0	0	1	3	0	0	2	3	2	1	0	3	0
43410	Repair esophagus wound	090	590	597	7	1%	16.41	18.95	2.54	15%	0	0	0	0	1	2	0	0	1	2	2	1	0	1	0
43415	Repair esophagus wound	090	842	863	21	2%	44.88	47.53	2.65	6%	-4	0	0	0	1	1	2	0	1	2	1	1	0	3	0
43420	Repair esophagus opening	090	520	527	7	1%	16.78	19.32	2.54	15%	0	0	0	0	1	2	0	0	1	2	2	1	0	0	0
43425	Repair esophagus opening	090	845	858	13	2%	25.04	28.26	3.22	13%	0	0	0	0	1	2	0	0	3	3	2	1	0	2	0
43496	Free jejunum flap microvasc	090	902	979	77	9%	0.00	4.14	4.14	#DIV/0!	0	0	0	0	2	4	0	0	9	0	0	1	0	0	0
43497	Transorl lwr esophgl myotomy	090	281	295	14	5%	13.29	14.06	0.77	6%	0	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
43500	Surgical opening of stomach	090	402	410	8	2%	12.79	14.84	2.05	16%	0	0	0	0	1	1	0	0	2	2	1	1	0	0	0
43501	Surgical repair of stomach	090	555	570	15	3%	22.60	24.98	2.38	11%	0	0	0	0	1	2	0	0	2	2	1	1	0	1	0
43502	Surgical repair of stomach	090	555	570	15	3%	25.69	28.07	2.38	9%	0	0	0	0	1	2	0	0	2	2	1	1	0	1	0
43510	Surgical opening of stomach	090	485	500	15	3%	15.14	17.52	2.38	16%	0	0	0	0	1	2	0	0	2	2	1	1	0	0	0
43520	Incision of pyloric muscle	090	342	349	7	2%	11.29	12.90	1.61	14%	0	0	0	0	1	1	0	0	1	1	1	1	0	0	0
43605	Biopsy of stomach	090	402	410	8	2%	13.72	15.77	2.05	15%	0	0	0	0	1	1	0	0	2	2	1	1	0	0	0
43610	Excision of stomach lesion	090	432	440	8	2%	16.34	18.39	2.05	13%	0	0	0	0	1	1	0	0	2	2	1	1	0	0	0
43611	Excision of stomach lesion	090	520	532	12	2%	20.38	23.16	2.78	14%	0	0	0	0	1	2	0	0	2	2	2	1	0	0	0
43620	Removal of stomach	090	695	711	16	2%	34.04	36.86	2.82	8%	0	0	0	0	1	2	0	0	3	3	1	1	0	1	0
43621	Removal of stomach	090	790	803	13	2%	39.53	42.75	3.22	8%	0	0	0	0	1	2	0	0	3	3	2	1	0	1	0
43622	Removal of stomach	090	790	803	13	2%	40.03	43.25	3.22	8%	0	0	0	0	1	2	0	0	3	3	2	1	0	1	0
43631	Removal of stomach partial	090	535	568	33	6%	24.51	27.21	2.70	11%	0	0	0	0	1	2	0	0	5	2	0	1	0	0	0
43632	Removal of stomach partial	090	725	743	18	2%	35.14	38.60	3.46	10%	0	0	0	0	1	2	0	0	4	3	2	1	0	0	0
43633	Removal of stomach partial	090	740	758	18	2%	33.14	36.60	3.46	10%	0	0	0	0	1	2	0	0	4	3	2	1	0	0	0
43634	Removal of stomach partial	090	740	758	18	2%	36.64	40.10	3.46	9%	0	0	0	0	1	2	0	0	4	3	2	1	0	0	0
43640	Vagotomy & pylorus repair	090	540	552	12	2%	19.56	22.34	2.78	14%	0	0	0	0	1	2	0	0	2	2	2	1	0	0	0
43641	Vagotomy & pylorus repair	090	570	582	12	2%	19.81	22.59	2.78	14%	0	0	0	0	1	2	0	0	2	2	2	1	0	0	0
43644	Lap gastric bypass/roux-en-y	090	502	517	15	3%	29.40	31.23	1.83	6%	-2	0	0	0	1	1	1	0	1	2	0	1	0	0	0
43645	Lap gastr bypass incl smll i	090	537	552	15	3%	31.53	33.36	1.83	6%	-2	0	0	0	1	1	1	0	1	2	0	1	0	0	0
43651	Laparoscopy vagus nerve	090	232	232	0	0%	10.13	10.13	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
43652	Laparoscopy vagus nerve	090	285	285	0	0%	12.13	12.13	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
43653	Laparoscopy gastrostomy	090	264	283	19	7%	8.48	9.60	1.12	13%	0	0	0	0	0	2	0	0	1	0	0	1	0	0	0
43770	Lap place gastr adj device	090	367	384	17	5%	18.00	19.41	1.41	8%	0	0	0	0	0	3	0	0	0	1	0	1	0	0	0
43771	Lap revise gastr adj device	090	377	394	17	5%	20.79	22.20	1.41	7%	0	0	0	0	0	3	0	0	0	1	0	1	0	0	0
43772	Lap rmvl gastr adj device	090	317	322	5	2%	15.70	16.67	0.97	6%	0	0	0	0	1	1	0	0	0	1	0	1	0	0	0
43773	Lap replace gastr adj device	090	377	394	17	5%	20.79	22.20	1.41	7%	0	0	0	0	0	3	0	0	0	1	0	1	0	0	0
43774	Lap rmvl gastr adj all parts	090	304	323	19	6%	15.76	16.88	1.12	7%	0	0	0	0	0	2	0	0	1	0	0	1	0	0	0
43775	Lap sleeve gastrectomy	090	412	431	19	5%	20.38	22.01	1.63	8%	-2	0	0	0	1	1	1	0	1	1	0	1	0	0	0
43800	Reconstruction of pylorus	090	432	440	8	2%	15.43	17.48	2.05	13%	0	0	0	0	1	1	0	0	2	2	1	1	0	0	0
43810	Fusion of stomach and bowel	090	502	507	5	1%	16.88	19.33	2.45	15%	0	0	0	0	1	1	0	0	2	2	2	1	0	0	0
43820	Fusion of stomach and bowel	090	545	561	16	3%	22.53	25.35	2.82	13%	0	0	0	0	1	2	0	0	3	3	1	1	0	0	0
43825	Fusion of stomach and bowel	090	540	552	12	2%	21.76	24.54	2.78	13%	0	0	0	0	1	2	0	0	2	2	2	1	0	0	0
43830	Place gastrostomy tube	090	319	344	25	8%	10.85	12.65	1.80	17%	0	0	0	0	0	2	0	0	3	1	0	1	0	0	0
43831	Place gastrostomy tube	090	293	320	27	9%	8.49	10.44	1.95	23%	0	0	0	0	3.5	0	0	0	4	0	0	1	0	0	0
43832	Place gastrostomy tube	090	417	425	8	2%	17.34	19.39	2.05	12%	0	0	0	0	1	1	0	0	2	2	1	1	0	0	0
43840	Repair of stomach lesion	090	565	590	25	4%	22.83	25.69	2.86	13%	0	0	0	0	1	2	0	0	4	2	1	1	0	1	0
43842	V-band gastroplasty	090	585	600	15	3%	21.03	23.41	2.38	11%	0	0	0	0	1	2	0	0	2	2	1	1	0	1	0
43843	Gastroplasty w/o v-band	090	585	600	15	3%	21.21	23.59	2.38	11%	0	0	0	0	1	2	0	0	2	2	1	1	0	1	0
43845	Gastroplasty duodenal switch	090	628	648	20	3%	33.30	35.37	2.07	6%	0	0	0	0	1	3	0	0	1	2	0	1	0	1	0
43846	Gastric bypass for obesity	090	693	712	19	3%	27.41	30.52	3.11	11%	0	0	0	0	1	3	0	0	2	2	2	1	0	1	0
43847	Gastric bypass incl small i	090	733	752	19	3%	30.28	33.39	3.11	10%	0	0	0	0	1	3	0	0	2	2	2	1	0	1	0
43848	Revision gastroplasty	090	708	727	19	3%	32.75	35.86	3.11	9%	0	0	0	0	1	3	0	0	2	2	2	1	0	1	0
43860	Revise stomach-bowel fusion	090	675	702	27	4%	27.89	31.39	3.50	13%	0	0	0	0	1	2	0	0	5	2	2	1	0	0	0
43865	Revise stomach-bowel fusion	090	615	627	12	2%	29.05	31.83	2.78	10%	0	0	0	0	1	2	0	0	2	2	2	1	0	0	0
43870	Repair stomach opening	090	402	410	8	2%	11.44	13.49	2.05	18%	0	0	0	0	1	1	0	0	2	2	1	1	0	0	0
43880	Repair stomach-bowel fistula	090	540	552	12	2%	27.18	29.96	2.78	10%	0	0	0	0	1	2	0	0	2	2	2	1	0	0	0
43886	Revise gastric port open	090	155	169	14	9%	4.64	5.41	0.77	17%	0	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
43887	Remove gastric port open	090	148	157	9	6%	4.32	4.98	0.66	15%	0	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
43888	Change gastric port open	090	180	194	14	8%	6.44	7.21	0.77	12%	0	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
44005	Freeing of bowel adhesion	090	517	522	5	1%	18.46	20.91	2.45	13%	0	0	0	0	1	1	0	0	2	2	2	1	0	0	0
44010	Incision of small bowel	090	432	440	8	2%	14.26	16.31	2.05	14%	0	0	0	0	1	1	0	0	2	2	1	1	0	0	0
44020	Explore small intestine	090	487	492	5	1%	16.22	18.67	2.45	15%	0	0	0	0	1	1	0	0	2	2	2	1	0	0	0
44021	Decompress small bowel	090	487	492	5	1%	16.31	18.76	2.45	15%	0	0	0	0	1	1	0	0	2	2	2	1	0	0	0
44025	Incision of large bowel	090	487	492	5	1%	16.51	18.96	2.45	15%	0	0	0	0	1	1	0	0	2	2	2	1	0	0	0
44050	Reduce bowel obstruction	090	409.5	430.5	21	5%	15.52	17.65	2.13	14%	0	0	0	0	1	1	0	0	4	2	0	1	0	0	0
44055	Correct malrotation of bowel	090	663	659	-4	-1%	25.63	28.15	2.52	10%	0	0	0	0	0	2	0	0	1	5	1	1	0	1	1
44110	Excise intestine lesion(s)	090	487	492	5	1%	14.04	16.49	2.45	17%	0	0	0	0	1	1	0	0	2	2	2	1	0	0	0

44111	Excision of bowel lesion(s)	090	517	522	5	1%	16.52	18.97	2.45	15%	0	0	0	1	1	0	0	2	2	2	1	0	0	0
44120	Removal of small intestine	090	611	622	11	2%	20.82	23.95	3.13	15%	0	0	0	1	1	0	0	4	3	2	1	0	0	0
44125	Removal of small intestine	090	524	534	10	2%	20.03	22.59	2.56	13%	0	0	0	0	2	0	0	2	2	2	1	0	0	0
44126	Enterectomy w/o taper cong	090	1125	1167	42	4%	42.23	48.55	6.32	15%	-2	0	0	1	2	1	0	10	6	3	1	0	2	0
44127	Enterectomy w/taper cong	090	1357	1416	59	4%	49.30	56.97	7.67	16%	-2	0	0	1	2	1	0	13	7	4	0	1	2	1
44130	Bowel to bowel fusion	090	516	550	34	7%	22.11	25.01	2.90	13%	0	0	0	1	2	0	0	5	1	1	1	0	0	0
44140	Partial removal of colon	090	480	517	37	8%	22.59	25.09	2.50	11%	0	0	0	1	2	0	0	5	1	0	1	0	0	0
44141	Partial removal of colon	090	672	696	24	4%	29.91	33.26	3.35	11%	-2	0	0	1	1	1	0	4	2	2	1	0	0	0
44143	Partial removal of colon	090	607	626	19	3%	27.79	30.90	3.11	11%	-2	0	0	1	1	1	0	3	2	2	1	0	0	0
44144	Partial removal of colon	090	677	701	24	4%	29.91	33.26	3.35	11%	-2	0	0	1	1	1	0	4	2	2	1	0	0	0
44145	Partial removal of colon	090	615	635	20	3%	28.58	31.20	2.62	9%	0	0	0	1	2	0	0	3	2	1	1	0	0	0
44146	Partial removal of colon	090	692	714	22	3%	35.30	38.01	2.71	8%	-2	0	0	1	1	1	0	3	2	1	1	0	0	0
44147	Partial removal of colon	090	710	727	17	2%	33.69	36.71	3.02	9%	0	0	0	1	2	0	0	3	2	2	1	0	0	0
44150	Removal of colon	090	638	658	20	3%	30.18	33.31	3.13	10%	-2	0	0	2	1	1	0	3	3	1	1	0	0	0
44151	Removal of colon/ileostomy	090	738	768	30	4%	34.92	38.53	3.61	10%	-2	0	0	2	1	1	0	5	3	1	1	0	0	0
44155	Removal of colon/ileostomy	090	738	768	30	4%	34.42	38.03	3.61	10%	-2	0	0	2	1	1	0	5	3	1	1	0	0	0
44156	Removal of colon/ileostomy	090	798	828	30	4%	37.42	41.03	3.61	10%	-2	0	0	2	1	1	0	5	3	1	1	0	0	0
44157	Colectomy w/ileoanal anast	090	705	743	38	5%	35.70	39.02	3.32	9%	-2	0	0	1	2	1	0	5	3	0	1	0	0	0
44158	Colectomy w/neo-rectum pouch	090	725	763	38	5%	36.70	40.02	3.32	9%	-2	0	0	1	2	1	0	5	3	0	1	0	0	0
44160	Removal of colon	090	551	558	7	1%	20.89	23.56	2.67	13%	0	0	0	2	1	0	0	2	2	2	1	0	0	0
44180	Lap enterolysis	090	407	436	29	7%	15.27	17.00	1.73	11%	0	0	0	1	1	0	0	4	0	0	1	0	0	0
44186	Lap jejunostomy	090	267	286	19	7%	10.38	11.63	1.25	12%	0	0	0	1	1	0	0	2	0	0	1	0	0	0
44187	Lap ileo/jejuno-stomy	090	385	398	13	3%	17.40	19.14	1.74	10%	0	0	0	1	2	0	0	1	2	0	1	0	0	0
44188	Lap colostomy	090	407	425	18	4%	19.35	21.20	1.85	10%	0	0	0	0	3	0	0	1	2	0	1	0	0	0
44202	Lap enterectomy	090	505	532	27	5%	23.39	25.41	2.02	9%	0	0	0	1	2	0	0	3	1	0	1	0	0	0
44204	Laparo partial colectomy	090	455	482	27	6%	26.42	28.44	2.02	8%	0	0	0	1	2	0	0	3	1	0	1	0	0	0
44205	Lap colectomy part w/ileum	090	428.5	459.5	31	7%	22.95	25.03	2.08	9%	0	0	0	3	0	0	0	5	0	0	1	0	0	0
44206	Lap part colectomy w/stoma	090	647	662	15	2%	29.79	32.86	3.07	10%	-2	0	0	1	1	1	0	2	1	3	1	0	0	0
44207	L colectomy/coloproctostomy	090	560	570	10	2%	31.92	34.06	2.14	7%	0	0	0	1	2	0	0	1	2	1	1	0	0	0
44208	L colectomy/coloproctostomy	090	595	614	19	3%	33.99	36.41	2.42	7%	0	0	0	1	2	0	0	3	3	0	1	0	0	0
44210	Laparo total proctocolectomy	090	630	662	32	5%	30.09	32.73	2.64	9%	-2	0	0	1	2	1	0	3	2	0	1	0	0	0
44211	Lap colectomy w/proctectomy	090	695	727	32	5%	37.08	39.72	2.64	7%	-2	0	0	1	2	1	0	3	2	0	1	0	0	0
44212	Laparo total proctocolectomy	090	660	692	32	5%	34.58	37.22	2.64	8%	-2	0	0	1	2	1	0	3	2	0	1	0	0	0
44227	Lap close enterostomy	090	530	541	11	2%	28.62	30.96	2.34	8%	0	0	0	1	2	0	0	1	1	2	1	0	0	0
44300	Open bowel to skin	090	389	410	21	5%	13.75	15.75	2.00	15%	0	0	0	0	2	0	0	3	2	0	1	0	0	0
44310	Ileostomy/jejunostomy	090	391.5	412.5	21	5%	17.59	19.59	2.00	11%	0	0	0	0	2	0	0	3	2	0	1	0	0	0
44312	Revision of ileostomy	090	349	360	11	3%	9.43	10.95	1.52	16%	0	0	0	0	2	0	0	1	2	0	1	0	0	0
44314	Revision of ileostomy	090	465	488	23	5%	16.74	18.96	2.22	13%	0	0	0	1	2	0	0	3	2	0	1	0	0	0
44316	Devise bowel pouch	090	590	606	16	3%	23.59	26.41	2.82	12%	0	0	0	1	2	0	0	3	3	1	1	0	0	0
44320	Colostomy	090	507	529	22	4%	19.91	22.62	2.71	14%	-2	0	0	1	1	1	0	3	2	1	1	0	0	0
44322	Colostomy with biopsies	090	483	539	56	12%	13.32	16.91	3.59	27%	0	0	0	5.5	0	0	0	9	0	0	1	0	0	0
44340	Revision of colostomy	090	382	397	15	4%	9.28	11.11	1.83	20%	-2	0	0	1	1	1	0	1	2	0	1	0	0	0
44345	Revision of colostomy	090	482	507	25	5%	17.22	19.53	2.31	13%	-2	0	0	1	1	1	0	3	2	0	1	0	0	0
44346	Revision of colostomy	090	572	586	14	2%	19.63	22.50	2.87	15%	-2	0	0	1	1	1	0	2	2	2	1	0	0	0
44602	Suture small intestine	090	562	571	9	2%	24.72	27.21	2.49	10%	0	0	0	1	1	0	0	3	3	1	1	0	1	0
44603	Suture small intestine	090	635	656	21	3%	28.16	31.22	3.06	11%	0	0	0	1	2	0	0	4	3	1	1	0	1	0
44604	Suture large intestine	090	459	477	18	4%	18.16	20.56	2.40	13%	0	0	0	0	2	0	0	3	2	1	1	0	0	0
44605	Repair of bowel lesion	090	562	563	1	0%	22.08	24.73	2.65	12%	0	0	0	1	1	0	0	2	3	2	1	0	0	0
44615	Intestinal stricturoplasty	090	502	507	5	1%	18.16	20.61	2.45	13%	0	0	0	1	1	0	0	2	2	2	1	0	0	0
44620	Repair bowel opening	090	487	492	5	1%	14.43	16.88	2.45	17%	0	0	0	1	1	0	0	2	2	2	1	0	0	0
44625	Repair bowel opening	090	517	522	5	1%	17.28	19.73	2.45	14%	0	0	0	1	1	0	0	2	2	2	1	0	0	0
44626	Repair bowel opening	090	587	588	1	0%	27.90	30.55	2.65	9%	0	0	0	1	1	0	0	2	3	2	1	0	0	0
44640	Repair bowel-skin fistula	090	587	588	1	0%	24.20	26.85	2.65	11%	0	0	0	1	1	0	0	2	3	2	1	0	0	0
44650	Repair bowel fistula	090	587	588	1	0%	25.12	27.77	2.65	11%	0	0	0	1	1	0	0	2	3	2	1	0	0	0
44660	Repair bowel-bladder fistula	090	587	588	1	0%	23.91	26.56	2.65	11%	0	0	0	1	1	0	0	2	3	2	1	0	0	0
44661	Repair bowel-bladder fistula	090	617	618	1	0%	27.35	30.00	2.65	10%	0	0	0	1	1	0	0	2	3	2	1	0	0	0
44680	Surgical revision intestine	090	602	603	1	0%	17.96	20.61	2.65	15%	0	0	0	1	1	0	0	2	3	2	1	0	0	0
44700	Suspend bowel w/prosthesis	090	402	418	16	4%	17.48	19.37	1.89	11%	0	0	0	1	1	0	0	3	2	0	1	0	0	0
44800	Excision of bowel pouch	090	366	400.5	34.5	9%	12.05	14.36	2.31	19%	0	0	0	3.5	0	0	0	5.5	0	0	1	0	0	0
44820	Excision of mesentery lesion	090	404	425	21	5%	13.73	15.73	2.00	15%	0	0	0	0	2	0	0	3	2	0	1	0	0	0
44850	Repair of mesentery	090	367	383	16	4%	12.11	14.00	1.89	16%	0	0	0	1	1	0	0	3	2	0	1	0	0	0
44900	Drain appendix abscess open	090	450	457	7	2%	12.57	15.11	2.54	20%	0	0	0	1	2	0	0	1	2	2	1	0	0	0
44950	Appendectomy	090	252	271	19	8%	10.60	11.85	1.25	12%	0	0	0	1	1	0	0	2	0	0	1	0	0	0
44960	Appendectomy	090	458	460	2	0%	14.50	16.93	2.43	17%	0	0	0	2	1	0	0	1	2	2	1	0	0	0
44970	Laparoscopy appendectomy	090	242	261	19	8%	9.45	10.57	1.12	12%	0	0	0	0	2	0	0	1	0	0	1	0	0	0
45000	Drainage of pelvic abscess	090	384	387	3	1%	6.30	7.98	1.68	27%	0	0	0	0	2	0	0	0	2	1	1	0	0	0
45005	Drainage of rectal abscess	010	54	55	1	2%	2.02	2.13	0.11	5%	0	0	0	0.5	0	0	0	0	0	0	0	0	0	0
45020	Drainage of rectal abscess	090	255	276	21	8%	8.56	9.90	1.34	16%	0	0	0	1	2	0	0	1	0	0	1	0	0	0
45100	Biopsy of rectum	090	178	187	9	5%	4.04	4.70	0.66	16%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
45108	Removal of anorectal lesion	090	193	202	9	5%	5.12	5.78	0.66	13%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
45110	Removal of rectum	090	678	703	25	4%	30.76	34.13	3.37	11%	-2	0	0	2	1	1	0	4	3	1	1	0	0	0
45111	Partial removal of rectum	090	496	539	43	9%	18.01	20.79	2.78	15%	0	0	0	4	0	0	0	7	0	0	1	0	1	0
45112	Removal of rectum	090	675	692	17	3%	33.18	36.20	3.02	9%	0	0	0	1	2	0	0	3	2	2	1	0	0	0

45113	Partial proctectomy	090	675	692	17	3%	33.22	36.24	3.02	9%	0	0	0	1	2	0	0	3	2	2	1	0	0	0
45114	Partial removal of rectum	090	792	802	10	1%	30.79	33.86	3.07	10%	-2	0	0	1	1	1	0	2	3	2	1	0	1	0
45116	Partial removal of rectum	090	702	716	14	2%	27.72	30.59	2.87	10%	-2	0	0	1	1	1	0	2	2	2	1	0	1	0
45119	Remove rectum w/reservoir	090	685	702	17	2%	33.48	36.50	3.02	9%	0	0	0	1	2	0	0	3	2	2	1	0	0	0
45120	Removal of rectum	090	689	744	55	8%	26.40	29.88	3.48	13%	0	0	0	5	0	0	0	9	0	0	1	0	1	0
45121	Removal of rectum and colon	090	741	806	65	9%	29.08	33.04	3.96	14%	0	0	0	5	0	0	0	11	0	0	1	0	1	0
45123	Partial proctectomy	090	687	704	17	2%	18.86	21.33	2.47	13%	-2	0	0	1	1	1	0	2	2	1	1	0	0	0
45126	Pelvic exenteration	090	755	776	21	3%	49.10	52.30	3.20	7%	-2	0	0	1	2	1	0	2	2	2	1	0	2	0
45130	Excision of rectal prolapse	090	520	535	15	3%	18.50	20.88	2.38	13%	0	0	0	1	2	0	0	2	2	1	1	0	0	0
45135	Excision of rectal prolapse	090	735	761	26	4%	22.36	25.80	3.44	15%	-2	0	0	1	2	1	0	3	2	2	1	0	0	0
45136	Excise ileoanal reservior	090	783	795	12	2%	30.82	34.11	3.29	11%	-2	0	0	2	1	1	0	2	3	2	1	0	1	0
45150	Excision of rectal stricture	090	184	191.5	7.5	4%	5.85	6.74	0.89	15%	0	0	0	2.5	0	0	0	0.5	0	0	1	0	0	0
45160	Excision of rectal lesion	090	342	370	28	8%	16.33	18.00	1.67	10%	-2	0	0	1	1	1	0	2	0	0	1	0	0	0
45171	Exc rect tum transanal part	090	209	225	16	8%	8.13	9.12	0.99	12%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
45172	Exc rect tum transanal full	090	290	311	21	7%	12.13	13.47	1.34	11%	0	0	0	1	2	0	0	1	0	0	1	0	0	0
45190	Destruction rectal tumor	090	266	282	16	6%	10.42	11.41	0.99	10%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
45395	Lap removal of rectum	090	645	669	24	4%	33.00	35.80	2.80	8%	-2	0	0	1	2	1	0	2	2	1	1	0	0	0
45397	Lap remove rectum w/pouch	090	675	699	24	4%	36.50	39.30	2.80	8%	-2	0	0	1	2	1	0	2	2	1	1	0	0	0
45400	Laparoscopic proc	090	410	437	27	7%	19.44	21.46	2.02	10%	0	0	0	1	2	0	0	3	1	0	1	0	0	0
45402	Lap proctopexy w/sig resect	090	470	483	13	3%	26.51	28.25	1.74	7%	0	0	0	1	2	0	0	1	2	0	1	0	0	0
45500	Repair of rectum	090	266	284.5	18.5	7%	7.73	9.21	1.48	19%	0	0	0	3	0	0	0	2.5	0	0	1	0	0	0
45505	Repair of rectum	090	300.5	318.5	18	6%	8.36	9.44	1.08	13%	-2	0	0	1	1	1	0	0	0	0	0.5	0	0	0
45540	Correct rectal prolapse	090	481.5	493.5	12	2%	18.12	20.08	1.96	11%	0	0	0	0	2	0	0	2	3	0	1	0	0	0
45541	Correct rectal prolapse	090	420	433	13	3%	14.85	16.59	1.74	12%	0	0	0	1	2	0	0	1	2	0	1	0	0	0
45550	Repair rectum/remove sigmoid	090	540	568	28	5%	24.80	27.26	2.46	10%	0	0	0	1	2	0	0	4	2	0	1	0	0	0
45560	Repair of rectocele	090	367	382	15	4%	11.50	12.95	1.45	13%	0	0	0	1	1	0	0	2	1	0	1	0	0	0
45562	Exploration/repair of rectum	090	561	575	14	2%	17.98	20.98	3.00	17%	0	0	0	2	2	0	0	2	2	2	1	0	0	0
45563	Exploration/repair of rectum	090	636	646	10	2%	26.38	29.58	3.20	12%	0	0	0	2	2	0	0	2	3	2	1	0	0	0
45800	Repair rect/bladder fistula	090	570	582	12	2%	20.31	23.09	2.78	14%	0	0	0	1	2	0	0	2	2	2	1	0	0	0
45805	Repair fistula w/colostomy	090	595	607	12	2%	23.32	26.10	2.78	12%	0	0	0	1	2	0	0	2	2	2	1	0	0	0
45820	Repair rectourethral fistula	090	480	494	14	3%	20.37	22.55	2.18	11%	0	0	0	1	2	0	0	2	3	0	1	0	0	0
45825	Repair fistula w/colostomy	090	646	656	10	2%	24.17	27.37	3.20	13%	0	0	0	2	2	0	0	2	3	2	1	0	0	0
45900	Reduction of rectal prolapse	010	219	217	-2	-1%	2.99	3.63	0.64	21%	0	0	0	1	0	0	0	0	1	0	1	0	0	0
45905	Dilation of anal sphincter	010	130	132	2	2%	2.35	2.68	0.33	14%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
45910	Dilation of rectal narrowing	010	130	132	2	2%	2.85	3.18	0.33	12%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
45915	Remove rectal obstruction	010	145	147	2	1%	3.19	3.52	0.33	10%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
46040	Incision of rectal abscess	090	184	195	11	6%	5.37	6.25	0.88	16%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
46045	Incision of rectal abscess	090	197	206	9	5%	5.87	6.64	0.77	13%	0	0	0	1	1	0	0	0	0	0	1	0	0	0
46050	Incision of anal abscess	010	59	61	2	3%	1.24	1.46	0.22	18%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
46060	Incision of rectal abscess	090	201	217	16	8%	6.37	7.36	0.99	16%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
46070	Incision of anal septum	090	74	77	3	4%	2.79	3.12	0.33	12%	0	0	0	1.5	0	0	0	0	0	0	0	0	0	0
46080	Incision of anal sphincter	010	99	100	1	1%	2.52	2.74	0.22	9%	0	0	0	0.5	0	0	0	0	0	0	0.5	0	0	0
46083	Incise external hemorrhoid	010	51	53	2	4%	1.45	1.67	0.22	15%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
46200	Removal of anal fissure	090	171	178	7	4%	3.59	4.47	0.88	25%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
46220	Excise anal ext tag/papilla	010	67	69	2	3%	1.61	1.83	0.22	14%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
46221	Ligation of hemorrhoid(s)	010	68	75	7	10%	2.36	2.69	0.33	14%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
46230	Removal of anal tags	010	74	76	2	3%	2.62	2.84	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
46250	Remove ext hem groups 2+	090	188	197	9	5%	4.25	4.91	0.66	16%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
46255	Remove int/ext hem 1 group	090	193	202	9	5%	4.96	5.62	0.66	13%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
46257	Remove in/ex hem grp & fiss	090	203	212	9	4%	5.76	6.42	0.66	11%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
46258	Remove in/ex hem grp w/fistu	090	241	257	16	7%	6.41	7.40	0.99	15%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
46260	Remove in/ex hem groups 2+	090	208	217	9	4%	6.73	7.39	0.66	10%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
46261	Remove in/ex hem grps & fiss	090	241	257	16	7%	7.76	8.75	0.99	13%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
46262	Remove in/ex hem grps w/fist	090	179	190	11	6%	7.91	8.79	0.88	11%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
46270	Remove anal fist subq	090	169	180	11	7%	4.92	5.80	0.88	18%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
46275	Remove anal fist inter	090	184	195	11	6%	5.42	6.30	0.88	16%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
46280	Remove anal fist complex	090	199	210	11	6%	6.39	7.27	0.88	14%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
46285	Remove anal fist 2 stage	090	184	195	11	6%	5.42	6.30	0.88	16%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
46288	Repair anal fistula	090	236	252	16	7%	7.81	8.80	0.99	13%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
46320	Removal of hemorrhoid clot	010	55	56	1	2%	1.64	1.75	0.11	7%	0	0	0	0.5	0	0	0	0	0	0	0	0	0	0
46500	Injection into hemorrhoid(s)	010	61	68	7	11%	1.74	2.07	0.33	19%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
46505	Chemodenervation anal musc	010	102	109	7	7%	3.18	3.62	0.44	14%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
46700	Repair of anal stricture	090	283.5	299.5	16	6%	9.81	10.80	0.99	10%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
46705	Repair of anal stricture	090	277	299	22	8%	7.43	9.14	1.71	23%	0	0	0	3.5	0	0	0	3	0	0	1	0	0	0
46706	Repr of anal fistula w/glue	010	100	102	2	2%	2.44	2.77	0.33	14%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
46707	Repair anorectal fist w/plug	090	187	198	11	6%	6.39	7.27	0.88	14%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
46710	Repr per/vag pouch sngl proc	090	370	387	17	5%	17.14	18.68	1.54	9%	0	0	0	1	2	0	0	1	1	0	1	0	0	0
46712	Repr per/vag pouch dbl proc	090	670	677	7	1%	36.45	38.99	2.54	7%	0	0	0	1	2	0	0	1	2	2	1	0	0	0
46715	Rep perf anoper fistu	090	265	282.5	17.5	7%	7.62	8.99	1.37	18%	0	0	0	2.5	0	0	0	2.5	0	0	1	0	0	0
46716	Rep perf anoper/vestib fistu	090	530	594	64	12%	17.54	20.37	2.83	16%	-10	0	0	0	0	5	0	2	0	0	0	1	0	0
46730	Construction of absent anus	090	775	832	57	7%	30.65	34.46	3.81	12%	-12	0	0	0	0	6	0	1	2	1	0	1	0	0
46735	Construction of absent anus	090	850	916	66	8%	36.14	40.23	4.09	11%	-12	0	0	0	0	6	0	3	3	0	0	1	0	0
46740	Construction of absent anus	090	775	832	57	7%	33.90	37.71	3.81	11%	-12	0	0	0	0	6	0	1	2	1	0	1	0	0

46742	Repair of imperforated anus	090	895	953	58	6%	40.14	44.39	4.25	11%	-12	0	0	0	0	6	0	2	3	1	0	1	0	0
46744	Repair of cloacal anomaly	090	1303	1355	52	4%	58.94	63.99	5.05	9%	-12	0	0	0	0	6	0	2	3	3	0	1	2	0
46746	Repair of cloacal anomaly	090	1566	1625	59	4%	65.44	71.20	5.76	9%	-11	0	0	0	0	5	1	3	4	3	0	1	3	0
46748	Repair of cloacal anomaly	090	1686	1745	59	3%	71.42	77.18	5.76	8%	-11	0	0	0	0	5	1	3	4	3	0	1	3	0
46750	Repair of anal sphincter	090	475	489	14	3%	12.15	14.33	2.18	18%	0	0	0	1	2	0	0	2	3	0	1	0	0	0
46751	Repair of anal sphincter	090	299	321	22	7%	9.30	11.01	1.71	18%	0	0	0	3.5	0	0	0	3	0	0	1	0	0	0
46753	Reconstruction of anus	090	297	316	19	6%	8.89	10.14	1.25	14%	0	0	0	1	1	0	0	2	0	0	1	0	0	0
46754	Removal of suture from anus	010	175	196	21	12%	3.01	4.35	1.34	45%	0	0	0	1	2	0	0	1	0	0	1	0	0	0
46760	Repair of anal sphincter	090	676	699	23	3%	17.45	20.87	3.42	20%	-2	0	0	2	2	1	0	2	2	2	1	0	0	0
46761	Repair of anal sphincter	090	410	423	13	3%	15.29	17.03	1.74	11%	0	0	0	1	2	0	0	1	2	0	1	0	0	0
46900	Destruction anal lesion(s)	010	63	70	7	11%	1.91	2.24	0.33	17%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
46910	Destruction anal lesion(s)	010	73	75	2	3%	1.91	2.13	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
46916	Cryosurgery anal lesion(s)	010	67	69	2	3%	1.91	2.13	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
46917	Laser surgery anal lesions	010	73	75	2	3%	1.91	2.13	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
46922	Excision of anal lesion(s)	010	83	85	2	2%	1.91	2.13	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
46924	Destruction anal lesion(s)	010	93	95	2	2%	2.81	3.03	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
46930	Destroy internal hemorrhoids	090	46	53	7	15%	1.61	1.94	0.33	20%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
46940	Treatment of anal fissure	010	63	64	1	2%	2.35	2.46	0.11	5%	0	0	0	0.5	0	0	0	0	0	0	0	0	0	0
46942	Treatment of anal fissure	010	67	68	1	1%	2.07	2.18	0.11	5%	0	0	0	0.5	0	0	0	0	0	0	0	0	0	0
46945	Int hrhc lig 1 hroid w/o img	090	133	142	9	7%	3.69	4.35	0.66	18%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
46946	Int hrhc lig 2+hroid w/o img	090	148	157	9	6%	4.50	5.16	0.66	15%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
46947	Hemorrhoidopexy by stapling	090	170	179	9	5%	5.57	6.23	0.66	12%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
46948	Int hrhc tranal dartlzj 2+	090	163	172	9	6%	5.57	6.23	0.66	12%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
47010	Open drainage liver lesion	090	645	653	8	1%	19.40	22.38	2.98	15%	0	0	0	1	2	0	0	2	3	2	1	0	1	0
47015	Inject/aspirate liver cyst	090	665	673	8	1%	18.50	21.48	2.98	16%	0	0	0	1	2	0	0	2	3	2	1	0	1	0
47100	Wedge biopsy of liver	090	345	367	22	6%	12.91	14.69	1.78	14%	0	0	0	1	2	0	0	2	1	0	1	0	0	0
47120	Partial removal of liver	090	803	815	12	1%	39.01	42.30	3.29	8%	-2	0	0	2	1	1	0	2	3	2	1	0	1	0
47122	Extensive removal of liver	090	1000	1008	8	1%	59.48	62.46	2.98	5%	0	0	0	1	2	0	0	2	3	2	1	0	3	0
47125	Partial removal of liver	090	855	863	8	1%	53.04	56.02	2.98	6%	0	0	0	1	2	0	0	2	3	2	1	0	2	0
47130	Partial removal of liver	090	870	878	8	1%	57.19	60.17	2.98	5%	0	0	0	1	2	0	0	2	3	2	1	0	2	0
47135	Transplantation of liver	090	1648	1708	60	4%	90.00	97.03	7.03	8%	-13	0	0	0	1	6	1	1	3	6	0	1	2	1
47140	Partial removal donor liver	090	1073	1088	15	1%	59.40	63.95	4.55	8%	0	0	0	1	3	0	0	3	2	5	1	0	0	0
47141	Partial removal donor liver	090	1101	1135	34	3%	71.50	76.02	4.52	6%	0	0	0	1	4	0	0	4	1	4	1	0	0	0
47142	Partial removal donor liver	090	1221	1256	35	3%	79.44	84.40	4.96	6%	0	0	0	1	4	0	0	5	2	4	1	0	0	0
47144	Prep donor liver 3-segment	090	0	0	0	#DIV/0!	0.00	0.00	-	#DIV/0!	0	0	0	0	0	0	0	0	0	0	0	0	0	0
47300	Surgery for liver lesion	090	605	617	12	2%	18.14	20.92	2.78	15%	0	0	0	1	2	0	0	2	2	2	1	0	1	0
47350	Repair liver wound	090	575	582	7	1%	22.49	25.03	2.54	11%	0	0	0	1	2	0	0	1	2	2	1	0	1	0
47360	Repair liver wound	090	857.5	865.5	8	1%	31.31	34.29	2.98	10%	0	0	0	1	2	0	0	2	3	2	1	0	3	0
47361	Repair liver wound	090	1035	1045	10	1%	52.60	56.22	3.62	7%	0	0	0	1	2	0	0	3	3	3	1	0	4	0
47362	Repair liver wound	090	880	893	13	1%	23.54	26.76	3.22	14%	0	0	0	1	2	0	0	3	3	2	1	0	4	0
47370	Laparo ablate liver tumor rf	090	450	467	17	4%	20.80	22.34	1.54	7%	0	0	0	1	2	0	0	1	1	0	1	0	0	0
47371	Laparo ablate liver cryosurg	090	455	472	17	4%	20.80	22.34	1.54	7%	0	0	0	1	2	0	0	1	1	0	1	0	0	0
47380	Open ablate liver tumor rf	090	550	568	18	3%	24.56	26.54	1.98	8%	0	0	0	1	2	0	0	2	2	0	1	0	0	0
47381	Open ablate liver tumor cryo	090	576	596	20	3%	24.88	27.08	2.20	9%	0	0	0	2	2	0	0	2	2	0	1	0	0	0
47382	Percut ablate liver rf	010	265	267	2	1%	14.97	15.30	0.33	2%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
47383	Perq abltj lvr cryoablation	010	196	198	2	1%	8.88	9.21	0.33	4%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
47400	Incision of liver duct	090	810	818	8	1%	36.36	39.34	2.98	8%	0	0	0	1	2	0	0	2	3	2	1	0	2	0
47420	Incision of bile duct	090	588	590	2	0%	22.03	24.46	2.43	11%	0	0	0	2	1	0	0	1	2	2	1	0	0	0
47425	Incision of bile duct	090	628	626	-2	0%	22.31	24.94	2.63	12%	0	0	0	2	1	0	0	1	3	2	1	0	0	0
47460	Incise bile duct sphincter	090	578	576	-2	0%	20.52	23.15	2.63	13%	0	0	0	2	1	0	0	1	3	2	1	0	0	0
47480	Incision of gallbladder	090	495	502	7	1%	13.25	15.79	2.54	19%	0	0	0	1	2	0	0	1	2	2	1	0	0	0
47490	Incision of gallbladder	010	133	143	10	8%	4.76	5.24	0.48	10%	0	0	0	0	0	0	0	2	0	0	0	0	0	0
47562	Laparoscopic cholecystectomy	090	251	267	16	6%	10.47	11.46	0.99	9%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
47563	Laparo cholecystectomy/graph	090	238	247	9	4%	11.47	12.13	0.66	6%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
47564	Laparo cholecystectomy/explr	090	415	428	13	3%	18.00	19.74	1.74	10%	0	0	0	1	2	0	0	1	2	0	1	0	0	0
47570	Laparo cholecystoenterostomy	090	340	340	0	0%	12.56	12.56	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
47600	Removal of gallbladder	090	475	485	10	2%	17.48	19.62	2.14	12%	0	0	0	1	2	0	0	1	2	1	1	0	0	0
47605	Removal of gallbladder	090	490	500	10	2%	18.48	20.62	2.14	12%	0	0	0	1	2	0	0	1	2	1	1	0	0	0
47610	Removal of gallbladder	090	512	512	0	0%	20.92	23.13	2.21	11%	0	0	0	1	1	0	0	1	2	2	1	0	0	0
47612	Removal of gallbladder	090	597	593	-4	-1%	21.21	23.62	2.41	11%	0	0	0	1	1	0	0	1	3	2	1	0	0	0
47620	Removal of gallbladder	090	627	623	-4	-1%	23.07	25.48	2.41	10%	0	0	0	1	1	0	0	1	3	2	1	0	0	0
47700	Exploration of bile ducts	090	456	493	37	8%	16.50	18.93	2.43	15%	0	0	0	3.5	0	0	0	6	0	0	1	0	0	0
47701	Bile duct revision	090	498	537.5	39.5	8%	28.73	31.28	2.55	9%	0	0	0	3.5	0	0	0	6.5	0	0	1	0	0	0
47711	Excision of bile duct tumor	090	670	678	8	1%	25.90	28.88	2.98	12%	0	0	0	1	2	0	0	2	3	2	1	0	0	0
47712	Excision of bile duct tumor	090	790	803	13	2%	33.72	36.94	3.22	10%	0	0	0	1	2	0	0	3	3	2	1	0	1	0
47715	Excision of bile duct cyst	090	650	653	3	0%	21.55	24.29	2.74	13%	0	0	0	1	2	0	0	1	3	2	1	0	0	0
47720	Fuse gallbladder & bowel	090	520	527	7	1%	18.34	20.88	2.54	14%	0	0	0	1	2	0	0	1	2	2	1	0	0	0
47721	Fuse upper gi structures	090	610	618	8	1%	21.99	24.97	2.98	14%	0	0	0	1	2	0	0	2	3	2	1	0	0	0
47740	Fuse gallbladder & bowel	090	590	593	3	1%	21.23	23.97	2.74	13%	0	0	0	1	2	0	0	1	3	2	1	0	0	0
47741	Fuse gallbladder & bowel	090	640	648	8	1%	24.21	27.19	2.98	12%	0	0	0	1	2	0	0	2	3	2	1	0	0	0
47760	Fuse bile ducts and bowel	090	759	783	24	3%	38.32	41.54	3.22	8%	-2	0	0	0	2	1	0	3	2	2	1	0	1	0
47765	Fuse liver ducts & bowel	090	882	911	29	3%	52.19	55.65	3.46	7%	-2	0	0	0	2	1	0	4	2	2	1	0	1	0
47780	Fuse bile ducts and bowel	090	799	823	24	3%	42.32	45.54	3.22	8%	-2	0	0	0	2	1	0	3	2	2	1	0	1	0

47785	Fuse bile ducts and bowel	090	939	968	29	3%	56.19	59.65	3.46	6%	-2	0	0	0	2	1	0	4	2	2	1	0	1	0
47800	Reconstruction of bile ducts	090	652.5	660.5	8	1%	26.17	29.15	2.98	11%	0	0	0	1	2	0	0	2	3	2	1	0	0	0
47801	Placement bile duct support	090	525	532	7	1%	17.60	20.14	2.54	14%	0	0	0	1	2	0	0	1	2	2	1	0	0	0
47802	Fuse liver duct & intestine	090	705	713	8	1%	24.93	27.91	2.98	12%	0	0	0	1	2	0	0	2	3	2	1	0	1	0
47900	Suture bile duct injury	090	570	582	12	2%	22.44	25.22	2.78	12%	0	0	0	1	2	0	0	2	2	2	1	0	0	0
48000	Drainage of abdomen	090	743	751	8	1%	31.95	34.93	2.98	9%	0	0	0	1	2	0	0	2	3	2	1	0	2	0
48001	Placement of drain pancreas	090	815.5	815.5	0	0%	39.69	42.83	3.14	8%	0	0	0	1	2	0	0	1	3	3	1	0	2	0
48020	Removal of pancreatic stone	090	678	686	8	1%	19.09	22.07	2.98	16%	0	0	0	1	2	0	0	2	3	2	1	0	1	0
48100	Biopsy of pancreas open	090	497.5	502.5	5	1%	14.46	16.91	2.45	17%	0	0	0	1	1	0	0	2	2	2	1	0	0	0
48102	Needle biopsy pancreas	010	120	121	1	1%	4.70	4.92	0.22	5%	0	0	0	0.5	0	0	0	0	0	0	0.5	0	0	0
48105	Resect/debride pancreas	090	1220	1250.5	30.5	2%	49.26	55.18	5.92	12%	-2	0	0	1	2	1	0	7.5	5	4	1	0	3	0
48120	Removal of pancreas lesion	090	595	596	1	0%	18.41	21.06	2.65	14%	0	0	0	1	1	0	0	2	3	2	1	0	0	0
48140	Partial removal of pancreas	090	725	733	8	1%	26.32	29.30	2.98	11%	0	0	0	1	2	0	0	2	3	2	1	0	1	0
48145	Partial removal of pancreas	090	762.5	770.5	8	1%	27.39	30.37	2.98	11%	0	0	0	1	2	0	0	2	3	2	1	0	1	0
48146	Pancreatectomy	090	893	908	15	2%	30.60	33.91	3.31	11%	0	0	0	1	3	0	0	2	3	2	1	0	2	0
48148	Removal of pancreatic duct	090	700	712	12	2%	20.39	23.17	2.78	14%	0	0	0	1	2	0	0	2	2	2	1	0	1	0
48150	Partial removal of pancreas	090	1110	1133	23	2%	52.84	56.92	4.08	8%	-2	0	0	1	2	1	0	4	4	2	1	0	2	0
48152	Pancreatectomy	090	1063	1085	22	2%	48.65	52.84	4.19	9%	0	0	0	1	3	0	0	4	3	3	1	0	2	0
48153	Pancreatectomy	090	1078	1100	22	2%	52.79	56.98	4.19	8%	0	0	0	1	3	0	0	4	3	3	1	0	2	0
48154	Pancreatectomy	090	1033	1050	17	2%	48.88	52.83	3.95	8%	0	0	0	1	3	0	0	3	3	3	1	0	2	0
48155	Removal of pancreas	090	1043	1060	17	2%	29.45	33.40	3.95	13%	0	0	0	1	3	0	0	3	3	3	1	0	2	0
48500	Surgery of pancreatic cyst	090	603	611	8	1%	18.16	21.14	2.98	16%	0	0	0	1	2	0	0	2	3	2	1	0	0	0
48510	Drain pancreatic pseudocyst	090	580.5	588.5	8	1%	17.19	20.17	2.98	17%	0	0	0	1	2	0	0	2	3	2	1	0	0	0
48520	Fuse pancreas cyst and bowel	090	580	581	1	0%	18.15	20.80	2.65	15%	0	0	0	1	1	0	0	2	3	2	1	0	0	0
48540	Fuse pancreas cyst and bowel	090	560	565	5	1%	21.94	24.39	2.45	11%	0	0	0	1	1	0	0	2	2	2	1	0	0	0
48545	Pancreatorrhaphy	090	773	782	9	1%	22.23	25.41	3.18	14%	0	0	0	1	2	0	0	2	2	3	1	0	2	0
48547	Duodenal exclusion	090	903	912	9	1%	30.38	33.56	3.18	10%	0	0	0	1	2	0	0	2	2	3	1	0	3	0
48548	Fuse pancreas and bowel	090	765	773	8	1%	28.09	31.07	2.98	11%	0	0	0	1	2	0	0	2	3	2	1	0	1	0
48554	Transpl allograft pancreas	090	1237	1337	100	8%	37.80	42.45	4.65	12%	-9	0	0	0	4	3	3	0	0	0	0	0	0	0
48556	Removal allograft pancreas	090	952	1011	59	6%	19.47	24.06	4.59	24%	-2	0	0	0	3	1	0	9	4	0	1	0	0	0
49000	Exploration of abdomen	090	304	328	24	8%	12.54	13.90	1.36	11%	0	0	0	0	2	0	0	2	0	0	1	0	0	0
49002	Reopening of abdomen	090	437	450	13	3%	17.63	19.92	2.29	13%	0	0	0	1	1	0	0	3	2	1	1	0	0	0
49010	Exploration behind abdomen	090	357	377	20	6%	16.06	17.75	1.69	11%	0	0	0	1	1	0	0	3	1	0	1	0	0	0
49020	Drainage abdom abscess open	090	710	746	36	5%	26.67	30.59	3.92	15%	-2	0	0	1	2	1	0	5	2	2	1	0	1	0
49040	Drain open abdom abscess	090	603	601	-2	0%	16.52	19.15	2.63	16%	0	0	0	2	1	0	0	1	3	2	1	0	1	0
49060	Drain open retroperi abscess	090	563	565	2	0%	18.53	20.96	2.43	13%	0	0	0	2	1	0	0	1	2	2	1	0	1	0
49062	Drain to peritoneal cavity	090	334	358	24	7%	12.22	13.58	1.36	11%	0	0	0	0	2	0	0	2	0	0	1	0	0	0
49215	Excise sacral spine tumor	090	855	859	4	0%	37.81	40.62	2.81	7%	0	0	0	0	3	0	0	0	2	3	1	0	2	1
49250	Excision of umbilicus	090	292	319.5	27.5	9%	9.01	10.86	1.85	21%	0	0	0	2.5	0	0	0	4.5	0	0	1	0	0	0
49255	Removal of omentum	090	345	386	41	12%	12.56	14.73	2.17	17%	0	0	0	0	3	0	0	4	0	0	1	0	0	0
49320	Diag laparo separate proc	010	157	164	7	4%	5.14	5.58	0.44	9%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
49321	Laparoscopy biopsy	010	201	213	12	6%	5.44	6.23	0.79	15%	0	0	0	0	1	0	0	1	0	0	1	0	0	0
49322	Laparoscopy aspiration	010	133	140	7	5%	6.01	6.34	0.33	5%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
49323	Laparo drain lymphocele	090	299	318	19	6%	10.23	11.35	1.12	11%	0	0	0	0	2	0	0	1	0	0	1	0	0	0
49324	Lap insert tunnel ip cath	010	162	169	7	4%	6.32	6.76	0.44	7%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
49325	Lap revision perm ip cath	010	162	169	7	4%	6.82	7.26	0.44	6%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
49402	Remove foreign body adbomen	090	422	421	-1	0%	14.09	16.10	2.01	14%	0	0	0	1	1	0	0	1	3	1	1	0	0	0
49419	Insert tun ip cath w/port	090	231	243	12	5%	7.08	7.87	0.79	11%	0	0	0	0	1	0	0	1	0	0	1	0	0	0
49425	Insert abdomen-venous drain	090	367	403	36	10%	12.22	14.54	2.32	19%	0	0	0	3	0	0	0	6	0	0	1	0	0	0
49426	Revise abdomen-venous shunt	090	330	362.5	32.5	10%	10.41	12.50	2.09	20%	0	0	0	2.5	0	0	0	5.5	0	0	1	0	0	0
49428	Ligation of shunt	010	239.5	249.5	10	4%	6.87	8.08	1.21	18%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
49429	Removal of shunt	010	317	349	32	10%	7.44	9.32	1.88	25%	0	0	0	1	0	0	0	6	0	0	1	0	0	0
49436	Embedded ip cath exit-site	010	93	95	2	2%	2.72	3.05	0.33	12%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
49440	Place gastrostomy tube perc	010	116	121	5	4%	3.93	4.17	0.24	6%	0	0	0	0	0	0	0	1	0	0	0	0	0	0
49441	Place duod/jej tube perc	010	123	128	5	4%	4.52	4.76	0.24	5%	0	0	0	0	0	0	0	1	0	0	0	0	0	0
49442	Place cecostomy tube perc	010	108	113	5	5%	3.75	3.99	0.24	6%	0	0	0	0	0	0	0	1	0	0	0	0	0	0
49491	Rpr hern preemie reduc	090	398	406	8	2%	12.53	13.92	1.39	11%	0	0	0	2	1	0	0	0	0	1	1	0	1	0
49492	Rpr ing hern premie blocked	090	398	406	8	2%	15.43	16.82	1.39	9%	0	0	0	2	1	0	0	0	0	1	1	0	1	0
49495	Rpr ing hernia baby reduc	090	148	155	7	5%	6.20	6.53	0.33	5%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
49496	Rpr ing hernia baby blocked	090	246	260	14	6%	9.42	10.08	0.66	7%	0	0	0	0	2	0	0	0	0	0	0	0	0	0
49500	Rpr ing hernia init reduce	090	178	187	9	5%	5.84	6.50	0.66	11%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
49501	Rpr ing hernia init blocked	090	232	246	14	6%	9.36	10.37	1.01	11%	0	0	0	1	1	0	0	1	0	0	1	0	0	0
49505	Prp i/hern init reduc >5 yr	090	198	207	9	5%	7.96	8.62	0.66	8%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
49507	Prp i/hern init block >5 yr	090	231	240	9	4%	9.09	9.75	0.66	7%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
49520	Rerepair ing hernia reduce	090	185.5	194.5	9	5%	9.99	10.65	0.66	7%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
49521	Rerepair ing hernia blocked	090	251	260	9	4%	11.48	12.14	0.66	6%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
49525	Repair ing hernia sliding	090	193	202	9	5%	8.93	9.59	0.66	7%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
49540	Repair lumbar hernia	090	218	227	9	4%	10.74	11.40	0.66	6%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
49550	Rpr rem hernia init reduce	090	193	202	9	5%	8.99	9.65	0.66	7%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
49553	Rpr fem hernia init blocked	090	247	261	14	6%	9.92	10.93	1.01	10%	0	0	0	1	1	0	0	1	0	0	1	0	0	0
49555	Rerepair fem hernia reduce	090	218	227	9	4%	9.39	10.05	0.66	7%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
49557	Rerepair fem hernia blocked	090	262	276	14	5%	11.62	12.63	1.01	9%	0	0	0	1	1	0	0	1	0	0	1	0	0	0
49600	Repair umbilical lesion	090	286	311	25	9%	11.55	13.28	1.73	15%	0	0	0	2.5	0	0	0	4	0	0	1	0	0	0

49605	Repair umbilical lesion	090	1720	1746	26	2%	87.09	92.80	5.71	7%	-6	0	0	0	0	3	0	5	5	5	0	1	9	2
49606	Repair umbilical lesion	090	297	314.5	17.5	6%	19.00	20.37	1.37	7%	0	0	0	2.5	0	0	0	2.5	0	0	1	0	0	0
49610	Repair umbilical lesion	090	282	299.5	17.5	6%	10.91	12.28	1.37	13%	0	0	0	2.5	0	0	0	2.5	0	0	1	0	0	0
49611	Repair umbilical lesion	090	270	287.5	17.5	6%	9.34	10.71	1.37	15%	0	0	0	2.5	0	0	0	2.5	0	0	1	0	0	0
49650	Lap ing hernia repair init	090	147	151	4	3%	6.36	6.80	0.44	7%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
49651	Lap ing hernia repair recur	090	193	199	6	3%	8.38	9.04	0.66	8%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
49900	Repair of abdominal wall	090	567	658	91	16%	12.41	16.98	4.57	37%	0	0	0	0	3	0	0	14	0	0	1	0	0	2
49904	Omental flap extra-abdom	090	670	703	33	5%	22.35	25.69	3.34	15%	0	0	0	3	2	0	0	5	3	0	1	0	0	0
49906	Free omental flap microvasc	090	892	964	72	8%	0.00	3.90	3.90	#DIV/0!	0	0	0	2	4	0	0	8	0	0	1	0	0	0
50010	Exploration of kidney	090	341	377	36	11%	12.28	14.21	1.93	16%	0	0	0	0	3	0	0	3	0	0	1	0	0	0
50020	Renal abscess open drain	090	650	697	47	7%	18.08	22.10	4.02	22%	0	0	0	0	4	0	0	7	4	0	1	0	0	0
50040	Nfros nfrot w/drg	090	405	453	48	12%	16.68	19.18	2.50	15%	0	0	0	0	4	0	0	4	0	0	1	0	0	0
50045	Nephrotomy w/exploration	090	382	420.5	38.5	10%	16.82	18.87	2.05	12%	0	0	0	0	3	0	0	3.5	0	0	1	0	0	0
50060	Nl removal calculus	090	440	491	51	12%	20.95	23.60	2.65	13%	0	0	0	0	3	0	0	6	0	0	1	0	0	0
50065	Nl sec surg operj calculus	090	471	517	46	10%	22.32	24.73	2.41	11%	0	0	0	0	3	0	0	5	0	0	1	0	0	0
50070	Nl comp cgen kdn abnormality	090	482	528	46	10%	21.85	24.26	2.41	11%	0	0	0	0	3	0	0	5	0	0	1	0	0	0
50075	Nl rmvl lg staghorn calculus	090	569.5	621.5	52	9%	27.09	29.79	2.70	10%	0	0	0	0	3.5	0	0	5.5	0	0	1	0	0	0
50080	Perq nl/pl lithotrp smpl<2cm	090	244	258	14	6%	12.41	13.18	0.77	6%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
50081	Perq nl/pl lithotrp cplx>2cm	090	302	316	14	5%	20.91	21.68	0.77	4%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
50100	Trnsxj/repos abrrnt rnl vsls	090	400	438.5	38.5	10%	17.45	19.50	2.05	12%	0	0	0	0	3	0	0	3.5	0	0	1	0	0	0
50120	Pyelotomy w/exploration	090	362	398	36	10%	17.21	19.14	1.93	11%	0	0	0	0	3	0	0	3	0	0	1	0	0	0
50125	Pyelotomy w/drg pyelostomy	090	364	400	36	10%	17.82	19.75	1.93	11%	0	0	0	0	3	0	0	3	0	0	1	0	0	0
50130	Pyelotomy w/removal calculus	090	427	473	46	11%	18.82	21.23	2.41	13%	0	0	0	0	3	0	0	5	0	0	1	0	0	0
50135	Pyelotomy complicated	090	443	484	41	9%	20.59	22.76	2.17	11%	0	0	0	0	3	0	0	4	0	0	1	0	0	0
50205	Renal bx surg exposure kdn	090	324	353	29	9%	12.29	13.89	1.60	13%	0	0	0	0	2	0	0	3	0	0	1	0	0	0
50220	Remove kidney open	090	432	478	46	11%	18.68	21.09	2.41	13%	0	0	0	0	3	0	0	5	0	0	1	0	0	0
50225	Removal kidney open complex	090	512	563	51	10%	21.88	24.53	2.65	12%	0	0	0	0	3	0	0	6	0	0	1	0	0	0
50230	Removal kidney open radical	090	573.5	631	57.5	10%	23.81	26.78	2.97	12%	0	0	0	0	2.5	0	0	8	0	0	1	0	0	0
50234	Removal of kidney & ureter	090	512	563	51	10%	24.05	26.70	2.65	11%	0	0	0	0	3	0	0	6	0	0	1	0	0	0
50236	Removal of kidney & ureter	090	570	633	63	11%	26.94	30.16	3.22	12%	0	0	0	0	4	0	0	7	0	0	1	0	0	0
50240	Partial removal of kidney	090	605	673	68	11%	24.21	27.67	3.46	14%	0	0	0	0	4	0	0	8	0	0	1	0	0	0
50250	Cryoablate renal mass open	090	541	563	22	4%	22.22	25.06	2.84	13%	0	0	0	2	2	0	0	3	2	1	1	0	0	0
50280	Removal of kidney lesion	090	379	420	41	11%	17.09	19.26	2.17	13%	0	0	0	0	3	0	0	4	0	0	1	0	0	0
50290	Removal of kidney lesion	090	386	427	41	11%	16.15	18.32	2.17	13%	0	0	0	0	3	0	0	4	0	0	1	0	0	0
50320	Remove kidney living donor	090	524	554	30	6%	22.43	24.71	2.28	10%	0	0	0	5	0	0	0	4	0	0	1	0	0	0
50340	Removal of kidney	090	436.5	493.5	57	13%	14.04	16.98	2.94	21%	0	0	0	0	3.5	0	0	6.5	0	0	1	0	0	0
50360	Transplantation of kidney	090	774	805	31	4%	39.88	43.40	3.52	9%	-5	0	0	0	1	2	1	1	2	2	1	0	0	0
50365	Transplantation of kidney	090	1446	1455	9	1%	46.13	52.02	5.89	13%	0	0	0	0	9	0	0	0	13.5	0	1	0	4	0
50370	Remove transplanted kidney	090	898	961	63	7%	18.88	22.10	3.22	17%	0	0	0	0	4	0	0	7	0	0	1	0	6	0
50380	Reimplantation of kidney	090	1469	1478	9	1%	30.11	36.00	5.89	20%	0	0	0	0	9	0	0	0	13.5	0	1	0	4	0
50400	Revision of kidney/ureter	090	483	539	56	12%	21.27	24.16	2.89	14%	0	0	0	0	3	0	0	7	0	0	1	0	0	0
50405	Revision of kidney/ureter	090	550.5	610	59.5	11%	25.86	28.92	3.06	12%	0	0	0	0	3.5	0	0	7	0	0	1	0	0	0
50500	Repair of kidney wound	090	463	514	51	11%	21.22	23.87	2.65	12%	0	0	0	0	3	0	0	6	0	0	1	0	0	0
50520	Close kidney-skin fistula	090	465	516	51	11%	18.88	21.53	2.65	14%	0	0	0	0	3	0	0	6	0	0	1	0	0	0
50525	Close nephrovisceral fistula	090	569.5	636.5	67	12%	24.39	27.81	3.42	14%	0	0	0	0	3.5	0	0	8.5	0	0	1	0	0	0
50526	Close nephrovisceral fistula	090	624.5	699	74.5	12%	26.31	30.09	3.78	14%	0	0	0	0	3.5	0	0	10	0	0	1	0	0	0
50540	Revision of horseshoe kidney	090	421	452	31	7%	21.10	22.79	1.69	8%	0	0	0	0	3	0	0	2	0	0	1	0	0	0
50541	Laparo ablate renal cyst	090	319	343	24	8%	16.86	18.22	1.36	8%	0	0	0	0	2	0	0	2	0	0	1	0	0	0
50542	Laparo ablate renal mass	090	449	468	19	4%	21.36	22.86	1.50	7%	-2	0	0	0	2	1	0	0	1	0	1	0	0	0
50543	Laparo partial nephrectomy	090	557	593	36	6%	27.41	29.72	2.31	8%	-2	0	0	0	3	1	0	2	1	0	1	0	0	0
50544	Laparoscopy pyeloplasty	090	459	488	29	6%	23.37	24.97	1.60	7%	0	0	0	0	2	0	0	3	0	0	1	0	0	0
50545	Laparo radical nephrectomy	090	491	522	31	6%	25.06	26.75	1.69	7%	-2	0	0	0	1	1	0	3	0	0	1	0	0	0
50546	Laparoscopic nephrectomy	090	466.5	504.5	38	8%	21.87	23.89	2.02	9%	-2	0	0	0	2	1	0	3	0	0	1	0	0	0
50547	Laparo removal donor kidney	090	501.5	525.5	24	5%	26.34	27.70	1.36	5%	0	0	0	0	2	0	0	2	0	0	1	0	0	0
50548	Laparo remove w/ureter	090	494	523	29	6%	25.36	26.96	1.60	6%	0	0	0	0	2	0	0	3	0	0	1	0	0	0
50562	Renal scope w/tumor resect	090	187.5	187.5	0	0%	10.90	11.01	0.11	1%	0	0	0	0	0	0	0	0	0	0	0.5	0	0	0
50590	Fragmenting of kidney stone	090	207	223	16	8%	9.77	10.76	0.99	10%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
50592	Perc rf ablate renal tumor	010	145	147	2	1%	6.55	6.88	0.33	5%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
50593	Perc cryo ablate renal tum	010	207	214	7	3%	8.88	9.32	0.44	5%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
50600	Exploration of ureter	090	361.5	401.5	40	11%	17.17	19.30	2.13	12%	0	0	0	0	2.5	0	0	4.5	0	0	1	0	0	0
50605	Insert ureteral support	090	361.5	401.5	40	11%	16.79	18.92	2.13	13%	0	0	0	0	2.5	0	0	4.5	0	0	1	0	0	0
50610	Removal of ureter stone	090	354.5	394.5	40	11%	17.25	19.38	2.13	12%	0	0	0	0	2.5	0	0	4.5	0	0	1	0	0	0
50620	Removal of ureter stone	090	330.5	368	37.5	11%	16.43	18.44	2.01	12%	0	0	0	0	2.5	0	0	4	0	0	1	0	0	0
50630	Removal of ureter stone	090	339.5	377	37.5	11%	16.21	18.22	2.01	12%	0	0	0	0	2.5	0	0	4	0	0	1	0	0	0
50650	Removal of ureter	090	387	428	41	11%	18.82	20.99	2.17	12%	0	0	0	0	3	0	0	4	0	0	1	0	0	0
50660	Removal of ureter	090	434	477.5	43.5	10%	21.02	23.31	2.29	11%	0	0	0	0	3	0	0	4.5	0	0	1	0	0	0
50688	Change of ureter tube/stent	010	52	53	1	2%	1.20	1.31	0.11	9%	0	0	0	0.5	0	0	0	0	0	0	0	0	0	0
50700	Revision of ureter	090	415	458.5	43.5	10%	16.69	18.98	2.29	14%	0	0	0	0	3	0	0	4.5	0	0	1	0	0	0
50715	Release of ureter	090	467	504	37	8%	20.64	23.01	2.37	11%	0	0	0	0	3	0	0	4	1	0	1	0	0	0
50722	Release of ureter	090	423	471.5	48.5	11%	17.95	20.48	2.53	14%	0	0	0	0	3	0	0	5.5	0	0	1	0	0	0
50725	Release/revise ureter	090	486	539.5	53.5	11%	20.20	22.97	2.77	14%	0	0	0	0	3	0	0	6.5	0	0	1	0	0	0
50727	Revise ureter	090	225	241	16	7%	8.28	9.51	1.23	15%	0	0	0	2	1	0	0	1	0	0	1	0	0	0
50728	Revise ureter	090	286	314	28	10%	12.18	13.85	1.67	14%	0	0	0	1	3	0	0	1	0	0	1	0	0	0

50740	Fusion of ureter & kidney	090	465	516	51	11%	20.07	22.72	2.65	13%	0	0	0	0	3	0	0	6	0	0	1	0	0	0
50750	Fusion of ureter & kidney	090	507	560.5	53.5	11%	21.22	23.99	2.77	13%	0	0	0	0	3	0	0	6.5	0	0	1	0	0	0
50760	Fusion of ureters	090	451	502	51	11%	20.07	22.72	2.65	13%	0	0	0	0	3	0	0	6	0	0	1	0	0	0
50770	Splicing of ureters	090	489	542.5	53.5	11%	21.22	23.99	2.77	13%	0	0	0	0	3	0	0	6.5	0	0	1	0	0	0
50780	Reimplant ureter in bladder	090	413	461.5	48.5	12%	19.95	22.48	2.53	13%	0	0	0	0	3	0	0	5.5	0	0	1	0	0	0
50782	Reimplant ureter in bladder	090	384	415	31	8%	19.66	21.35	1.69	9%	0	0	0	0	3	0	0	2	0	0	1	0	0	0
50783	Reimplant ureter in bladder	090	427	460	33	8%	20.70	22.61	1.91	9%	0	0	0	1	3	0	0	2	0	0	1	0	0	0
50785	Reimplant ureter in bladder	090	485	538.5	53.5	11%	22.23	25.00	2.77	12%	0	0	0	0	3	0	0	6.5	0	0	1	0	0	0
50800	Implant ureter in bowel	090	470.5	527.5	57	12%	16.41	19.35	2.94	18%	0	0	0	0	3.5	0	0	6.5	0	0	1	0	0	0
50810	Fusion of ureter & bowel	090	731.5	810.5	79	11%	22.61	26.60	3.99	18%	0	0	0	0	4.5	0	0	9.5	0	0	1	0	0	0
50815	Urine shunt to intestine	090	630	703	73	12%	22.26	25.96	3.70	17%	0	0	0	0	4	0	0	9	0	0	1	0	0	0
50820	Construct bowel bladder	090	606.5	676	69.5	11%	24.07	27.61	3.54	15%	0	0	0	0	3.5	0	0	9	0	0	1	0	0	0
50825	Construct bowel bladder	090	761	841.5	80.5	11%	30.68	34.74	4.06	13%	0	0	0	0	4	0	0	10.5	0	0	1	0	0	0
50830	Revise urine flow	090	761	841.5	80.5	11%	33.77	37.83	4.06	12%	0	0	0	0	4	0	0	10.5	0	0	1	0	0	0
50840	Replace ureter by bowel	090	678	753.5	75.5	11%	22.39	26.21	3.82	17%	0	0	0	0	4	0	0	9.5	0	0	1	0	0	0
50845	Appendico-vesicostomy	090	613	673	60	10%	22.46	25.53	3.07	14%	0	0	0	0	5	0	0	5	0	0	1	0	0	0
50860	Transplant ureter to skin	090	434	487.5	53.5	12%	17.08	19.85	2.77	16%	0	0	0	0	3	0	0	6.5	0	0	1	0	0	0
50900	Repair of ureter	090	363	404	41	11%	15.04	17.21	2.17	14%	0	0	0	0	3	0	0	4	0	0	1	0	0	0
50920	Closure ureter/skin fistula	090	409	452.5	43.5	11%	15.81	18.10	2.29	14%	0	0	0	0	3	0	0	4.5	0	0	1	0	0	0
50930	Closure ureter/bowel fistula	090	438	481.5	43.5	10%	20.19	22.48	2.29	11%	0	0	0	0	3	0	0	4.5	0	0	1	0	0	0
50940	Release of ureter	090	383	424	41	11%	15.93	18.10	2.17	14%	0	0	0	0	3	0	0	4	0	0	1	0	0	0
50945	Laparoscopy ureterolithotomy	090	341.5	370.5	29	8%	17.97	19.57	1.60	9%	0	0	0	0	2	0	0	3	0	0	1	0	0	0
50947	Laparo new ureter/bladder	090	512	548	36	7%	25.78	27.71	1.93	7%	0	0	0	0	3	0	0	3	0	0	1	0	0	0
50948	Laparo new ureter/bladder	090	506	524	18	4%	23.82	25.43	1.61	7%	-2	0	0	0	1	1	0	1	0	1	1	0	0	0
51020	Incise & treat bladder	090	266.5	291.5	25	9%	7.69	9.10	1.41	18%	0	0	0	0	2.5	0	0	1.5	0	0	1	0	0	0
51030	Incise & treat bladder	090	284.5	312	27.5	10%	7.81	9.34	1.53	20%	0	0	0	0	2.5	0	0	2	0	0	1	0	0	0
51040	Incise & drain bladder	090	139	143	4	3%	4.49	5.04	0.55	12%	0	0	0	2	0	0	0	0	0	0	0.5	0	0	0
51045	Incise bladder/drain ureter	090	271.5	299	27.5	10%	7.81	9.34	1.53	20%	0	0	0	0	2.5	0	0	2	0	0	1	0	0	0
51050	Removal of bladder stone	090	276	307.5	31.5	11%	7.97	9.69	1.72	22%	0	0	0	0	2	0	0	3.5	0	0	1	0	0	0
51060	Removal of ureter stone	090	319.5	349.5	30	9%	9.95	11.60	1.65	17%	0	0	0	0	2.5	0	0	2.5	0	0	1	0	0	0
51065	Remove ureter calculus	090	318.5	348.5	30	9%	9.95	11.60	1.65	17%	0	0	0	0	2.5	0	0	2.5	0	0	1	0	0	0
51080	Drainage of bladder abscess	090	238	257	19	8%	6.71	7.83	1.12	17%	0	0	0	0	2	0	0	1	0	0	1	0	0	0
51500	Removal of bladder cyst	090	290.5	313	22.5	8%	11.05	12.34	1.29	12%	0	0	0	0	2.5	0	0	1	0	0	1	0	0	0
51520	Removal of bladder lesion	090	271.5	294	22.5	8%	10.21	11.50	1.29	13%	0	0	0	0	2.5	0	0	1	0	0	1	0	0	0
51525	Removal of bladder lesion	090	386.5	431.5	45	12%	15.42	17.79	2.37	15%	0	0	0	0	2.5	0	0	5.5	0	0	1	0	0	0
51530	Removal of bladder lesion	090	357.5	397.5	40	11%	13.71	15.84	2.13	15%	0	0	0	0	2.5	0	0	4.5	0	0	1	0	0	0
51535	Repair of ureter lesion	090	374.5	414.5	40	11%	13.90	16.03	2.13	15%	0	0	0	0	2.5	0	0	4.5	0	0	1	0	0	0
51550	Partial removal of bladder	090	419.5	469.5	50	12%	17.23	19.84	2.61	15%	0	0	0	0	2.5	0	0	6.5	0	0	1	0	0	0
51555	Partial removal of bladder	090	534	597.5	63.5	12%	23.18	26.43	3.25	14%	0	0	0	0	3	0	0	8.5	0	0	1	0	0	0
51565	Revise bladder & ureter(s)	090	571.5	636	64.5	11%	23.68	26.98	3.30	14%	0	0	0	0	3.5	0	0	8	0	0	1	0	0	0
51570	Removal of bladder	090	710	773.5	63.5	9%	27.46	30.71	3.25	12%	0	0	0	0	3	0	0	8.5	0	0	1	0	2.5	0
51575	Removal of bladder & nodes	090	863.5	945.5	82	9%	34.18	38.32	4.14	12%	0	0	0	0	3.5	0	0	11.5	0	0	1	0	2.5	0
51580	Remove bladder/revise tract	090	987.5	1086.5	99	10%	35.37	40.32	4.95	14%	0	0	0	0	4.5	0	0	13.5	0	0	1	0	2.5	0
51585	Removal of bladder & nodes	090	1073.5	1177.5	104	10%	39.64	44.83	5.19	13%	0	0	0	0	4.5	0	0	14.5	0	0	1	0	2.5	0
51590	Remove bladder/revise tract	090	990.5	1070	79.5	8%	36.33	40.35	4.02	11%	0	0	0	0	3.5	0	0	11	0	0	1	0	2.5	0
51595	Remove bladder/revise tract	090	1039	1137	98	9%	41.32	46.22	4.90	12%	0	0	0	0	4	0	0	14	0	0	1	0	2.5	0
51596	Remove bladder/create pouch	090	1231	1346	115	9%	44.26	49.97	5.71	13%	0	0	0	0	5	0	0	16	0	0	1	0	2.5	0
51597	Removal of pelvic structures	090	1023	1093	70	7%	42.86	48.37	5.51	13%	0	0	0	0	5	0	0	11	5	0	1	0	0	0
51800	Revision of bladder/urethra	090	434	477.5	43.5	10%	18.89	21.18	2.29	12%	0	0	0	0	3	0	0	4.5	0	0	1	0	0	0
51820	Revision of urinary tract	090	511.5	561	49.5	10%	19.59	22.17	2.58	13%	0	0	0	0	3.5	0	0	5	0	0	1	0	0	0
51840	Attach bladder/urethra	090	319	346.5	27.5	9%	11.36	13.21	1.85	16%	0	0	0	2.5	0	0	0	4.5	0	0	1	0	0	0
51841	Attach bladder/urethra	090	354	381.5	27.5	8%	13.68	15.53	1.85	14%	0	0	0	2.5	0	0	0	4.5	0	0	1	0	0	0
51845	Repair bladder neck	090	265	282.5	17.5	7%	10.15	11.52	1.37	13%	0	0	0	2.5	0	0	0	2.5	0	0	1	0	0	0
51860	Repair of bladder wound	090	308	332.5	24.5	8%	12.60	14.43	1.83	15%	0	0	0	3.5	0	0	0	3.5	0	0	1	0	0	0
51865	Repair of bladder wound	090	398	430	32	8%	15.80	17.99	2.19	14%	0	0	0	3.5	0	0	0	5	0	0	1	0	0	0
51880	Repair of bladder opening	090	216	225	9	4%	7.87	8.77	0.90	11%	0	0	0	2	0	0	0	1	0	0	1	0	0	0
51900	Repair bladder/vagina lesion	090	487	538	51	10%	14.63	17.28	2.65	18%	0	0	0	0	3	0	0	6	0	0	1	0	0	0
51920	Close bladder-uterus fistula	090	458	506.5	48.5	11%	13.41	15.94	2.53	19%	0	0	0	0	3	0	0	5.5	0	0	1	0	0	0
51925	Hysterectomy/bladder repair	090	536.5	596	59.5	11%	17.53	20.59	3.06	17%	0	0	0	0	3.5	0	0	7	0	0	1	0	0	0
51940	Correction of bladder defect	090	671.5	743.5	72	11%	30.66	34.32	3.66	12%	0	0	0	0	3.5	0	0	9.5	0	0	1	0	0	0
51960	Revision of bladder & bowel	090	663	738.5	75.5	11%	25.40	29.22	3.82	15%	0	0	0	0	4	0	0	9.5	0	0	1	0	0	0
51980	Construct bladder opening	090	320.5	355.5	35	11%	12.57	14.46	1.89	15%	0	0	0	0	2.5	0	0	3.5	0	0	1	0	0	0
51990	Laparo urethral suspension	090	324	348	24	7%	13.36	14.72	1.36	10%	0	0	0	0	2	0	0	2	0	0	1	0	0	0
51992	Laparo sling operation	090	324	348	24	7%	14.87	16.23	1.36	9%	0	0	0	0	2	0	0	2	0	0	1	0	0	0
52400	Cystouretero w/congen repr	090	197.5	199.5	2	1%	8.69	9.02	0.33	4%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
52450	Incision of prostate	090	209	230	21	10%	7.78	8.88	1.10	14%	0	0	0	0	3	0	0	0	0	0	0.5	0	0	0
52500	Revision of bladder neck	090	230.5	251.5	21	9%	8.14	9.24	1.10	14%	0	0	0	0	3	0	0	0	0	0	0.5	0	0	0
52601	Prostatectomy (turp)	090	236	250	14	6%	13.16	13.93	0.77	6%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
52630	Remove prostate regrowth	090	222	233	11	5%	6.55	7.43	0.88	13%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
52640	Relieve bladder contracture	090	184	200	16	9%	4.79	5.78	0.99	21%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
52647	Laser surgery of prostate	090	219	240	21	10%	11.30	12.29	0.99	9%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
52648	Laser surgery of prostate	090	249	270	21	8%	12.15	13.14	0.99	8%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
52649	Prostate laser enucleation	090	279	295	16	6%	14.56	15.55	0.99	7%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0

52700	Drainage of prostate abscess	090	201	217.5	16.5	8%	7.49	8.49	1.00	13%	0	0	0	0	2	0	0	0.5	0	0	1	0	0	0
53000	Incision of urethra	010	138	140	2	1%	2.33	2.77	0.44	19%	0	0	0	1	0	0	0	0	0	0	1	0	0	0
53010	Incision of urethra	090	228	249.5	21.5	9%	4.45	5.69	1.24	28%	0	0	0	0	2	0	0	1.5	0	0	1	0	0	0
53040	Drainage of urethra abscess	090	179	185.5	6.5	4%	6.55	7.33	0.78	12%	0	0	0	2	0	0	0	0.5	0	0	1	0	0	0
53060	Drainage of urethra abscess	010	68	70	2	3%	2.68	2.90	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
53080	Drainage of urinary leakage	090	193	207	14	7%	6.92	7.80	0.88	13%	0	0	0	0	2	0	0	0	0	0	1	0	0	0
53085	Drainage of urinary leakage	090	254.5	277	22.5	9%	11.18	12.47	1.29	11%	0	0	0	0	2.5	0	0	1	0	0	1	0	0	0
53210	Removal of urethra	090	325.5	358	32.5	10%	13.72	15.49	1.77	13%	0	0	0	0	2.5	0	0	3	0	0	1	0	0	0
53215	Removal of urethra	090	371.5	409	37.5	10%	16.85	18.86	2.01	12%	0	0	0	0	2.5	0	0	4	0	0	1	0	0	0
53220	Treatment of urethra lesion	090	201	215	14	7%	7.63	8.51	0.88	12%	0	0	0	0	2	0	0	0	0	0	1	0	0	0
53230	Removal of urethra lesion	090	267.5	287.5	20	7%	10.44	11.61	1.17	11%	0	0	0	0	2.5	0	0	0.5	0	0	1	0	0	0
53235	Removal of urethra lesion	090	281.5	301.5	20	7%	10.99	12.16	1.17	11%	0	0	0	0	2.5	0	0	0.5	0	0	1	0	0	0
53240	Surgery for urethra pouch	090	199	213	14	7%	7.08	7.96	0.88	12%	0	0	0	0	2	0	0	0	0	0	1	0	0	0
53250	Removal of urethra gland	090	153	167	14	9%	6.52	7.18	0.66	10%	0	0	0	0	2	0	0	0	0	0	0	0	0	0
53260	Treatment of urethra lesion	010	74	76	2	3%	3.03	3.25	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
53265	Treatment of urethra lesion	010	76	78	2	3%	3.17	3.39	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
53270	Removal of urethra gland	010	93	95	2	2%	3.14	3.47	0.33	11%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
53275	Repair of urethra defect	010	121	123	2	2%	4.57	4.90	0.33	7%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
53400	Revise urethra stage 1	090	343	381.5	38.5	11%	14.13	16.18	2.05	15%	0	0	0	0	3	0	0	3.5	0	0	1	0	0	0
53405	Revise urethra stage 2	090	330	361	31	9%	15.66	17.35	1.69	11%	0	0	0	0	3	0	0	2	0	0	1	0	0	0
53410	Reconstruction of urethra	090	364	397.5	33.5	9%	17.68	19.49	1.81	10%	0	0	0	0	3	0	0	2.5	0	0	1	0	0	0
53415	Reconstruction of urethra	090	424	460	36	8%	20.70	22.63	1.93	9%	0	0	0	0	3	0	0	3	0	0	1	0	0	0
53420	Reconstruct urethra stage 1	090	340.5	370.5	30	9%	15.17	16.82	1.65	11%	0	0	0	0	2.5	0	0	2.5	0	0	1	0	0	0
53425	Reconstruct urethra stage 2	090	349.5	379.5	30	9%	17.07	18.72	1.65	10%	0	0	0	0	2.5	0	0	2.5	0	0	1	0	0	0
53430	Reconstruction of urethra	090	344.5	374.5	30	9%	17.43	19.08	1.65	9%	0	0	0	0	2.5	0	0	2.5	0	0	1	0	0	0
53431	Reconstruct urethra/bladder	090	426	462	36	8%	21.18	23.11	1.93	9%	0	0	0	0	3	0	0	3	0	0	1	0	0	0
53440	Male sling procedure	090	248	264	16	6%	13.36	14.35	0.99	7%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
53442	Remove/revise male sling	090	395	415	20	5%	13.49	15.43	1.94	14%	0	0	0	0	4	0	0	0	2	0	1	0	0	0
53444	Insert tandem cuff	090	320	341	21	7%	14.19	15.53	1.34	9%	0	0	0	1	2	0	0	1	0	0	1	0	0	0
53445	Insert uro/ves nck sphincter	090	314	337	23	7%	13.00	14.32	1.32	10%	0	0	0	1	3	0	0	0	0	0	0.5	0	0	0
53446	Remove uro sphincter	090	300	321	21	7%	11.02	12.36	1.34	12%	0	0	0	1	2	0	0	1	0	0	1	0	0	0
53447	Remove/replace ur sphincter	090	340	361	21	6%	14.28	15.62	1.34	9%	0	0	0	1	2	0	0	1	0	0	1	0	0	0
53448	Remov/replc ur sphinctr comp	090	564	604	40	7%	23.44	26.34	2.90	12%	-2	0	0	0	2	1	0	5	2	0	1	0	0	0
53449	Repair uro sphincter	090	280.5	300.5	20	7%	10.56	11.73	1.17	11%	0	0	0	0	2.5	0	0	0.5	0	0	1	0	0	0
53450	Revision of urethra	090	202	216	14	7%	6.77	7.65	0.88	13%	0	0	0	0	2	0	0	0	0	0	1	0	0	0
53451	Tprnl balo cntnc dev bi	010	0	0	0	#DIV/0!	0.00	0.00	-	#DIV/0!	0	0	0	0	0	0	0	0	0	0	0	0	0	0
53452	Tprnl balo cntnc dev uni	010	0	0	0	#DIV/0!	0.00	0.00	-	#DIV/0!	0	0	0	0	0	0	0	0	0	0	0	0	0	0
53460	Revision of urethra	090	205	219	14	7%	7.75	8.63	0.88	11%	0	0	0	0	2	0	0	0	0	0	1	0	0	0
53500	Urethrlys transvag w/ scope	090	289	310	21	7%	13.00	14.34	1.34	10%	0	0	0	1	2	0	0	1	0	0	1	0	0	0
53502	Repair of urethra injury	090	212	226	14	7%	8.26	9.14	0.88	11%	0	0	0	0	2	0	0	0	0	0	1	0	0	0
53505	Repair of urethra injury	090	218	232	14	6%	8.26	9.14	0.88	11%	0	0	0	0	2	0	0	0	0	0	1	0	0	0
53510	Repair of urethra injury	090	270.5	290.5	20	7%	10.96	12.13	1.17	11%	0	0	0	0	2.5	0	0	0.5	0	0	1	0	0	0
53515	Repair of urethra injury	090	322.5	345	22.5	7%	14.22	15.51	1.29	9%	0	0	0	0	2.5	0	0	1	0	0	1	0	0	0
53520	Repair of urethra defect	090	250.5	268	17.5	7%	9.48	10.53	1.05	11%	0	0	0	0	2.5	0	0	0	0	0	1	0	0	0
53850	Prostatic microwave thermotx	090	151	172	21	14%	5.42	6.41	0.99	18%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
53852	Prostatic rf thermotx	090	142	163	21	15%	5.93	6.92	0.99	17%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
53854	Trurl dstrj prst8 tiss rf wv	090	137	158	21	15%	5.93	6.92	0.99	17%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
53860	Transurethral rf treatment	090	98	112	14	14%	3.97	4.63	0.66	17%	0	0	0	0	2	0	0	0	0	0	0	0	0	0
54000	Slitting of prepuce	010	54	56	2	4%	1.59	1.81	0.22	14%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
54001	Slitting of prepuce	010	69	71	2	3%	2.24	2.46	0.22	10%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
54015	Drain penis lesion	010	119	121	2	2%	5.36	5.69	0.33	6%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
54050	Destruction penis lesion(s)	010	54	56	2	4%	1.29	1.51	0.22	17%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
54055	Destruction penis lesion(s)	010	44	45	1	2%	1.25	1.36	0.11	9%	0	0	0	0.5	0	0	0	0	0	0	0	0	0	0
54056	Cryosurgery penis lesion(s)	010	56	58	2	4%	1.29	1.51	0.22	17%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
54057	Laser surg penis lesion(s)	010	73	75	2	3%	1.29	1.51	0.22	17%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
54060	Excision of penis lesion(s)	010	66	68	2	3%	1.98	2.20	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
54065	Destruction penis lesion(s)	010	68	70	2	3%	2.47	2.69	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
54105	Biopsy of penis	010	102	104	2	2%	3.54	3.76	0.22	6%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
54110	Treatment of penis lesion	090	256.5	274	17.5	7%	10.92	11.97	1.05	10%	0	0	0	0	2.5	0	0	0	0	0	1	0	0	0
54111	Treat penis lesion graft	090	318.5	338.5	20	6%	14.42	15.59	1.17	8%	0	0	0	0	2.5	0	0	0.5	0	0	1	0	0	0
54112	Treat penis lesion graft	090	368	396.5	28.5	8%	16.98	18.55	1.57	9%	0	0	0	0	3	0	0	1.5	0	0	1	0	0	0
54115	Treatment of penis lesion	090	207.5	225	17.5	8%	6.95	8.00	1.05	15%	0	0	0	0	2.5	0	0	0	0	0	1	0	0	0
54120	Partial removal of penis	090	272.5	300	27.5	10%	11.01	12.54	1.53	14%	0	0	0	0	2.5	0	0	2	0	0	1	0	0	0
54125	Removal of penis	090	298.5	326	27.5	9%	14.56	16.09	1.53	10%	0	0	0	0	2.5	0	0	2	0	0	1	0	0	0
54130	Remove penis & nodes	090	502.5	552	49.5	10%	21.84	24.42	2.58	12%	0	0	0	0	3.5	0	0	5	0	0	1	0	0	0
54135	Remove penis & nodes	090	599.5	654	54.5	9%	28.17	30.99	2.82	10%	0	0	0	0	3.5	0	0	6	0	0	1	0	0	0
54160	Circumcision neonate	010	83	85	2	2%	2.53	2.75	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
54161	Circum 28 days or older	010	88	90	2	2%	3.32	3.54	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
54162	Lysis penil circumic lesion	010	107	114	7	7%	3.32	3.76	0.44	13%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
54163	Repair of circumcision	010	107	114	7	7%	3.32	3.76	0.44	13%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
54164	Frenulotomy of penis	010	97	104	7	7%	2.82	3.26	0.44	16%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
54200	Treatment of penis lesion	010	71	73	2	3%	1.11	1.33	0.22	20%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
54205	Treatment of penis lesion	090	262.5	290	27.5	10%	8.97	10.50	1.53	17%	0	0	0	0	2.5	0	0	2	0	0	1	0	0	0

54300	Revision of penis	090	268.5	286	17.5	7%	11.20	12.14	0.94	8%	0	0	0	0	2.5	0	0	0	0	0	0.5	0	0	0
54304	Revision of penis	090	273.5	291	17.5	6%	13.28	14.22	0.94	7%	0	0	0	0	2.5	0	0	0	0	0	0.5	0	0	0
54308	Reconstruction of urethra	090	234.5	252	17.5	7%	12.62	13.45	0.83	7%	0	0	0	0	2.5	0	0	0	0	0	0	0	0	0
54312	Reconstruction of urethra	090	317	338	21	7%	14.51	15.61	1.10	8%	0	0	0	0	3	0	0	0	0	0	0.5	0	0	0
54316	Reconstruction of urethra	090	401	434.5	33.5	8%	18.05	19.86	1.81	10%	0	0	0	0	3	0	0	2.5	0	0	1	0	0	0
54318	Reconstruction of urethra	090	309	340	31	10%	12.43	14.12	1.69	14%	0	0	0	0	3	0	0	2	0	0	1	0	0	0
54322	Reconstruction of urethra	090	307.5	332.5	25	8%	13.98	15.39	1.41	10%	0	0	0	0	2.5	0	0	1.5	0	0	1	0	0	0
54324	Reconstruction of urethra	090	374	407.5	33.5	9%	17.55	19.36	1.81	10%	0	0	0	0	3	0	0	2.5	0	0	1	0	0	0
54326	Reconstruction of urethra	090	437	473	36	8%	17.02	18.95	1.93	11%	0	0	0	0	3	0	0	3	0	0	1	0	0	0
54328	Revise penis/urethra	090	395	428.5	33.5	8%	16.89	18.70	1.81	11%	0	0	0	0	3	0	0	2.5	0	0	1	0	0	0
54332	Revise penis/urethra	090	421	457	36	9%	18.37	20.30	1.93	11%	0	0	0	0	3	0	0	3	0	0	1	0	0	0
54336	Revise penis/urethra	090	450.5	495	44.5	10%	21.62	23.96	2.34	11%	0	0	0	0	3.5	0	0	4	0	0	1	0	0	0
54340	Rpr hypspad comp simple	090	234.5	252	17.5	7%	9.71	10.65	0.94	10%	0	0	0	0	2.5	0	0	0	0	0	0.5	0	0	0
54344	Rrp hypspad comp moblj&urtp	090	371	399.5	28.5	8%	17.06	18.63	1.57	9%	0	0	0	0	3	0	0	1.5	0	0	1	0	0	0
54348	Rpr hypspad comp dsj & urtp	090	408	439	31	8%	18.32	20.01	1.69	9%	0	0	0	0	3	0	0	2	0	0	1	0	0	0
54352	Revj prior hypspad repair	090	497.5	534.5	37	7%	26.13	28.11	1.98	8%	0	0	0	0	3.5	0	0	2.5	0	0	1	0	0	0
54360	Penis plastic surgery	090	280.5	300.5	20	7%	12.78	13.95	1.17	9%	0	0	0	0	2.5	0	0	0.5	0	0	1	0	0	0
54380	Repair penis	090	337	360.5	23.5	7%	14.18	15.51	1.33	9%	0	0	0	0	3	0	0	0.5	0	0	1	0	0	0
54385	Repair penis	090	424.5	451.5	27	6%	16.56	18.06	1.50	9%	0	0	0	0	3.5	0	0	0.5	0	0	1	0	0	0
54390	Repair penis and bladder	090	464.5	491.5	27	6%	22.77	24.27	1.50	7%	0	0	0	0	3.5	0	0	0.5	0	0	1	0	0	0
54400	Insert semi-rigid prosthesis	090	237	244.5	7.5	3%	9.17	10.06	0.89	10%	0	0	0	2.5	0	0	0	0.5	0	0	1	0	0	0
54401	Insert self-contd prosthesis	090	248	271	23	9%	10.44	11.63	1.19	11%	-2	0	0	0	2	1	0	0	0	0	0.5	0	0	0
54405	Insert multi-comp penis pros	090	272.5	290	17.5	6%	14.52	15.46	0.94	6%	0	0	0	0	2.5	0	0	0	0	0	0.5	0	0	0
54406	Remove muti-comp penis pros	090	295	316	21	7%	12.89	14.23	1.34	10%	0	0	0	1	2	0	0	1	0	0	1	0	0	0
54408	Repair multi-comp penis pros	090	334	362	28	8%	13.91	15.45	1.54	11%	-2	0	0	0	2	1	0	1	0	0	1	0	0	0
54410	Remove/replace penis prosth	090	329	352	23	7%	15.18	16.50	1.32	9%	0	0	0	1	3	0	0	0	0	0	0.5	0	0	0
54411	Remov/replc penis pros comp	090	580	622	42	7%	18.35	21.47	3.12	17%	-2	0	0	1	2	1	0	5	2	0	1	0	0	0
54415	Remove self-contd penis pros	090	221	237	16	7%	8.88	9.87	0.99	11%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
54416	Remv/repl penis contain pros	090	315	345	30	10%	12.08	13.84	1.76	15%	-2	0	0	1	2	1	0	1	0	0	1	0	0	0
54417	Remv/replc penis pros compl	090	465	495	30	6%	16.10	18.65	2.55	16%	-2	0	0	1	1	1	0	4	2	0	1	0	0	0
54420	Revision of penis	090	324.5	349.5	25	8%	12.39	13.80	1.41	11%	0	0	0	0	2.5	0	0	1.5	0	0	1	0	0	0
54430	Revision of penis	090	273.5	296	22.5	8%	11.06	12.35	1.29	12%	0	0	0	0	2.5	0	0	1	0	0	1	0	0	0
54435	Revision of penis	090	193	209.5	16.5	9%	6.81	7.81	1.00	15%	0	0	0	0	2	0	0	0.5	0	0	1	0	0	0
54437	Repair corporeal tear	090	264	287	23	9%	11.50	12.93	1.43	12%	0	0	0	1	3	0	0	0	0	0	1	0	0	0
54438	Replantation of penis	090	531	548	17	3%	24.50	26.84	2.34	10%	0	0	0	0	4	0	0	0	2	1	1	0	0	0
54440	Repair of penis	090	386	407	21	5%	0.00	1.60	1.60	#DIV/0!	0	0	0	3	0	0	0	3	0	0	1	0	0	0
54505	Biopsy of testis	010	97	99	2	2%	3.50	3.72	0.22	6%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
54512	Excise lesion testis	090	216	235	19	9%	9.33	10.23	0.90	10%	0	0	0	0	2	0	0	1	0	0	0	0	0	0
54520	Removal of testis	090	144	147	3	2%	5.30	5.74	0.44	8%	0	0	0	1.5	0	0	0	0	0	0	0.5	0	0	0
54522	Orchiectomy partial	090	211	230	19	9%	10.25	11.15	0.90	9%	0	0	0	0	2	0	0	1	0	0	0	0	0	0
54530	Removal of testis	090	246.5	257.5	11	4%	8.46	9.34	0.88	10%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
54535	Extensive testis surgery	090	298.5	326	27.5	9%	13.19	14.72	1.53	12%	0	0	0	0	2.5	0	0	2	0	0	1	0	0	0
54550	Exploration for testis	090	228	242	14	6%	8.41	9.29	0.88	10%	0	0	0	0	2	0	0	0	0	0	1	0	0	0
54560	Exploration for testis	090	303.5	328.5	25	8%	12.10	13.51	1.41	12%	0	0	0	0	2.5	0	0	1.5	0	0	1	0	0	0
54600	Reduce testis torsion	090	202	216	14	7%	7.64	8.52	0.88	12%	0	0	0	0	2	0	0	0	0	0	1	0	0	0
54620	Suspension of testis	010	127	134	7	6%	5.21	5.65	0.44	8%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
54640	Orchiopexy ingun/scrot appr	090	162	169	7	4%	7.73	8.17	0.44	6%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
54650	Orchiopexy (fowler-stephens)	090	301	322	21	7%	12.39	13.38	0.99	8%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
54660	Revision of testis	090	163	177	14	9%	5.74	6.51	0.77	13%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
54670	Repair testis injury	090	230	240	10	4%	6.65	7.66	1.01	15%	0	0	0	2.5	0	0	0	1	0	0	1	0	0	0
54680	Relocation of testis(es)	090	364.5	407	42.5	12%	14.04	16.29	2.25	16%	0	0	0	0	2.5	0	0	5	0	0	1	0	0	0
54690	Laparoscopy orchiectomy	090	329	348	19	6%	11.70	12.82	1.12	10%	0	0	0	0	2	0	0	1	0	0	1	0	0	0
54692	Laparoscopy orchiopexy	090	319	343	24	8%	13.74	15.10	1.36	10%	0	0	0	0	2	0	0	2	0	0	1	0	0	0
54700	Drainage of scrotum	010	97	99	2	2%	3.47	3.69	0.22	6%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
54830	Remove epididymis lesion	090	170	184	14	8%	6.01	6.78	0.77	13%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
54840	Remove epididymis lesion	090	146	149	3	2%	5.27	5.71	0.44	8%	0	0	0	1.5	0	0	0	0	0	0	0.5	0	0	0
54860	Removal of epididymis	090	194	208	14	7%	6.95	7.72	0.77	11%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
54861	Removal of epididymis	090	245.5	263	17.5	7%	9.70	10.64	0.94	10%	0	0	0	0	2.5	0	0	0	0	0	0.5	0	0	0
54865	Explore epididymis	090	182	196	14	8%	5.77	6.65	0.88	15%	0	0	0	0	2	0	0	0	0	0	1	0	0	0
54900	Fusion of spermatic ducts	090	345	368.5	23.5	7%	14.20	15.53	1.33	9%	0	0	0	0	3	0	0	0.5	0	0	1	0	0	0
54901	Fusion of spermatic ducts	090	445.5	472.5	27	6%	19.10	20.60	1.50	8%	0	0	0	0	3.5	0	0	0.5	0	0	1	0	0	0
55040	Removal of hydrocele	090	162	166	4	2%	5.45	6.00	0.55	10%	0	0	0	2	0	0	0	0	0	0	0.5	0	0	0
55041	Removal of hydroceles	090	232.5	250	17.5	8%	8.54	9.48	0.94	11%	0	0	0	0	2.5	0	0	0	0	0	0.5	0	0	0
55060	Repair of hydrocele	090	185	199	14	8%	6.15	6.92	0.77	13%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
55100	Drainage of scrotum abscess	010	90	97	7	8%	2.45	2.78	0.33	13%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
55110	Explore scrotum	090	194	208	14	7%	6.33	7.21	0.88	14%	0	0	0	0	2	0	0	0	0	0	1	0	0	0
55120	Removal of scrotum lesion	090	165	179	14	8%	5.72	6.49	0.77	13%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
55150	Removal of scrotum	090	279.5	302	22.5	8%	8.14	9.43	1.29	16%	0	0	0	0	2.5	0	0	1	0	0	1	0	0	0
55175	Revision of scrotum	090	186	200	14	8%	5.87	6.64	0.77	13%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
55180	Revision of scrotum	090	297	323	26	9%	11.78	13.23	1.45	12%	0	0	0	0	3	0	0	1	0	0	1	0	0	0
55200	Incision of sperm duct	090	98	105	7	7%	4.55	4.88	0.33	7%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
55250	Removal of sperm duct(s)	090	105	108	3	3%	3.37	3.70	0.33	10%	0	0	0	1.5	0	0	0	0	0	0	0	0	0	0
55400	Repair of sperm duct	090	186	191	5	3%	8.61	9.27	0.66	8%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0

55500	Removal of hydrocele	090	184	198	14	8%	6.22	6.99	0.77	12%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
55520	Removal of sperm cord lesion	090	188	202	14	7%	6.66	7.43	0.77	12%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
55530	Revise spermatic cord veins	090	152	156	4	3%	5.75	6.30	0.55	10%	0	0	0	2	0	0	0	0	0	0	0.5	0	0	0
55535	Revise spermatic cord veins	090	187	201	14	7%	7.19	7.96	0.77	11%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
55540	Revise hernia & sperm veins	090	224	238	14	6%	8.30	9.18	0.88	11%	0	0	0	0	2	0	0	0	0	0	1	0	0	0
55550	Laparo ligate spermatic vein	090	196	210	14	7%	7.20	7.86	0.66	9%	0	0	0	0	2	0	0	0	0	0	0	0	0	0
55600	Incise sperm duct pouch	090	204	218	14	7%	7.01	7.78	0.77	11%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
55605	Incise sperm duct pouch	090	198.5	216	17.5	9%	8.76	9.70	0.94	11%	0	0	0	0	2.5	0	0	0	0	0	0.5	0	0	0
55650	Remove sperm duct pouch	090	304.5	324.5	20	7%	12.65	13.82	1.17	9%	0	0	0	0	2.5	0	0	0.5	0	0	1	0	0	0
55680	Remove sperm pouch lesion	090	206.5	217	10.5	5%	5.67	6.39	0.72	13%	0	0	0	0	1.5	0	0	0	0	0	1	0	0	0
55705	Biopsy of prostate	010	122	124	2	2%	4.61	4.94	0.33	7%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
55706	Prostate saturation sampling	010	195	211	16	8%	6.28	7.14	0.86	14%	-2	0	0	0	1	1	0	0	0	0	0.5	0	0	0
55720	Drainage of prostate abscess	090	150	154	4	3%	7.73	8.17	0.44	6%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
55725	Drainage of prostate abscess	090	305	343.5	38.5	13%	10.05	12.10	2.05	20%	0	0	0	0	3	0	0	3.5	0	0	1	0	0	0
55801	Removal of prostate	090	497.5	559.5	62	12%	19.80	22.98	3.18	16%	0	0	0	0	3.5	0	0	7.5	0	0	1	0	0	0
55810	Extensive prostate surgery	090	515	568.5	53.5	10%	24.29	27.06	2.77	11%	0	0	0	0	3	0	0	6.5	0	0	1	0	0	0
55812	Extensive prostate surgery	090	684	759.5	75.5	11%	29.89	33.71	3.82	13%	0	0	0	0	4	0	0	9.5	0	0	1	0	0	0
55815	Extensive prostate surgery	090	771	851.5	80.5	10%	32.95	37.01	4.06	12%	0	0	0	0	4	0	0	10.5	0	0	1	0	0	0
55821	Removal of prostate	090	315	325	10	3%	15.18	16.26	1.08	7%	0	0	0	0	2	0	0	0	1	0	1	0	0	0
55831	Removal of prostate	090	322	332	10	3%	15.60	16.68	1.08	7%	0	0	0	0	2	0	0	0	1	0	1	0	0	0
55840	Extensive prostate surgery	090	448	472	24	5%	21.36	23.10	1.74	8%	-2	0	0	0	2	1	0	1	1	0	1	0	0	0
55842	Extensive prostate surgery	090	448	472	24	5%	21.36	23.10	1.74	8%	-2	0	0	0	2	1	0	1	1	0	1	0	0	0
55845	Extensive prostate surgery	090	466	490	24	5%	25.18	26.92	1.74	7%	-2	0	0	0	2	1	0	1	1	0	1	0	0	0
55860	Surgical exposure prostate	090	371.5	414	42.5	11%	15.84	18.09	2.25	14%	0	0	0	0	2.5	0	0	5	0	0	1	0	0	0
55862	Extensive prostate surgery	090	450	501	51	11%	20.04	22.69	2.65	13%	0	0	0	0	3	0	0	6	0	0	1	0	0	0
55865	Extensive prostate surgery	090	492.5	542	49.5	10%	24.57	27.15	2.58	10%	0	0	0	0	3.5	0	0	5	0	0	1	0	0	0
55866	Laps surg prst8ect rpbic rad	090	362	376	14	4%	22.46	23.23	0.77	3%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
55867	Laps surg prst8ect smpl stot	090	354	368	14	4%	19.53	20.30	0.77	4%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
55873	Cryoablate prostate	090	274	295	21	8%	13.60	14.70	1.10	8%	0	0	0	0	3	0	0	0	0	0	0.5	0	0	0
55875	Transperi needle place pros	090	249	270	21	8%	13.46	14.45	0.99	7%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
55880	Abltj mal prst8 tiss hifu	090	373	396	23	6%	17.73	18.92	1.19	7%	-2	0	0	0	2	1	0	0	0	0	0.5	0	0	0
56405	I & d of vulva/perineum	010	56	58	2	4%	1.49	1.71	0.22	15%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
56420	Drainage of gland abscess	010	56	58	2	4%	1.44	1.66	0.22	15%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
56440	Surgery for vulva lesion	010	93	95	2	2%	2.89	3.11	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
56441	Lysis of labial lesion(s)	010	67	69	2	3%	2.02	2.24	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
56501	Destroy vulva lesions sim	010	55	57	2	4%	1.58	1.80	0.22	14%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
56515	Destroy vulva lesion/s compl	010	157	164	7	4%	3.08	3.52	0.44	14%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
56620	Partial removal of vulva	090	239	262	23	10%	7.53	8.85	1.32	18%	0	0	0	1	3	0	0	0	0	0	0.5	0	0	0
56625	Complete removal of vulva	090	341.5	379	37.5	11%	9.68	11.69	2.01	21%	0	0	0	0	2.5	0	0	4	0	0	1	0	0	0
56630	Extensive vulva surgery	090	562.5	627.5	65	12%	14.80	18.13	3.33	22%	0	0	0	0	2.5	0	0	9.5	0	0	1	0	1	0
56631	Extensive vulva surgery	090	658.5	680.5	22	3%	18.99	21.56	2.57	14%	-2	0	0	0	2	1	0	1	3	1	0	1	0	0
56632	Extensive vulva surgery	090	683	753	70	10%	21.86	25.41	3.55	16%	0	0	0	0	5	0	0	7	0	0	1	0	0	0
56633	Extensive vulva surgery	090	602	615	13	2%	19.62	22.71	3.09	16%	0	0	0	0	3	0	0	2	3	2	1	0	0	0
56634	Extensive vulva surgery	090	686	708	22	3%	20.66	23.23	2.57	12%	-2	0	0	0	2	1	0	1	3	1	0	1	0	0
56637	Extensive vulva surgery	090	726	748	22	3%	24.75	27.32	2.57	10%	-2	0	0	0	2	1	0	1	3	1	0	1	0	0
56640	Extensive vulva surgery	090	640.5	713	72.5	11%	24.78	28.47	3.69	15%	0	0	0	0	2.5	0	0	11	0	0	1	0	1	0
56700	Partial removal of hymen	010	94	101	7	7%	2.84	3.17	0.33	12%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
56740	Remove vagina gland lesion	010	176	183	7	4%	4.88	5.43	0.55	11%	0	0	0	0	1	0	0	0	0	0	1	0	0	0
56800	Repair of vagina	010	116	118	2	2%	3.93	4.26	0.33	8%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
56805	Repair clitoris	090	460	491	31	7%	19.88	21.70	1.82	9%	0	0	0	1	2	0	0	3	0	0	1	0	0	0
56810	Repair of perineum	010	119	126	7	6%	4.29	4.86	0.57	13%	0	0	0	1	0	0	0	1	0	0	0.5	0	0	0
57000	Exploration of vagina	010	79	81	2	3%	3.02	3.24	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
57010	Drainage of pelvic abscess	090	229	250.5	21.5	9%	6.84	8.08	1.24	18%	0	0	0	0	2	0	0	1.5	0	0	1	0	0	0
57022	I & d vaginal hematoma pp	010	116	123	7	6%	2.73	3.19	0.46	17%	0	0	0	1	0	0	0	1	0	0	0	0	0	0
57023	I & d vag hematoma non-ob	010	201	213	12	6%	5.18	5.97	0.79	15%	0	0	0	0	1	0	0	1	0	0	1	0	0	0
57061	Destroy vag lesions simple	010	55	57	2	4%	1.30	1.52	0.22	17%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
57065	Destroy vag lesions complex	010	78	80	2	3%	2.66	2.88	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
57105	Biopsy of vagina	010	79	81	2	3%	1.74	1.96	0.22	13%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
57106	Remove vagina wall partial	090	239	265	26	11%	7.50	8.95	1.45	19%	0	0	0	0	3	0	0	1	0	0	1	0	0	0
57107	Remove vagina tissue part	090	515	533	18	3%	24.56	26.54	1.98	8%	0	0	0	1	2	0	0	2	2	0	1	0	0	0
57109	Vaginectomy partial w/nodes	090	539.5	580.5	41	8%	28.40	30.57	2.17	8%	0	0	0	0	3	0	0	4	0	0	1	0	0	0
57110	Remove vagina wall complete	090	386	406	20	5%	15.48	17.04	1.56	10%	0	0	0	0	2	0	0	2	1	0	1	0	0	0
57111	Remove vagina tissue compl	090	554.5	595.5	41	7%	28.40	30.57	2.17	8%	0	0	0	0	3	0	0	4	0	0	1	0	0	0
57120	Closure of vagina	090	253	277	24	9%	8.28	9.64	1.36	16%	0	0	0	0	2	0	0	2	0	0	1	0	0	0
57130	Remove vagina lesion	010	54	55	1	2%	2.46	2.57	0.11	4%	0	0	0	0.5	0	0	0	0	0	0	0	0	0	0
57135	Remove vagina lesion	010	56	57	1	2%	2.70	2.81	0.11	4%	0	0	0	0.5	0	0	0	0	0	0	0	0	0	0
57180	Treat vaginal bleeding	010	59	61	2	3%	1.63	1.85	0.22	13%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
57200	Repair of vagina	090	138.5	149	10.5	8%	4.42	5.03	0.61	14%	0	0	0	0	1.5	0	0	0	0	0	0.5	0	0	0
57210	Repair vagina/perineum	090	190.5	203.5	13	7%	5.71	6.55	0.84	15%	0	0	0	0	1.5	0	0	0.5	0	0	1	0	0	0
57220	Revision of urethra	090	194.5	207.5	13	7%	4.85	5.69	0.84	17%	0	0	0	0	1.5	0	0	0.5	0	0	1	0	0	0
57230	Repair of urethral lesion	090	209.5	227.5	18	9%	6.30	7.38	1.08	17%	0	0	0	0	1.5	0	0	1.5	0	0	1	0	0	0
57240	Anterior colporrhaphy	090	211	225	14	7%	10.08	10.85	0.77	8%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
57250	Repair rectum & vagina	090	211	225	14	7%	10.08	10.85	0.77	8%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0

57260	Cmbn ant pst colprhy	090	241	255	14	6%	13.25	14.02	0.77	6%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
57265	Cmbn ap colprhy w/ntrcl rpr	090	271	285	14	5%	15.00	15.77	0.77	5%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
57268	Repair of bowel bulge	090	234	255.5	21.5	9%	7.57	8.81	1.24	16%	0	0	0	0	2	0	0	1.5	0	0	1	0	0	0
57270	Repair of bowel pouch	090	381	393	12	3%	13.67	15.39	1.72	13%	0	0	0	0	2	0	0	1	1	1	1	0	0	0
57280	Suspension of vagina	090	439	456	17	4%	16.72	18.68	1.96	12%	0	0	0	0	2	0	0	2	1	1	1	0	0	0
57282	Colpopexy extraperitoneal	090	229	243	14	6%	11.63	12.40	0.77	7%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
57283	Colpopexy intraperitoneal	090	231	245	14	6%	11.66	12.43	0.77	7%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
57284	Repair paravag defect open	090	327	337	10	3%	14.33	15.54	1.21	8%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
57285	Repair paravag defect vag	090	267	272	5	2%	11.60	12.57	0.97	8%	0	0	0	1	1	0	0	0	1	0	1	0	0	0
57287	Revise/remove sling repair	090	239	262	23	10%	11.15	12.47	1.32	12%	0	0	0	1	3	0	0	0	0	0	0.5	0	0	0
57288	Repair bladder defect	090	246	269	23	9%	12.13	13.45	1.32	11%	0	0	0	1	3	0	0	0	0	0	0.5	0	0	0
57289	Repair bladder & vagina	090	373	377	4	1%	12.80	14.39	1.59	12%	0	0	0	2	1	0	0	0	1	1	1	0	0	0
57291	Construction of vagina	090	248	264.5	16.5	7%	8.64	9.64	1.00	12%	0	0	0	0	2	0	0	0.5	0	0	1	0	0	0
57292	Construct vagina with graft	090	322	348.5	26.5	8%	14.01	15.49	1.48	11%	0	0	0	0	2	0	0	2.5	0	0	1	0	0	0
57295	Revise vag graft via vagina	090	202	211	9	4%	7.82	8.59	0.77	10%	0	0	0	1	1	0	0	0	0	0	1	0	0	0
57296	Revise vag graft open abd	090	429	445	16	4%	16.56	18.32	1.76	11%	0	0	0	0	2	0	0	2	2	0	1	0	0	0
57300	Repair rectum-vagina fistula	090	271.5	301.5	30	11%	8.71	10.36	1.65	19%	0	0	0	0	2.5	0	0	2.5	0	0	1	0	0	0
57305	Repair rectum-vagina fistula	090	468	487	19	4%	15.35	17.66	2.31	15%	0	0	0	2	1	0	0	3	1	1	1	0	0	0
57307	Fistula repair & colostomy	090	363	396.5	33.5	9%	17.17	18.98	1.81	11%	0	0	0	0	3	0	0	2.5	0	0	1	0	0	0
57308	Fistula repair transperine	090	313	334	21	7%	10.59	12.06	1.47	14%	0	0	0	2	1	0	0	2	0	0	1	0	0	0
57310	Repair urethrovaginal lesion	090	259	283	24	9%	7.65	9.01	1.36	18%	0	0	0	0	2	0	0	2	0	0	1	0	0	0
57311	Repair urethrovaginal lesion	090	319	345.5	26.5	8%	8.91	10.39	1.48	17%	0	0	0	0	2	0	0	2.5	0	0	1	0	0	0
57320	Repair bladder-vagina lesion	090	277	301	24	9%	8.88	10.24	1.36	15%	0	0	0	0	2	0	0	2	0	0	1	0	0	0
57330	Repair bladder-vagina lesion	090	288	312	24	8%	13.21	14.57	1.36	10%	0	0	0	0	2	0	0	2	0	0	1	0	0	0
57335	Repair vagina	090	459	495	36	8%	20.02	21.73	1.71	9%	0	0	0	0	3	0	0	3	0	0	0	0	0	0
57415	Remove vaginal foreign body	010	113	120	7	6%	2.49	2.82	0.33	13%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
57423	Repair paravag defect lap	090	357	362	5	1%	16.08	17.05	0.97	6%	0	0	0	1	1	0	0	0	1	0	1	0	0	0
57425	Laparoscopy surg colpopexy	090	351	365	14	4%	17.03	17.80	0.77	5%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
57426	Revise prosth vag graft lap	090	360	377	17	5%	14.30	15.71	1.41	10%	0	0	0	0	3	0	0	0	1	0	1	0	0	0
57505	Endocervical curettage	010	36	38	2	6%	1.19	1.41	0.22	18%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
57510	Cauterization of cervix	010	31	31	0	0%	1.90	1.90	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
57511	Cryocautery of cervix	010	55	57	2	4%	1.95	2.17	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
57513	Laser surgery of cervix	010	88	90	2	2%	1.95	2.17	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
57520	Conization of cervix	090	110	113	3	3%	4.11	4.44	0.33	8%	0	0	0	1.5	0	0	0	0	0	0	0	0	0	0
57522	Conization of cervix	090	178	185	7	4%	3.67	4.00	0.33	9%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
57530	Removal of cervix	090	180.5	191	10.5	6%	5.27	5.99	0.72	14%	0	0	0	0	1.5	0	0	0	0	0	1	0	0	0
57531	Removal of cervix radical	090	604	648	44	7%	29.95	32.65	2.70	9%	-2	0	0	0	2	1	0	5	1	0	1	0	0	0
57540	Removal of residual cervix	090	309	324	15	5%	13.29	14.61	1.32	10%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
57545	Remove cervix/repair pelvis	090	364	379	15	4%	14.10	15.42	1.32	9%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
57550	Removal of residual cervix	090	228	249.5	21.5	9%	6.34	7.58	1.24	20%	0	0	0	0	2	0	0	1.5	0	0	1	0	0	0
57555	Remove cervix/repair vagina	090	311	340	29	9%	9.94	11.54	1.60	16%	0	0	0	0	2	0	0	3	0	0	1	0	0	0
57556	Remove cervix repair bowel	090	292	321	29	10%	9.36	10.96	1.60	17%	0	0	0	0	2	0	0	3	0	0	1	0	0	0
57558	D&c of cervical stump	010	55	57	2	4%	1.72	1.94	0.22	13%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
57700	Revision of cervix	090	129.5	147	17.5	14%	4.35	5.18	0.83	19%	0	0	0	0	2.5	0	0	0	0	0	0	0	0	0
57720	Revision of cervix	090	136.5	147	10.5	8%	4.61	5.22	0.61	13%	0	0	0	0	1.5	0	0	0	0	0	0.5	0	0	0
58120	Dilation and curettage	010	129	136	7	5%	3.59	4.03	0.44	12%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
58140	Myomectomy abdom method	090	374	394	20	5%	15.79	17.35	1.56	10%	0	0	0	0	2	0	0	2	1	0	1	0	0	0
58145	Myomectomy vag method	090	267	291	24	9%	8.91	10.27	1.36	15%	0	0	0	0	2	0	0	2	0	0	1	0	0	0
58146	Myomectomy abdom complex	090	429	450	21	5%	20.34	22.10	1.76	9%	0	0	0	0	2	0	0	2	0	1	1	0	0	0
58150	Total hysterectomy	090	394	419	25	6%	17.31	19.11	1.80	10%	0	0	0	0	2	0	0	3	1	0	1	0	0	0
58152	Total hysterectomy	090	373.5	411	37.5	10%	21.86	23.87	2.01	9%	0	0	0	0	2.5	0	0	4	0	0	1	0	0	0
58180	Partial hysterectomy	090	414	439	25	6%	16.60	18.40	1.80	11%	0	0	0	0	2	0	0	3	1	0	1	0	0	0
58200	Extensive hysterectomy	090	459	475	16	3%	23.10	24.86	1.76	8%	0	0	0	0	2	0	0	2	2	0	1	0	0	0
58210	Extensive hysterectomy	090	627	660	33	5%	30.91	33.48	2.57	8%	0	0	0	0	3	0	0	4	2	0	1	0	0	0
58240	Removal of pelvis contents	090	1118	1157	39	3%	49.33	53.46	4.13	8%	-2	0	0	1	4	1	0	3	6	0	0	1	0	0
58260	Vaginal hysterectomy	090	311	328	17	5%	14.15	15.56	1.41	10%	-2	0	0	0	1	1	0	1	1	0	1	0	0	0
58262	Vag hyst including t/o	090	342	359	17	5%	15.94	17.35	1.41	9%	-2	0	0	0	1	1	0	1	1	0	1	0	0	0
58263	Vag hyst w/t/o & vag repair	090	363	380	17	5%	17.23	18.64	1.41	8%	-2	0	0	0	1	1	0	1	1	0	1	0	0	0
58267	Vag hyst w/urinary repair	090	392.5	432.5	40	10%	18.36	20.49	2.13	12%	0	0	0	0	2.5	0	0	4.5	0	0	1	0	0	0
58270	Vag hyst w/enterocele repair	090	304	335.5	31.5	10%	15.30	17.02	1.72	11%	0	0	0	0	2	0	0	3.5	0	0	1	0	0	0
58275	Hysterectomy/revise vagina	090	365.5	403	37.5	10%	17.03	19.04	2.01	12%	0	0	0	0	2.5	0	0	4	0	0	1	0	0	0
58280	Hysterectomy/revise vagina	090	387.5	427.5	40	10%	18.33	20.46	2.13	12%	0	0	0	0	2.5	0	0	4.5	0	0	1	0	0	0
58285	Extensive hysterectomy	090	499.5	505.5	6	1%	23.38	24.79	1.41	6%	0	0	0	1	1	0	0	1	2	0	1	0	0	0
58290	Vag hyst complex	090	389	395	6	2%	20.27	21.55	1.28	6%	0	0	0	0	2	0	0	0	2	0	1	0	0	0
58291	Vag hyst incl t/o complex	090	410	416	6	1%	22.06	23.34	1.28	6%	0	0	0	0	2	0	0	0	2	0	1	0	0	0
58292	Vag hyst t/o & repair compl	090	423	429	6	1%	23.35	24.63	1.28	5%	0	0	0	0	2	0	0	0	2	0	1	0	0	0
58294	Vag hyst w/enterocele compl	090	405	411	6	1%	21.55	22.83	1.28	6%	0	0	0	0	2	0	0	0	2	0	1	0	0	0
58345	Reopen fallopian tube	010	116	118	2	2%	4.70	5.03	0.33	7%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
58346	Insert heyman uteri capsule	090	267	277	10	4%	7.56	8.77	1.21	16%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
58350	Reopen fallopian tube	010	53	55	2	4%	1.06	1.28	0.22	21%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
58353	Endometr ablate thermal	010	151.5	153.5	2	1%	3.60	4.04	0.44	12%	0	0	0	1	0	0	0	0	0	0	1	0	0	0
58356	Endometrial cryoablation	010	167	174	7	4%	6.41	6.85	0.44	7%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
58400	Suspension of uterus	090	241.5	264.5	23	10%	7.14	8.46	1.32	18%	0	0	0	0	1.5	0	0	2.5	0	0	1	0	0	0

58410	Suspension of uterus	090	354	369	15	4%	13.80	15.12	1.32	10%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
58520	Repair of ruptured uterus	090	379	391	12	3%	13.48	15.20	1.72	13%	0	0	0	0	2	0	0	1	1	1	1	0	0	0
58540	Revision of uterus	090	364	379	15	4%	15.71	17.03	1.32	8%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
58541	Lsh uterus 250 g or less	090	226	240	14	6%	12.29	13.06	0.77	6%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
58542	Lsh w/t/o ut 250 g or less	090	239	253	14	6%	14.16	14.93	0.77	5%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
58543	Lsh uterus above 250 g	090	261	275	14	5%	14.39	15.16	0.77	5%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
58544	Lsh w/t/o uterus above 250 g	090	271	285	14	5%	15.60	16.37	0.77	5%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
58545	Laparoscopic myomectomy	090	334	344	10	3%	15.55	16.63	1.08	7%	0	0	0	0	2	0	0	0	1	0	1	0	0	0
58546	Laparo-myomectomy complex	090	394	404	10	3%	19.94	21.02	1.08	5%	0	0	0	0	2	0	0	0	1	0	1	0	0	0
58548	Lap radical hyst	090	564	593	29	5%	31.63	33.61	1.98	6%	-2	0	0	0	2	1	0	2	1	0	1	0	0	0
58550	Laparo-asst vag hysterectomy	090	330	356	26	8%	15.10	16.68	1.58	10%	0	0	0	1	2	0	0	2	0	0	1	0	0	0
58552	Laparo-vag hyst incl t/o	090	350	376	26	7%	16.91	18.49	1.58	9%	0	0	0	1	2	0	0	2	0	0	1	0	0	0
58553	Laparo-vag hyst complex	090	391.5	406.5	15	4%	20.06	21.38	1.32	7%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
58554	Laparo-vag hyst w/t/o compl	090	425	442	17	4%	23.11	24.65	1.54	7%	0	0	0	1	2	0	0	1	1	0	1	0	0	0
58565	Hysteroscopy sterilization	090	191	195	4	2%	7.12	7.67	0.55	8%	0	0	0	2	0	0	0	0	0	0	0.5	0	0	0
58570	Tlh uterus 250 g or less	090	241	255	14	6%	13.36	14.13	0.77	6%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
58571	Tlh w/t/o 250 g or less	090	241	255	14	6%	15.00	15.77	0.77	5%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
58572	Tlh uterus over 250 g	090	271	285	14	5%	17.71	18.48	0.77	4%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
58573	Tlh w/t/o uterus over 250 g	090	281	295	14	5%	20.79	21.56	0.77	4%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
58575	Laps tot hyst resj mal	090	510	529	19	4%	32.60	34.10	1.50	5%	-2	0	0	0	2	1	0	0	1	0	1	0	0	0
58580	Transcrv abltj utrn fibrd rf	010	153	160	7	5%	7.21	7.65	0.44	6%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
58600	Division of fallopian tube	090	166	173	7	4%	5.91	6.46	0.55	9%	0	0	0	0	1	0	0	0	0	0	1	0	0	0
58605	Division of fallopian tube	090	141	153	12	9%	5.28	5.98	0.70	13%	0	0	0	1	0	0	0	2	0	0	0	0	0	0
58615	Occlude fallopian tube(s)	010	99	101	2	2%	3.94	4.16	0.22	6%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
58660	Laparoscopy lysis	090	209.5	216.5	7	3%	11.59	12.03	0.44	4%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
58661	Laparoscopy remove adnexa	010	217	224	7	3%	11.35	11.79	0.44	4%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
58662	Laparoscopy excise lesions	090	186.5	194.5	8	4%	12.15	12.53	0.38	3%	-1	0	0	0	0.5	0.5	0	0	0	0	0	0	0	0
58670	Laparoscopy tubal cautery	090	118	125	7	6%	5.91	6.24	0.33	6%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
58671	Laparoscopy tubal block	090	118	125	7	6%	5.91	6.24	0.33	6%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
58672	Laparoscopy fimbrioplasty	090	96	98	2	2%	12.91	13.13	0.22	2%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
58673	Laparoscopy salpingostomy	090	185	192	7	4%	14.04	14.37	0.33	2%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
58674	Laps abltj uterine fibroids	090	266	280	14	5%	14.08	14.85	0.77	5%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
58700	Removal of fallopian tube	090	321.5	333.5	12	4%	12.95	14.25	1.30	10%	-2	0	0	1	0	1	0	1	1	0	1	0	0	0
58720	Removal of ovary/tube(s)	090	309	319	10	3%	12.16	13.37	1.21	10%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
58740	Adhesiolysis tube ovary	090	374	386	12	3%	14.90	16.20	1.30	9%	-2	0	0	1	0	1	0	1	1	0	1	0	0	0
58750	Repair oviduct	090	357	367	10	3%	15.64	16.85	1.21	8%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
58752	Revise ovarian tube(s)	090	377	387	10	3%	15.64	16.85	1.21	8%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
58760	Fimbrioplasty	090	357	367	10	3%	13.93	15.14	1.21	9%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
58770	Create new tubal opening	090	347	357	10	3%	14.77	15.98	1.21	8%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
58800	Drainage of ovarian cyst(s)	090	159.5	170	10.5	7%	4.62	5.34	0.72	15%	0	0	0	0	1.5	0	0	0	0	0	1	0	0	0
58805	Drainage of ovarian cyst(s)	090	198.5	211.5	13	7%	6.42	7.26	0.84	13%	0	0	0	0	1.5	0	0	0.5	0	0	1	0	0	0
58820	Drain ovary abscess open	090	131.5	142	10.5	8%	4.70	5.31	0.61	13%	0	0	0	0	1.5	0	0	0	0	0	0.5	0	0	0
58822	Drain ovary abscess percut	090	399	416	17	4%	11.81	13.77	1.96	17%	0	0	0	0	2	0	0	2	1	1	1	0	0	0
58825	Transposition ovary(s)	090	282	292	10	4%	11.78	12.99	1.21	10%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
58900	Biopsy of ovary(s)	090	205.5	221	15.5	8%	6.59	7.55	0.96	14%	0	0	0	0	1.5	0	0	1	0	0	1	0	0	0
58920	Partial removal of ovary(s)	090	214.5	230	15.5	7%	11.95	12.91	0.96	8%	0	0	0	0	1.5	0	0	1	0	0	1	0	0	0
58925	Removal of ovarian cyst(s)	090	329	344	15	5%	12.43	13.75	1.32	11%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
58940	Removal of ovary(s)	090	257	283.5	26.5	10%	8.22	9.70	1.48	18%	0	0	0	0	2	0	0	2.5	0	0	1	0	0	0
58943	Removal of ovary(s)	090	385	419	34	9%	19.52	21.36	1.84	9%	0	0	0	0	2	0	0	4	0	0	1	0	0	0
58950	Resect ovarian malignancy	090	420	433	13	3%	18.37	20.11	1.74	9%	0	0	0	1	2	0	0	1	2	0	1	0	0	0
58951	Resect ovarian malignancy	090	581.5	581.5	0	0%	24.26	26.16	1.90	8%	-2	0	0	1	0	1	0	1	4	0	1	0	0	0
58952	Resect ovarian malignancy	090	710	727	17	2%	27.29	30.13	2.84	10%	-2	0	0	2	0	1	0	4	4	0	1	0	0	0
58953	Tah rad dissect for debulk	090	712	729	17	2%	34.13	36.60	2.47	7%	-2	0	0	1	1	1	0	2	2	1	1	0	0	0
58954	Tah rad debulk/lymph remove	090	757	774	17	2%	37.13	39.60	2.47	7%	-2	0	0	1	1	1	0	2	2	1	1	0	0	0
58956	Bso omentectomy w/tah	090	534.5	558.5	24	4%	22.80	25.09	2.29	10%	0	0	0	0	3	0	0	2	1	1	1	0	0	0
58958	Resect recur gyn mal w/lym	090	582	602	20	3%	29.22	31.29	2.07	7%	-2	0	0	1	1	1	0	2	2	0	1	0	0	0
58960	Exploration of abdomen	090	449	471	22	5%	15.79	17.57	1.78	11%	-2	0	0	1	0	1	0	3	1	0	1	0	0	0
59100	Remove uterus lesion	090	329	346	17	5%	13.37	14.91	1.54	12%	-2	0	0	1	0	1	0	2	1	0	1	0	0	0
59120	Treat ectopic pregnancy	090	384	402	18	5%	12.67	14.41	1.74	14%	-2	0	0	1	0	1	0	2	0	1	1	0	0	0
59121	Treat ectopic pregnancy	090	324	339	15	5%	12.74	14.06	1.32	10%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
59130	Treat ectopic pregnancy	090	349	373	24	7%	15.08	16.44	1.36	9%	0	0	0	0	2	0	0	2	0	0	1	0	0	0
59136	Treat ectopic pregnancy	090	334	349	15	4%	14.25	15.57	1.32	9%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
59140	Treat ectopic pregnancy	090	186.5	197	10.5	6%	5.94	6.66	0.72	12%	0	0	0	0	1.5	0	0	0	0	0	1	0	0	0
59150	Treat ectopic pregnancy	090	225	239	14	6%	12.29	13.06	0.77	6%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
59151	Treat ectopic pregnancy	090	235	249	14	6%	12.11	12.88	0.77	6%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
59160	D & c after delivery	010	79	81	2	3%	2.76	2.98	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
59812	Treatment of miscarriage	090	135.5	147.5	12	9%	4.44	5.01	0.57	13%	0	0	0	0	1	0	0	1	0	0	0	0	0	0
59820	Care of miscarriage	090	162	180	18	11%	4.84	5.68	0.84	17%	-4	0	0	0	0	2	0	0	0	0	0	0	0	0
59821	Treatment of miscarriage	090	148	161.5	13.5	9%	5.09	5.72	0.63	12%	-3	0	0	0	0	1.5	0	0	0	0	0	0	0	0
59830	Treat uterus infection	090	115.5	126	10.5	9%	6.59	7.09	0.50	8%	0	0	0	0	1.5	0	0	0	0	0	0	0	0	0
59840	Abortion	010	27	27	0	0%	3.01	3.01	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
59841	Abortion	010	203	212	9	4%	5.65	6.29	0.64	11%	-2	0	0	0	0	1	0	0	0	0	1	0	0	0
59850	Abortion	090	78	78	0	0%	5.90	5.90	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0

59851	Abortion	090	97	97	0	0%	5.92	5.92	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
59852	Abortion	090	165	165	0	0%	8.23	8.23	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
59855	Abortion	090	158	165	7	4%	6.43	6.76	0.33	5%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
59856	Abortion	090	183	190	7	4%	7.79	8.12	0.33	4%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
59857	Abortion	090	301	303	2	1%	9.33	9.55	0.22	2%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
59870	Evacuate mole of uterus	090	256	271	15	6%	6.57	7.87	1.30	20%	-2	0	0	3	0	1	0	0	0	0	1	0	0	0
66683	Implantation iris prosthesis	090	224	252	28	13%	10.67	12.10	1.43	13%	0	0	0	0	4	0	0	0	0	0	0.5	0	0	0
60000	Drain thyroid/tongue cyst	010	59	61	2	3%	1.81	2.03	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
60200	Remove thyroid lesion	090	297	316.5	19.5	7%	10.02	11.61	1.59	16%	0	0	0	3.5	0	0	0	2.5	0	0	1	0	0	0
60210	Partial thyroid excision	090	264	273	9	3%	11.23	11.78	0.55	5%	0	0	0	1	1	0	0	0	0	0	0	0	0	0
60212	Partial thyroid excision	090	358	369	11	3%	16.43	17.20	0.77	5%	0	0	0	2	1	0	0	0	0	0	0	0	0	0
60220	Partial removal of thyroid	090	267	281	14	5%	11.19	11.96	0.77	7%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
60225	Partial removal of thyroid	090	374	399.5	25.5	7%	14.79	16.73	1.94	13%	0	0	0	4	0	0	0	3.5	0	0	1	0	0	0
60240	Removal of thyroid	090	327	341	14	4%	15.04	15.04	0.77	0%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
60252	Removal of thyroid	090	470	483	13	3%	22.01	22.01	1.74	0%	0	0	0	1	2	0	0	1	2	0	1	0	0	0
60254	Extensive thyroid surgery	090	500	513	13	3%	28.42	28.42	1.74	0%	0	0	0	1	2	0	0	1	2	0	1	0	0	0
60260	Repeat thyroid surgery	090	372	382	10	3%	18.26	18.26	1.21	0%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
60270	Removal of thyroid	090	650	657	7	1%	23.20	23.20	2.54	0%	0	0	0	1	2	0	0	1	2	2	1	0	1	0
60271	Removal of thyroid	090	377	387	10	3%	17.62	17.62	1.21	0%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
60280	Remove thyroid duct lesion	090	262	274	12	5%	6.16	6.16	1.23	0%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
60281	Remove thyroid duct lesion	090	262	274	12	5%	8.82	8.82	1.23	0%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
60500	Explore parathyroid glands	090	313	329	16	5%	15.60	15.60	0.99	0%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
60502	Re-explore parathyroids	090	465	499	34	7%	21.15	21.15	2.41	0%	0	0	0	4.5	0	0	0	5	0	0	1	0	0	0
60505	Explore parathyroid glands	090	636	681	45	7%	23.06	23.06	3.00	0%	0	0	0	5	0	0	0	7	0	0	1	0	1	0
60520	Removal of thymus gland	090	474	493	19	4%	17.16	18.41	1.25	7%	-2	0	1	1	1	0	0	2	0	0	1	0	2	0
60521	Removal of thymus gland	090	445	477	32	7%	19.18	20.93	1.75	9%	-4	0	2	0	1	0	0	5	0	0	1	0	0	0
60522	Removal of thymus gland	090	533	579	46	9%	23.48	26.15	2.67	11%	0	0	0	2	1	0	0	7	0	0	1	0	0	0
60540	Explore adrenal gland	090	485	527	42	9%	18.02	20.69	2.67	15%	0	0	0	3.5	0	0	0	7	0	0	1	0	0	0
60545	Explore adrenal gland	090	538	582.5	44.5	8%	20.93	23.72	2.79	13%	0	0	0	3.5	0	0	0	7.5	0	0	1	0	0	0
60600	Remove carotid body lesion	090	429	444	15	3%	25.09	26.41	1.32	5%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
60605	Remove carotid body lesion	090	530	537	7	1%	31.96	33.44	1.48	5%	0	0	0	0	2	0	0	0	1	1	1	0	0	0
60650	Laparoscopy adrenalectomy	090	384	403	19	5%	20.73	21.85	1.12	5%	0	0	0	0	2	0	0	1	0	0	1	0	0	0
61105	Twist drill hole	090	152	159	7	5%	5.45	6.00	0.55	10%	0	0	0	0	1	0	0	0	0	0	1	0	0	0
61108	Drill skull for drainage	090	326.5	371.5	45	14%	11.64	14.01	2.37	20%	0	0	0	0	2.5	0	0	5.5	0	0	1	0	0	0
61120	Burr hole for puncture	090	238.5	264	25.5	11%	9.60	11.04	1.44	15%	0	0	0	0	1.5	0	0	3	0	0	1	0	0	0
61140	Pierce skull for biopsy	090	367.5	407.5	40	11%	17.23	19.36	2.13	12%	0	0	0	0	2.5	0	0	4.5	0	0	1	0	0	0
61150	Pierce skull for drainage	090	378	422	44	12%	18.90	21.22	2.32	12%	0	0	0	0	2	0	0	6	0	0	1	0	0	0
61151	Pierce skull for drainage	090	312.5	348	35.5	11%	13.49	15.41	1.92	14%	0	0	0	0	1.5	0	0	5	0	0	1	0	0	0
61154	Pierce skull & remove clot	090	447	480	33	7%	17.07	19.64	2.57	15%	0	0	0	0	3	0	0	4	2	0	1	0	0	0
61156	Pierce skull for drainage	090	339.5	377.5	38	11%	17.45	19.49	2.04	12%	0	0	0	0	1.5	0	0	5.5	0	0	1	0	0	0
61215	Insert brain-fluid device	090	275.5	306	30.5	11%	5.85	7.53	1.68	29%	0	0	0	0	1.5	0	0	4	0	0	1	0	0	0
61250	Pierce skull & explore	090	304.5	340	35.5	12%	11.49	13.41	1.92	17%	0	0	0	0	1.5	0	0	5	0	0	1	0	0	0
61253	Pierce skull & explore	090	333.5	371.5	38	11%	13.49	15.53	2.04	15%	0	0	0	0	1.5	0	0	5.5	0	0	1	0	0	0
61304	Open skull for exploration	090	493	542	49	10%	23.41	25.97	2.56	11%	0	0	0	0	2	0	0	7	0	0	1	0	0	0
61305	Open skull for exploration	090	617.5	687.5	70	11%	28.64	32.21	3.57	12%	0	0	0	0	2.5	0	0	10.5	0	0	1	0	0	0
61312	Open skull for drainage	090	689	714	25	4%	30.17	33.69	3.52	12%	0	0	0	0	2	0	0	6	4	1	1	0	0	0
61313	Open skull for drainage	090	687	719	32	5%	28.09	31.70	3.61	13%	0	0	0	0	3	0	0	5	2	2	1	0	0	0
61314	Open skull for drainage	090	540.5	595.5	55	10%	25.90	28.75	2.85	11%	0	0	0	0	2.5	0	0	7.5	0	0	1	0	0	0
61315	Open skull for drainage	090	625.5	693	67.5	11%	29.65	33.10	3.45	12%	0	0	0	0	2.5	0	0	10	0	0	1	0	0	0
61320	Open skull for drainage	090	570	634	64	11%	27.42	30.70	3.28	12%	0	0	0	0	2	0	0	10	0	0	1	0	0	0
61321	Open skull for drainage	090	636.5	706.5	70	11%	30.53	34.10	3.57	12%	0	0	0	0	2.5	0	0	10.5	0	0	1	0	0	0
61322	Decompressive craniotomy	090	893	927	34	4%	34.26	39.57	5.31	15%	0	0	0	1	3	0	0	7	3	4	1	0	0	0
61323	Decompressive lobectomy	090	865	900	35	4%	35.06	39.88	4.82	14%	0	0	0	1	2	0	0	8	3	3	1	0	0	0
61330	Decompress eye socket	090	597.5	665	67.5	11%	25.30	28.75	3.45	14%	0	0	0	0	2.5	0	0	10	0	0	1	0	0	0
61333	Explore orbit/remove lesion	090	573	617	44	8%	29.27	31.59	2.32	8%	0	0	0	0	2	0	0	6	0	0	1	0	0	0
61340	Subtemporal decompression	090	445	494	49	11%	20.11	22.67	2.56	13%	0	0	0	0	2	0	0	7	0	0	1	0	0	0
61343	Incise skull (press relief)	090	669.5	742	72.5	11%	31.86	35.55	3.69	12%	0	0	0	0	2.5	0	0	11	0	0	1	0	0	0
61345	Relieve cranial pressure	090	622.5	692.5	70	11%	29.23	32.80	3.57	12%	0	0	0	0	2.5	0	0	10.5	0	0	1	0	0	0
61450	Incise skull for surgery	090	541	602.5	61.5	11%	27.69	30.85	3.16	11%	0	0	0	0	2	0	0	9.5	0	0	1	0	0	0
61458	Incise skull for brain wound	090	551.5	601.5	50	9%	28.84	31.45	2.61	9%	0	0	0	0	2.5	0	0	6.5	0	0	1	0	0	0
61460	Incise skull for surgery	090	609.5	672	62.5	10%	30.24	33.45	3.21	11%	0	0	0	0	2.5	0	0	9	0	0	1	0	0	0
61500	Removal of skull lesion	090	412.5	450	37.5	9%	19.18	21.19	2.01	10%	0	0	0	0	2.5	0	0	4	0	0	1	0	0	0
61501	Remove infected skull bone	090	438.5	486	47.5	11%	16.35	18.84	2.49	15%	0	0	0	0	2.5	0	0	6	0	0	1	0	0	0
61510	Removal of brain lesion	090	635	675	40	6%	30.83	33.73	2.90	9%	0	0	0	0	4	0	0	4	2	0	1	0	0	0
61512	Remove brain lining lesion	090	652	685	33	5%	37.14	39.71	2.57	7%	0	0	0	0	3	0	0	4	2	0	1	0	0	0
61514	Removal of brain abscess	090	599.5	667	67.5	11%	27.23	30.68	3.45	13%	0	0	0	0	2.5	0	0	10	0	0	1	0	0	0
61516	Removal of brain lesion	090	598.5	666	67.5	11%	26.58	30.03	3.45	13%	0	0	0	0	2.5	0	0	10	0	0	1	0	0	0
61518	Removal of brain lesion	090	755	783	28	4%	39.89	43.15	3.26	8%	0	0	0	0	4	0	0	3	3	1	1	0	0	0
61519	Remove brain lining lesion	090	732	765	33	5%	43.43	46.00	2.57	6%	0	0	0	0	3	0	0	4	2	0	1	0	0	0
61520	Removal of brain lesion	090	815	869	54	7%	57.09	60.27	3.18	6%	0	0	0	0	4	0	0	6	1	0	1	0	0	0
61521	Removal of brain lesion	090	928	1016.5	88.5	10%	46.99	51.44	4.45	9%	0	0	0	0	3	0	0	13.5	0	0	1	0	0	0
61522	Removal of brain abscess	090	654.5	727	72.5	11%	31.54	35.23	3.69	12%	0	0	0	0	2.5	0	0	11	0	0	1	0	0	0
61524	Removal of brain lesion	090	625.5	695.5	70	11%	29.89	33.46	3.57	12%	0	0	0	0	2.5	0	0	10.5	0	0	1	0	0	0

61526	Removal of brain lesion	090	789	833	44	6%	54.08	56.78	2.70	5%	-2	0	0	0	2	1	0	5	1	0	1	0	0	0
61530	Removal of brain lesion	090	869.5	927	57.5	7%	45.56	48.53	2.97	7%	0	0	0	0	2.5	0	0	8	0	0	1	0	0	0
61531	Implant brain electrodes	090	511	530	19	4%	16.41	18.46	2.05	12%	-2	0	0	0	1	1	0	2	1	1	1	0	0	0
61533	Implant brain electrodes	090	537	598.5	61.5	11%	21.46	24.62	3.16	15%	0	0	0	0	2	0	0	9.5	0	0	1	0	0	0
61534	Removal of brain lesion	090	619.5	689.5	70	11%	23.01	26.58	3.57	15%	0	0	0	0	2.5	0	0	10.5	0	0	1	0	0	0
61535	Remove brain electrodes	090	414	465.5	51.5	12%	13.15	15.83	2.68	20%	0	0	0	0	2	0	0	7.5	0	0	1	0	0	0
61536	Removal of brain lesion	090	759.5	837	77.5	10%	37.72	41.65	3.93	10%	0	0	0	0	2.5	0	0	12	0	0	1	0	0	0
61537	Removal of brain tissue	090	614	644	30	5%	36.45	38.49	2.04	6%	0	0	0	0	2	0	0	4	1	0	1	0	0	0
61538	Removal of brain tissue	090	679	709	30	4%	39.45	41.49	2.04	5%	0	0	0	0	2	0	0	4	1	0	1	0	0	0
61539	Removal of brain tissue	090	758.5	836	77.5	10%	34.28	38.21	3.93	11%	0	0	0	0	2.5	0	0	12	0	0	1	0	0	0
61540	Removal of brain tissue	090	655	668	13	2%	31.43	33.17	1.74	6%	0	0	0	1	2	0	0	1	2	0	1	0	0	0
61541	Incision of brain tissue	090	675.5	748	72.5	11%	30.94	34.63	3.69	12%	0	0	0	0	2.5	0	0	11	0	0	1	0	0	0
61543	Removal of brain tissue	090	666.5	739	72.5	11%	31.31	35.00	3.69	12%	0	0	0	0	2.5	0	0	11	0	0	1	0	0	0
61544	Remove & treat brain lesion	090	598	664.5	66.5	11%	27.36	30.76	3.40	12%	0	0	0	0	2	0	0	10.5	0	0	1	0	0	0
61545	Excision of brain tumor	090	775	821	46	6%	46.43	49.77	3.34	7%	0	0	0	0	4	0	0	5	1	1	1	0	0	0
61546	Removal of pituitary gland	090	703.5	778.5	75	11%	33.44	37.25	3.81	11%	0	0	0	0	2.5	0	0	11.5	0	0	1	0	0	0
61548	Removal of pituitary gland	090	553	597	44	8%	23.37	25.69	2.32	10%	0	0	0	0	2	0	0	6	0	0	1	0	1	0
61550	Release of skull seams	090	279	300	21	8%	15.59	16.69	1.10	7%	0	0	0	0	3	0	0	0	0	0	0.5	0	0	0
61552	Release of skull seams	090	345.5	365.5	20	6%	20.40	21.57	1.17	6%	0	0	0	0	2.5	0	0	0.5	0	0	1	0	0	0
61556	Incise skull/sutures	090	692	701	9	1%	24.09	26.58	2.49	10%	-2	0	1	1	1	0	0	3	3	1	1	0	0	0
61557	Incise skull/sutures	090	510	546	36	7%	23.31	25.24	1.93	8%	0	0	0	0	3	0	0	3	0	0	1	0	0	0
61558	Excision of skull/sutures	090	661	707	46	7%	26.50	28.91	2.41	9%	0	0	0	0	3	0	0	5	0	0	1	0	0	0
61559	Excision of skull/sutures	090	665	713	48	7%	34.02	36.52	2.50	7%	0	0	0	0	4	0	0	4	0	0	1	0	0	0
61563	Excision of skull tumor	090	656	659	3	0%	28.44	30.25	1.81	6%	-2	0	1	1	1	0	0	1	2	1	1	0	0	0
61564	Excision of skull tumor	090	623	664	41	7%	34.74	36.91	2.17	6%	0	0	0	0	3	0	0	4	0	0	1	0	0	0
61566	Removal of brain tissue	090	610	642	32	5%	32.45	34.71	2.26	7%	0	0	0	1	2	0	0	4	1	0	1	0	0	0
61567	Incision of brain tissue	090	681	715	34	5%	37.00	39.48	2.48	7%	0	0	0	2	2	0	0	4	1	0	1	0	0	0
61570	Remove foreign body brain	090	585.5	650.5	65	11%	26.51	29.84	3.33	13%	0	0	0	0	2.5	0	0	9.5	0	0	1	0	0	0
61571	Incise skull for brain wound	090	635.5	705.5	70	11%	28.42	31.99	3.57	13%	0	0	0	0	2.5	0	0	10.5	0	0	1	0	0	0
61575	Skull base/brainstem surgery	090	762.5	840	77.5	10%	36.56	40.49	3.93	11%	0	0	0	0	2.5	0	0	12	0	0	1	0	0	0
61576	Skull base/brainstem surgery	090	915	974	59	6%	55.31	58.73	3.42	6%	0	0	0	0	4	0	0	7	1	0	1	0	1	0
61580	Craniofacial approach skull	090	1078.3	1072.3	-6	-1%	34.51	38.03	3.52	10%	-2	0	1	2	2	0	0	0	3	4	1	0	1	0
61581	Craniofacial approach skull	090	1214.4	1227.4	13	1%	39.13	43.31	4.18	11%	-4	0	1	2	2	1	0	1	1	5	1	0	1	0
61582	Craniofacial approach skull	090	1010.3	1040.3	30	3%	35.14	38.75	3.61	10%	0	0	0	2	3	0	0	4	3	1	1	0	1	0
61583	Craniofacial approach skull	090	906.4	952.4	46	5%	38.50	41.59	3.09	8%	-2	0	1	1	1	0	0	8	0	1	1	0	1	0
61584	Orbitocranial approach/skull	090	842.4	843.4	1	0%	37.70	40.35	2.65	7%	-2	0	1	1	1	0	0	2	3	2	1	0	1	0
61585	Orbitocranial approach/skull	090	1101.7	1096.7	-5	0%	42.57	45.60	3.03	7%	0	0	0	2	1	0	0	1	3	3	1	0	2	0
61586	Resect nasopharynx skull	090	720	760	40	6%	27.48	30.38	2.90	11%	0	0	0	0	4	0	0	4	2	0	1	0	0	0
61590	Infratemporal approach/skull	090	1418.4	1420.4	2	0%	47.04	51.40	4.36	9%	-2	0	1	2	2	0	0	1	0	7	1	0	2	0
61591	Infratemporal approach/skull	090	1254.85	1269.85	15	1%	47.02	49.64	2.62	6%	-4	0	2	1	2	0	0	3	4	0	1	0	2	0
61592	Orbitocranial approach/skull	090	1002.8	998.8	-4	0%	43.08	45.49	2.41	6%	-4	0	2	1	1	0	0	1	3	2	1	0	2	0
61595	Transtemporal approach/skull	090	1077.8	1071.8	-6	-1%	33.74	37.26	3.52	10%	-2	0	1	2	2	0	0	0	3	4	1	0	1	0
61596	Transcochlear approach/skull	090	1188.3	1179.3	-9	-1%	39.43	42.66	3.23	8%	-2	0	1	2	1	0	0	1	4	3	1	0	1	0
61597	Transcondylar approach/skull	090	1041.4	1061.4	20	2%	40.82	43.70	2.88	7%	0	0	0	3	0	0	0	5	2	1	1	0	2	0
61598	Transpetrosal approach/skull	090	1048.1	1054.1	6	1%	36.53	39.00	2.47	7%	-2	0	1	2	1	0	0	2	3	1	1	0	2	0
61600	Resect/excise cranial lesion	090	1101.4	1101.4	0	0%	30.01	33.73	3.72	12%	-2	0	1	2	2	0	0	0	0	6	1	0	1	0
61601	Resect/excise cranial lesion	090	854.9	859.9	5	1%	31.14	33.59	2.45	8%	-4	0	2	1	1	0	0	2	2	2	1	0	2	0
61605	Resect/excise cranial lesion	090	1052.6	1074.6	22	2%	32.57	35.41	2.84	9%	-2	0	1	2	2	0	0	3	2	1	1	0	2	0
61606	Resect/excise cranial lesion	090	926.9	937.9	11	1%	42.05	44.76	2.71	6%	0	0	0	2	1	0	0	3	3	1	1	0	2	0
61607	Resect/excise cranial lesion	090	1201.2	1190.2	-11	-1%	40.93	44.52	3.59	9%	0	0	0	2	1	0	0	0	1	6	1	0	2	0
61608	Resect/excise cranial lesion	090	1042	1045	3	0%	45.54	48.54	3.00	7%	0	0	0	3	0	0	0	3	3	2	1	0	2	0
61613	Remove aneurysm sinus	090	1102	1095	-7	-1%	45.03	48.55	3.52	8%	0	0	0	3	0	0	0	1	0	6	1	0	2	0
61615	Resect/excise lesion skull	090	1092.2	1096.2	4	0%	35.77	38.95	3.18	9%	-2	0	1	1	2	0	0	2	4	2	1	0	1	0
61616	Resect/excise lesion skull	090	1116.8	1146.8	30	3%	46.74	49.84	3.10	7%	-2	0	1	1	2	0	0	5	2	1	1	0	2	0
61618	Repair dura	090	573.1	574.1	1	0%	18.69	20.68	1.99	11%	0	0	0	2	1	0	0	0	1	2	1	0	0	0
61619	Repair dura	090	587.6	587.6	0	0%	22.10	24.02	1.92	9%	0	0	0	3	0	0	0	1	2	1	1	0	0	0
61680	Intracranial vessel surgery	090	632	674	42	7%	32.55	35.16	2.61	8%	0	0	0	0	3	0	0	5	1	0	1	0	0	0
61682	Intracranial vessel surgery	090	874	924	50	6%	63.41	66.41	3.00	5%	0	0	0	0	2	0	0	8	1	0	1	0	0	0
61684	Intracranial vessel surgery	090	717	759	42	6%	41.64	44.25	2.61	6%	0	0	0	0	3	0	0	5	1	0	1	0	0	0
61686	Intracranial vessel surgery	090	1019	1065	46	5%	67.50	70.84	3.34	5%	-2	0	0	0	2	1	0	6	1	1	1	0	1	0
61690	Intracranial vessel surgery	090	672	688	16	2%	31.34	33.48	2.14	7%	-4	0	0	0	0	2	0	2	3	0	1	0	0	0
61692	Intracranial vessel surgery	090	896	919	23	3%	54.59	57.61	3.02	6%	-4	0	0	0	0	2	0	4	3	1	1	0	0	0
61697	Brain aneurysm repr complx	090	1194	1203	9	1%	63.40	69.10	5.70	9%	-2	0	0	0	2	1	0	5	6	5	1	0	0	0
61698	Brain aneurysm repr complx	090	1209	1221	12	1%	69.63	74.93	5.30	8%	-2	0	0	0	2	1	0	5	6	4	1	0	0	0
61700	Brain aneurysm repr simple	090	949	973	24	3%	50.62	55.32	4.70	9%	-2	0	0	0	2	1	0	5	3	4	1	0	0	0
61702	Inner skull vessel surgery	090	1144	1157	13	1%	60.04	65.54	5.50	9%	-2	0	0	0	2	1	0	5	5	5	1	0	0	0
61703	Clamp neck artery	090	377	421	44	12%	18.80	21.12	2.32	12%	0	0	0	0	2	0	0	6	0	0	1	0	0	0
61705	Revise circulation to head	090	655.5	720.5	65	10%	38.10	41.43	3.33	9%	0	0	0	0	2.5	0	0	9.5	0	0	1	0	0	0
61708	Revise circulation to head	090	647.5	712.5	65	10%	37.20	40.53	3.33	9%	0	0	0	0	2.5	0	0	9.5	0	0	1	0	0	0
61710	Revise circulation to head	090	551	607.5	56.5	10%	31.29	34.21	2.92	9%	0	0	0	0	2	0	0	8.5	0	0	1	0	0	0
61711	Fusion of skull arteries	090	665.5	730.5	65	10%	38.23	41.56	3.33	9%	0	0	0	0	2.5	0	0	9.5	0	0	1	0	0	0
61720	Incise skull/brain surgery	090	384	408	24	6%	17.62	18.98	1.36	8%	0	0	0	0	2	0	0	2	0	0	1	0	0	0
61735	Incise skull/brain surgery	090	576.5	641.5	65	11%	22.35	25.68	3.33	15%	0	0	0	0	2.5	0	0	9.5	0	0	1	0	0	0

61750	Incise skull/brain biopsy	090	487	543.5	56.5	12%	19.83	22.75	2.92	15%	0	0	0	0	2	0	0	8.5	0	0	1	0	0	0
61751	Brain biopsy w/ct/mr guide	090	395	426	31	8%	18.79	20.48	1.69	9%	0	0	0	0	3	0	0	2	0	0	1	0	0	0
61760	Implant brain electrodes	090	505	536	31	6%	22.39	24.08	1.69	8%	0	0	0	0	3	0	0	2	0	0	1	0	0	0
61770	Incise skull for treatment	090	517	578.5	61.5	12%	23.19	26.35	3.16	14%	0	0	0	0	2	0	0	9.5	0	0	1	0	0	0
61790	Treat trigeminal nerve	090	282	301	19	7%	11.60	12.72	1.12	10%	0	0	0	0	2	0	0	1	0	0	1	0	0	0
61791	Treat trigeminal tract	090	328	349.5	21.5	7%	15.41	16.65	1.24	8%	0	0	0	0	2	0	0	1.5	0	0	1	0	0	0
61796	Srs cranial lesion simple	090	195	209	14	7%	13.93	14.70	0.77	6%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
61798	Srs cranial lesion complex	090	225	239	14	6%	19.85	20.62	0.77	4%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
61850	Implant neuroelectrodes	090	306.5	337	30.5	10%	13.34	15.02	1.68	13%	0	0	0	0	1.5	0	0	4	0	0	1	0	0	0
61860	Implant neuroelectrodes	090	405	451.5	46.5	11%	22.26	24.70	2.44	11%	0	0	0	0	2	0	0	6.5	0	0	1	0	0	0
61863	Implant neuroelectrode	090	452	470	18	4%	20.71	22.56	1.85	9%	0	0	0	0	3	0	0	1	2	0	1	0	0	0
61867	Implant neuroelectrode	090	617	635	18	3%	33.03	34.88	1.85	6%	0	0	0	0	3	0	0	1	2	0	1	0	0	0
61880	Revise/remove neuroelectrode	090	213.5	231.5	18	8%	6.95	8.03	1.08	15%	0	0	0	0	1.5	0	0	1.5	0	0	1	0	0	0
61885	Insrt/redo neurostim 1 array	090	181	195	14	8%	6.05	6.82	0.77	13%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
61886	Implant neurostim arrays	090	385	405	20	5%	9.93	11.87	1.94	20%	0	0	0	0	4	0	0	0	2	0	1	0	0	0
61888	Revise/remove neuroreceiver	010	171	178	7	4%	5.23	5.91	0.68	13%	0	0	0	1	0	0	0	1	0	0	1	0	0	0
61889	Ins sk-mnt crnl nstm pg/rcvr	090	533	551	18	3%	25.75	27.35	1.60	6%	-2	0	0	0	1	1	0	0	1	1	0	1	0	0
61891	Rev/rplcmt sk-mnt crnl nstm	090	245	259	14	6%	11.25	12.02	0.77	7%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
61892	Rmv sk-mnt crnl nstm pg/rcvr	090	275	289	14	5%	15.00	15.77	0.77	5%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
62000	Treat skull fracture	090	408	454.5	46.5	11%	13.93	16.37	2.44	18%	0	0	0	0	2	0	0	6.5	0	0	1	0	0	0
62005	Treat skull fracture	090	470	519	49	10%	17.63	20.19	2.56	15%	0	0	0	0	2	0	0	7	0	0	1	0	0	0
62010	Treatment of head injury	090	519.5	572	52.5	10%	21.43	24.16	2.73	13%	0	0	0	0	2.5	0	0	7	0	0	1	0	0	0
62100	Repair brain fluid leakage	090	549.5	597	47.5	9%	23.53	26.02	2.49	11%	0	0	0	0	2.5	0	0	6	0	0	1	0	0	0
62115	Reduction of skull defect	090	678	728.5	50.5	7%	22.91	25.53	2.62	11%	0	0	0	0	4	0	0	4.5	0	0	1	0	0	0
62117	Reduction of skull defect	090	714	706	-8	-1%	28.35	30.43	2.08	7%	0	0	0	3	0	0	0	0	2	2	1	0	0	0
62120	Repair skull cavity lesion	090	523	566	43	8%	24.59	26.85	2.26	9%	0	0	0	0	4	0	0	3	0	0	1	0	0	0
62121	Incise skull repair	090	496	545	49	10%	23.03	25.59	2.56	11%	0	0	0	0	2	0	0	7	0	0	1	0	0	0
62140	Crnop skull defect<5 cm diam	090	383	414.5	31.5	8%	14.55	16.27	1.72	12%	0	0	0	0	2	0	0	3.5	0	0	1	0	0	0
62141	Crnop skull defect>5 cm diam	090	413	449.5	36.5	9%	16.07	18.03	1.96	12%	0	0	0	0	2	0	0	4.5	0	0	1	0	0	0
62142	Rmvl b1 flp/prostc plate skl	090	324	355.5	31.5	10%	11.83	13.55	1.72	15%	0	0	0	0	2	0	0	3.5	0	0	1	0	0	0
62143	Rpl b1 flp/prostc plate skl	090	371	405	34	9%	14.15	15.99	1.84	13%	0	0	0	0	2	0	0	4	0	0	1	0	0	0
62145	Repair of skull & brain	090	490	531.5	41.5	8%	20.09	22.29	2.20	11%	0	0	0	0	2	0	0	5.5	0	0	1	0	0	0
62146	Crnop w/autograft<5 cm diam	090	402	438.5	36.5	9%	17.28	19.24	1.96	11%	0	0	0	0	2	0	0	4.5	0	0	1	0	0	0
62147	Crnop w/autograft>5 cm diam	090	473	517	44	9%	20.67	22.99	2.32	11%	0	0	0	0	2	0	0	6	0	0	1	0	0	0
62161	Dissect brain w/scope	090	400	422	22	5%	21.23	23.01	1.78	8%	0	0	0	1	2	0	0	2	1	0	1	0	0	0
62162	Remove colloid cyst w/scope	090	516	534	18	3%	26.80	28.78	1.98	7%	0	0	0	1	2	0	0	2	2	0	1	0	0	0
62164	Remove brain tumor w/scope	090	571	587	16	3%	29.43	31.83	2.40	8%	0	0	0	2	2	0	0	2	3	0	1	0	0	0
62165	Remove pituit tumor w/scope	090	490	512	22	4%	23.23	25.01	1.78	8%	0	0	0	1	2	0	0	2	1	0	1	0	0	0
62180	Establish brain cavity shunt	090	564	596	32	6%	22.58	24.71	2.13	9%	-2	0	0	0	1	1	0	4	1	0	1	0	0	0
62190	Establish brain cavity shunt	090	355	389	34	10%	12.17	14.01	1.84	15%	0	0	0	0	2	0	0	4	0	0	1	0	0	0
62192	Establish brain cavity shunt	090	351	385	34	10%	13.35	15.19	1.84	14%	0	0	0	0	2	0	0	4	0	0	1	0	0	0
62194	Replace/irrigate catheter	010	294	313	19	6%	5.78	6.90	1.12	19%	0	0	0	0	2	0	0	1	0	0	1	0	0	0
62200	Establish brain cavity shunt	090	388	417	29	7%	19.29	20.89	1.60	8%	0	0	0	0	2	0	0	3	0	0	1	0	0	0
62201	Brain cavity shunt w/scope	090	425	456	31	7%	16.04	17.73	1.69	11%	0	0	0	0	3	0	0	2	0	0	1	0	0	0
62220	Establish brain cavity shunt	090	356	390	34	10%	14.10	15.94	1.84	13%	0	0	0	0	2	0	0	4	0	0	1	0	0	0
62223	Establish brain cavity shunt	090	357	388	31	9%	14.05	15.74	1.69	12%	0	0	0	0	3	0	0	2	0	0	1	0	0	0
62225	Replace/irrigate catheter	090	230.5	253.5	23	10%	6.19	7.51	1.32	21%	0	0	0	0	1.5	0	0	2.5	0	0	1	0	0	0
62230	Replace/revise brain shunt	090	293.5	321.5	28	10%	11.43	12.99	1.56	14%	0	0	0	0	1.5	0	0	3.5	0	0	1	0	0	0
62256	Remove brain cavity shunt	090	233.5	256.5	23	10%	7.38	8.70	1.32	18%	0	0	0	0	1.5	0	0	2.5	0	0	1	0	0	0
62258	Replace brain cavity shunt	090	366	400	34	9%	15.64	17.48	1.84	12%	0	0	0	0	2	0	0	4	0	0	1	0	0	0
62263	Epidural lysis mult sessions	010	214	230	16	7%	5.00	5.99	0.99	20%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
62264	Epidural lysis on single day	010	109	109	0	0%	4.42	4.53	0.11	2%	0	0	0	0	0	0	0	0	0	0	0.5	0	0	0
62280	Treat spinal cord lesion	010	57	57	0	0%	2.63	2.63	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62281	Treat spinal cord lesion	010	120	120	0	0%	2.66	2.66	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62282	Treat spinal canal lesion	010	52	52	0	0%	2.33	2.33	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62287	Dcmprn px perq 1/mlt lumbar	090	248	269	21	8%	9.03	10.13	1.10	12%	0	0	0	0	3	0	0	0	0	0	0.5	0	0	0
62292	Njx chemonucleolysis lmbr	090	284	308	24	8%	9.24	10.60	1.36	15%	0	0	0	0	2	0	0	2	0	0	1	0	1	0
62294	Injection into spinal artery	090	336	367.5	31.5	9%	12.87	14.59	1.72	13%	0	0	0	0	2	0	0	3.5	0	0	1	0	0	0
62350	Implant spinal canal cath	010	170	177	7	4%	6.05	6.49	0.44	7%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
62351	Implant spinal canal cath	090	449	448	-1	0%	11.66	13.96	2.30	20%	0	0	0	4	0	0	0	0	0	3	1	0	0	0
62355	Remove spinal canal catheter	010	140	147	7	5%	3.55	3.99	0.44	12%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
62360	Insert spine infusion device	010	170	177	7	4%	4.33	4.77	0.44	10%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
62361	Implant spine infusion pump	010	170	177	7	4%	5.00	5.44	0.44	9%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
62362	Implant spine infusion pump	010	170	177	7	4%	5.60	6.04	0.44	8%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
62365	Remove spine infusion device	010	155	162	7	5%	3.93	4.37	0.44	11%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
62380	Ndsc dcmprn 1 ntrspc lumbar	090	231	245	14	6%	0.00	0.77	0.77	#DIV/0!	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
63001	Remove spine lamina 1/2 crvl	090	488	529.5	41.5	9%	17.61	19.81	2.20	12%	0	0	0	0	2	0	0	5.5	0	0	1	0	1	0
63003	Remove spine lamina 1/2 thrc	090	485	526.5	41.5	9%	17.74	19.94	2.20	12%	0	0	0	0	2	0	0	5.5	0	0	1	0	1	0
63005	Remove spine lamina 1/2 lmbr	090	450	477	27	6%	16.43	18.32	1.89	12%	0	0	0	0	3	0	0	2	1	0	1	0	0	0
63011	Remove spine lamina 1/2 scrl	090	415.5	458	42.5	10%	15.91	18.16	2.25	14%	0	0	0	0	2.5	0	0	5	0	0	1	0	0	0
63012	Remove lamina/facets lumbar	090	441.5	486.5	45	10%	16.85	19.22	2.37	14%	0	0	0	0	2.5	0	0	5.5	0	0	1	0	0	0
63015	Remove spine lamina >2 crvcl	090	465	492	27	6%	20.85	22.74	1.89	9%	0	0	0	0	3	0	0	2	1	0	1	0	0	0
63016	Remove spine lamina >2 thrc	090	665.5	715.5	50	8%	22.03	24.64	2.61	12%	0	0	0	0	2.5	0	0	6.5	0	0	1	0	2.5	0

63017	Remove spine lamina >2 lmbr	090	437	459	22	5%	17.33	18.98	1.65	10%	0	0	0	0	3	0	0	1	1	0	1	0	0	0
63020	Neck spine disk surgery	090	379	403	24	6%	14.91	16.65	1.74	12%	-2	0	0	0	2	1	0	1	1	0	1	0	0	0
63030	Low back disk surgery	090	305	328	23	8%	12.00	13.19	1.19	10%	-2	0	0	0	2	1	0	0	0	0	0.5	0	0	0
63040	Laminotomy single cervical	090	479.5	527	47.5	10%	20.31	22.80	2.49	12%	0	0	0	0	2.5	0	0	6	0	0	1	0	0	0
63042	Laminotomy single lumbar	090	400	436	36	9%	18.76	20.69	1.93	10%	0	0	0	0	3	0	0	3	0	0	1	0	0	0
63045	Lam facetec & foramot crv	090	395	417	22	6%	17.95	19.60	1.65	9%	0	0	0	0	3	0	0	1	1	0	1	0	0	0
63046	Lam facetec & foramot thrc	090	395	417	22	6%	17.25	18.90	1.65	10%	0	0	0	0	3	0	0	1	1	0	1	0	0	0
63047	Lam facetec & foramot lumbar	090	362	384	22	6%	15.37	17.02	1.65	11%	0	0	0	0	3	0	0	1	1	0	1	0	0	0
63050	Cervical laminoplsty 2/> seg	090	455	477	22	5%	22.01	23.79	1.78	8%	0	0	0	1	2	0	0	2	1	0	1	0	0	0
63051	C-laminoplasty w/graft/plate	090	495	517	22	4%	25.51	27.29	1.78	7%	0	0	0	1	2	0	0	2	1	0	1	0	0	0
63055	Decompress spinal cord thrc	090	520.5	570.5	50	10%	23.55	26.16	2.61	11%	0	0	0	0	2.5	0	0	6.5	0	0	1	0	0	0
63056	Decompress spinal cord lmbr	090	490.5	538	47.5	10%	21.86	24.35	2.49	11%	0	0	0	0	2.5	0	0	6	0	0	1	0	0	0
63064	Decompress spinal cord thrc	090	592.5	645	52.5	9%	26.22	28.95	2.73	10%	0	0	0	0	2.5	0	0	7	0	0	1	0	0	0
63075	Neck spine disk surgery	090	355	367	12	3%	19.60	20.90	1.30	7%	0	0	0	1	2	0	0	0	1	0	1	0	0	0
63077	Spine disk surgery thorax	090	517.5	562.5	45	9%	22.88	25.25	2.37	10%	0	0	0	0	2.5	0	0	5.5	0	0	1	0	0	0
63081	Remove vert body dcmprn crvl	090	622.5	675	52.5	8%	26.10	28.83	2.73	10%	0	0	0	0	2.5	0	0	7	0	0	1	0	1.5	0
63085	Remove vert body dcmprn thrc	090	721.5	781.5	60	8%	29.47	32.56	3.09	10%	0	0	0	0	2.5	0	0	8.5	0	0	1	0	1.5	0
63087	Remov vertbr dcmprn thrclmbr	090	682	729	47	7%	37.53	40.38	2.85	8%	0	0	0	0	3	0	0	6	1	0	1	0	0	0
63090	Remove vert body dcmprn lmbr	090	741	807	66	9%	30.93	34.30	3.37	11%	0	0	0	0	3	0	0	9	0	0	1	0	1.5	0
63101	Remove vert body dcmprn thrc	090	671	706	35	5%	34.10	36.89	2.79	8%	0	0	0	1	3	0	0	4	2	0	1	0	0	0
63102	Remove vert body dcmprn lmbr	090	658	693	35	5%	34.10	36.89	2.79	8%	0	0	0	1	3	0	0	4	2	0	1	0	0	0
63170	Incise spinal cord tract(s)	090	623.5	676	52.5	8%	22.21	24.94	2.73	12%	0	0	0	0	2.5	0	0	7	0	0	1	0	1.5	0
63172	Drainage of spinal cyst	090	581	625	44	8%	19.76	22.08	2.32	12%	0	0	0	0	2	0	0	6	0	0	1	0	1.5	0
63173	Drainage of spinal cyst	090	630.5	680.5	50	8%	24.31	26.92	2.61	11%	0	0	0	0	2.5	0	0	6.5	0	0	1	0	1.5	0
63185	Incise spine nrv half segmnt	090	451.5	496.5	45	10%	16.49	18.86	2.37	14%	0	0	0	0	2.5	0	0	5.5	0	0	1	0	0	0
63190	Incise spine nrv >2 segmnts	090	491.5	536.5	45	9%	18.89	21.26	2.37	13%	0	0	0	0	2.5	0	0	5.5	0	0	1	0	0	0
63191	Incise spine accessory nerve	090	468.5	511	42.5	9%	18.92	21.17	2.25	12%	0	0	0	0	2.5	0	0	5	0	0	1	0	0	0
63197	Lam w/cordotomy 1stg thrc	090	707.5	752.5	45	6%	24.08	26.45	2.37	10%	0	0	0	0	2.5	0	0	5.5	0	0	1	0	3	0
63200	Release spinal cord lumbar	090	589.5	637	47.5	8%	21.44	23.93	2.49	12%	0	0	0	0	2.5	0	0	6	0	0	1	0	1.5	0
63250	Revise spinal cord vsls crvl	090	941.5	1004	62.5	7%	43.86	47.07	3.21	7%	0	0	0	0	2.5	0	0	9	0	0	1	0	2.5	0
63251	Revise spinal cord vsls thrc	090	983	1056.5	73.5	7%	44.64	48.37	3.73	8%	0	0	0	0	3	0	0	10.5	0	0	1	0	2.5	0
63252	Revise spine cord vsl thrlmb	090	981	1054.5	73.5	7%	44.63	48.36	3.73	8%	0	0	0	0	3	0	0	10.5	0	0	1	0	2.5	0
63265	Excise intraspinl lesion crv	090	612.5	660	47.5	8%	23.82	26.31	2.49	10%	0	0	0	0	2.5	0	0	6	0	0	1	0	1.5	0
63266	Excise intrspinl lesion thrc	090	636.5	689	52.5	8%	24.68	27.41	2.73	11%	0	0	0	0	2.5	0	0	7	0	0	1	0	1.5	0
63267	Excise intrspinl lesion lmbr	090	480.5	528	47.5	10%	19.45	21.94	2.49	13%	0	0	0	0	2.5	0	0	6	0	0	1	0	0	0
63268	Excise intrspinl lesion scrl	090	498.5	546	47.5	10%	20.02	22.51	2.49	12%	0	0	0	0	2.5	0	0	6	0	0	1	0	0	0
63270	Excise intrspinl lesion crvl	090	781.5	839	57.5	7%	29.80	32.77	2.97	10%	0	0	0	0	2.5	0	0	8	0	0	1	0	2.5	0
63271	Excise intrspinl lesion thrc	090	779.5	837	57.5	7%	29.92	32.89	2.97	10%	0	0	0	0	2.5	0	0	8	0	0	1	0	2.5	0
63272	Excise intrspinl lesion lmbr	090	648.5	703.5	55	8%	27.50	30.35	2.85	10%	0	0	0	0	2.5	0	0	7.5	0	0	1	0	1	0
63273	Excise intrspinl lesion scrl	090	648.5	703.5	55	8%	26.47	29.32	2.85	11%	0	0	0	0	2.5	0	0	7.5	0	0	1	0	1	0
63275	Bx/exc xdrl spine lesn crvl	090	654.5	709.5	55	8%	25.86	28.71	2.85	11%	0	0	0	0	2.5	0	0	7.5	0	0	1	0	1	0
63276	Bx/exc xdrl spine lesn thrc	090	659.5	717	57.5	9%	25.69	28.66	2.97	12%	0	0	0	0	2.5	0	0	8	0	0	1	0	1	0
63277	Bx/exc xdrl spine lesn lmbr	090	544.5	594.5	50	9%	22.39	25.00	2.61	12%	0	0	0	0	2.5	0	0	6.5	0	0	1	0	0	0
63278	Bx/exc xdrl spine lesn scrl	090	546.5	596.5	50	9%	22.12	24.73	2.61	12%	0	0	0	0	2.5	0	0	6.5	0	0	1	0	0	0
63280	Bx/exc idrl spine lesn crvl	090	669	732.5	63.5	9%	30.29	33.54	3.25	11%	0	0	0	0	3	0	0	8.5	0	0	1	0	0	0
63281	Bx/exc idrl spine lesn thrc	090	669	732.5	63.5	9%	29.99	33.24	3.25	11%	0	0	0	0	3	0	0	8.5	0	0	1	0	0	0
63282	Bx/exc idrl spine lesn lmbr	090	623	679	56	9%	28.15	31.04	2.89	10%	0	0	0	0	3	0	0	7	0	0	1	0	0	0
63283	Bx/exc idrl spine lesn scrl	090	618	674	56	9%	26.76	29.65	2.89	11%	0	0	0	0	3	0	0	7	0	0	1	0	0	0
63285	Bx/exc idrl imed lesn cervl	090	762	830.5	68.5	9%	38.05	41.54	3.49	9%	0	0	0	0	3	0	0	9.5	0	0	1	0	0	0
63286	Bx/exc idrl imed lesn thrc	090	747	813	66	9%	37.62	40.99	3.37	9%	0	0	0	0	3	0	0	9	0	0	1	0	0	0
63287	Bx/exc idrl imed lesn thrlmb	090	931	1002	71	8%	40.08	43.69	3.61	9%	0	0	0	0	3	0	0	10	0	0	1	0	2.5	0
63290	Bx/exc xdrl/idrl lsn any lvl	090	960	1033.5	73.5	8%	40.82	44.55	3.73	9%	0	0	0	0	3	0	0	10.5	0	0	1	0	2.5	0
63300	Remove vert xdrl body crvcl	090	638.5	691	52.5	8%	26.80	29.53	2.73	10%	0	0	0	0	2.5	0	0	7	0	0	1	0	1.5	0
63301	Remove vert xdrl body thrc	090	950	1023.5	73.5	8%	31.57	35.30	3.73	12%	0	0	0	0	3	0	0	10.5	0	0	1	0	3.5	0
63302	Remove vert xdrl body thrlmb	090	871	939.5	68.5	8%	31.15	34.64	3.49	11%	0	0	0	0	3	0	0	9.5	0	0	1	0	2.5	0
63303	Remov vert xdrl bdy lmbr/sac	090	809.5	869.5	60	7%	33.55	36.64	3.09	9%	0	0	0	0	2.5	0	0	8.5	0	0	1	0	2.5	0
63304	Remove vert idrl body crvcl	090	845	911	66	8%	33.85	37.22	3.37	10%	0	0	0	0	3	0	0	9	0	0	1	0	3	0
63305	Remove vert idrl body thrc	090	1004	1077.5	73.5	7%	36.24	39.97	3.73	10%	0	0	0	0	3	0	0	10.5	0	0	1	0	4	0
63306	Remov vert idrl bdy thrclmbr	090	871	939.5	68.5	8%	35.55	39.04	3.49	10%	0	0	0	0	3	0	0	9.5	0	0	1	0	2.5	0
63307	Remov vert idrl bdy lmbr/sac	090	863	931.5	68.5	8%	34.96	38.45	3.49	10%	0	0	0	0	3	0	0	9.5	0	0	1	0	2.5	0
63600	Remove spinal cord lesion	090	364	398	34	9%	15.12	16.96	1.84	12%	0	0	0	0	2	0	0	4	0	0	1	0	0	0
63620	Srs spinal lesion	090	195	209	14	7%	15.60	16.37	0.77	5%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
63650	Implant neuroelectrodes	010	170	177	7	4%	7.15	7.59	0.44	6%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
63655	Implant neuroelectrodes	090	254	270	16	6%	10.92	11.91	0.99	9%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
63661	Remove spine eltrd perq aray	010	165	172	7	4%	5.08	5.52	0.44	9%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
63662	Remove spine eltrd plate	090	243	259	16	7%	11.00	12.10	1.10	10%	0	0	0	1	2	0	0	0	0	0	1	0	0	0
63663	Revise spine eltrd perq aray	010	200	207	7	3%	7.75	8.19	0.44	6%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
63664	Revise spine eltrd plate	090	273	289	16	6%	11.52	12.62	1.10	10%	0	0	0	1	2	0	0	0	0	0	1	0	0	0
63685	Ins/rplc spi npg/rcvr pocket	010	170	177	7	4%	5.19	5.63	0.44	8%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
63688	Rev/rmv imp sp npg/r dtch cn	010	162	169	7	4%	4.35	4.79	0.44	10%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
63700	Repair of spinal herniation	090	401	437	36	9%	17.47	19.40	1.93	11%	0	0	0	0	3	0	0	3	0	0	1	0	0	0
63702	Repair of spinal herniation	090	463	499	36	8%	19.41	21.34	1.93	10%	0	0	0	0	3	0	0	3	0	0	1	0	0	0
63704	Repair of spinal herniation	090	609	677	68	11%	22.43	25.89	3.46	15%	0	0	0	0	4	0	0	8	0	0	1	0	0	0

63706	Repair of spinal herniation	090	679	747	68	10%	25.35	28.81	3.46	14%	0	0	0	0	4	0	0	8	0	0	1	0	0	0
63707	Repair spinal fluid leakage	090	377.5	420	42.5	11%	12.65	14.90	2.25	18%	0	0	0	0	2.5	0	0	5	0	0	1	0	0	0
63709	Repair spinal fluid leakage	090	426.5	466.5	40	9%	15.65	17.78	2.13	14%	0	0	0	0	2.5	0	0	4.5	0	0	1	0	0	0
63710	Graft repair of spine defect	090	407.5	447.5	40	10%	15.40	17.53	2.13	14%	0	0	0	0	2.5	0	0	4.5	0	0	1	0	0	0
63740	Install spinal shunt	090	378.5	416	37.5	10%	12.63	14.64	2.01	16%	0	0	0	0	2.5	0	0	4	0	0	1	0	0	0
63741	Install spinal shunt	090	289	313	24	8%	9.12	10.48	1.36	15%	0	0	0	0	2	0	0	2	0	0	1	0	0	0
63744	Revision of spinal shunt	090	282.5	308	25.5	9%	8.94	10.38	1.44	16%	0	0	0	0	1.5	0	0	3	0	0	1	0	0	0
63746	Removal of spinal shunt	090	254.5	282.5	28	11%	7.33	8.89	1.56	21%	0	0	0	0	1.5	0	0	3.5	0	0	1	0	0	0
64553	Implant neuroelectrodes	010	160	167	7	4%	6.13	6.57	0.44	7%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
64555	Implant neuroelectrodes	010	145	152	7	5%	5.76	6.20	0.44	8%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
64561	Implant neuroelectrodes	010	131	140	9	7%	5.44	5.86	0.42	8%	-2	0	0	0	0	1	0	0	0	0	0	0	0	0
64568	Opn impltj crnl nrv nea&pg	090	275	294	19	7%	9.00	10.12	1.12	12%	0	0	0	0	2	0	0	1	0	0	1	0	0	0
64569	Revise/repl vagus n eltrd	090	312	331	19	6%	11.00	12.12	1.12	10%	0	0	0	0	2	0	0	1	0	0	1	0	0	0
64570	Remove vagus n eltrd	090	259	271	12	5%	9.10	9.89	0.79	9%	0	0	0	0	1	0	0	1	0	0	1	0	0	0
64575	Opn impltj nea perph nerve	090	78	81	3	4%	4.42	4.75	0.33	7%	0	0	0	1.5	0	0	0	0	0	0	0	0	0	0
64580	Opn impltj nea neuromuscular	090	79	82	3	4%	4.19	4.52	0.33	8%	0	0	0	1.5	0	0	0	0	0	0	0	0	0	0
64581	Opn impltj nea sacral nerve	090	269	278	9	3%	12.20	12.73	0.53	4%	-2	0	0	0	0	1	0	0	0	0	0.5	0	0	0
64582	Opn mpltj hpglsl nstm ary pg	090	294	308	14	5%	14.00	14.77	0.77	5%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
64583	Rev/rplct hpglsl nstm ary pg	090	309	323	14	5%	14.50	15.27	0.77	5%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
64584	Rmvl hpglsl nstim ary pg	090	275	289	14	5%	12.00	12.77	0.77	6%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
64585	Rev/rmv perph nstim eltrd ra	010	58	60	2	3%	2.11	2.33	0.22	10%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
64590	Ins/rpl prph sac/gstr npg/r	010	145	152	7	5%	5.10	5.54	0.44	9%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
64595	Rev/rmv prph sac/gstr npg/r	010	134	141	7	5%	3.79	4.23	0.44	12%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
64596	Ins/rplcmt prq eltrd ra pn 1	010	0	0	0	#DIV/0!	0.00	0.00	-	#DIV/0!	0	0	0	0	0	0	0	0	0	0	0	0	0	0
64598	Revj/rmvl nea pn w/int nstim	010	0	0	0	#DIV/0!	0.00	0.00	-	#DIV/0!	0	0	0	0	0	0	0	0	0	0	0	0	0	0
64600	Injection treatment of nerve	010	77	79	2	3%	3.49	3.71	0.22	6%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
64605	Injection treatment of nerve	010	103	105	2	2%	5.65	5.87	0.22	4%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
64610	Injection treatment of nerve	010	140	142	2	1%	7.20	7.42	0.22	3%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
64611	Chemodenerv saliv glands	010	36	38	2	6%	1.03	1.25	0.22	21%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
64612	Destroy nerve face muscle	010	41	43	2	5%	1.41	1.63	0.22	16%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
64615	Chemodenerv musc migraine	010	35	35	0	0%	1.85	1.85	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
64616	Chemodenerv musc neck dyston	010	35	35	0	0%	1.53	1.53	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
64617	Chemodener muscle larynx emg	010	36	36	0	0%	1.90	1.90	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
64620	Injection treatment of nerve	010	76	78	2	3%	2.89	3.11	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
64624	Dstrj nulyt agt gnclr nrv	010	74	76	2	3%	2.50	2.72	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
64625	Rf abltj nrv nrvtg si jt	010	98	105	7	7%	3.39	3.83	0.44	13%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
64628	Trml dstrj ios bvn 1st 2 l/s	010	178	185	7	4%	7.15	7.59	0.44	6%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
64630	Injection treatment of nerve	010	78	80	2	3%	3.05	3.27	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
64632	N block inj common digit	010	36	38	2	6%	1.23	1.45	0.22	18%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
64633	Destroy cerv/thor facet jnt	010	100	107	7	7%	3.32	3.76	0.44	13%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
64635	Destroy lumb/sac facet jnt	010	100	107	7	7%	3.32	3.76	0.44	13%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
64640	Injection treatment of nerve	010	64	66	2	3%	1.98	2.20	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
64680	Injection treatment of nerve	010	98	100	2	2%	2.67	2.89	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
64681	Injection treatment of nerve	010	122	132	10	8%	3.78	4.26	0.48	13%	0	0	0	0	0	0	0	2	0	0	0	0	0	0
64702	Revise finger/toe nerve	090	212	230	18	8%	6.26	7.47	1.21	19%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
64704	Revise hand/foot nerve	090	152	157	5	3%	4.69	5.24	0.55	12%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
64708	Revise arm/leg nerve	090	220	233	13	6%	6.36	7.46	1.10	17%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
64712	Revision of sciatic nerve	090	294	307.5	13.5	5%	8.07	9.31	1.24	15%	0	0	0	3	0	0	0	1.5	0	0	1	0	0	0
64713	Revision of arm nerve(s)	090	429	446	17	4%	11.40	12.87	1.47	13%	0	0	0	3.5	0	0	0	2	0	0	1	0	0	0
64714	Revise low back nerve(s)	090	364	373.5	9.5	3%	10.55	11.66	1.11	11%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
64716	Revision of cranial nerve	090	182	198	16	9%	6.99	7.87	0.88	13%	0	0	0	1	2	0	0	0	0	0	0	0	0	0
64718	Revise ulnar nerve at elbow	090	250	278	28	11%	7.26	8.69	1.43	20%	0	0	0	0	4	0	0	0	0	0	0.5	0	0	0
64719	Revise ulnar nerve at wrist	090	149	154	5	3%	4.97	5.52	0.55	11%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
64721	Carpal tunnel surgery	090	171	187	16	9%	4.97	5.96	0.99	20%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
64722	Relieve pressure on nerve(s)	090	159	164	5	3%	4.82	5.48	0.66	14%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
64726	Release foot/toe nerve	090	151	155	4	3%	4.27	4.82	0.55	13%	0	0	0	2	0	0	0	0	0	0	0.5	0	0	0
64732	Incision of brow nerve	090	132.5	143	10.5	8%	4.89	5.50	0.61	12%	0	0	0	0	1.5	0	0	0	0	0	0.5	0	0	0
64734	Incision of cheek nerve	090	186	200	14	8%	5.55	6.43	0.88	16%	0	0	0	0	2	0	0	0	0	0	1	0	0	0
64736	Incision of chin nerve	090	139	153	14	10%	5.23	5.89	0.66	13%	0	0	0	0	2	0	0	0	0	0	0	0	0	0
64738	Incision of jaw nerve	090	173	187	14	8%	6.36	7.13	0.77	12%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
64740	Incision of tongue nerve	090	166	180	14	8%	6.22	6.99	0.77	12%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
64742	Incision of facial nerve	090	179	193	14	8%	6.85	7.62	0.77	11%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
64744	Incise nerve back of head	090	192.5	203	10.5	5%	5.72	6.44	0.72	13%	0	0	0	0	1.5	0	0	0	0	0	1	0	0	0
64746	Incise diaphragm nerve	090	177	191	14	8%	6.56	7.33	0.77	12%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
64755	Incision of stomach nerves	090	360	377	17	5%	15.05	17.14	2.09	14%	0	0	0	1	1	0	0	3	1	1	1	0	0	0
64760	Incision of vagus nerve	090	212	226	14	7%	7.59	8.47	0.88	12%	0	0	0	0	2	0	0	0	0	0	1	0	0	0
64763	Incise hip/thigh nerve	090	210	224	14	7%	7.56	8.33	0.77	10%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
64766	Incise hip/thigh nerve	090	239.5	257	17.5	7%	9.47	10.41	0.94	10%	0	0	0	0	2.5	0	0	0	0	0	0.5	0	0	0
64771	Sever cranial nerve	090	236.5	254	17.5	7%	8.15	9.09	0.94	11%	0	0	0	0	2.5	0	0	0	0	0	0.5	0	0	0
64772	Incision of spinal nerve	090	245	259	14	6%	7.84	8.72	0.88	11%	0	0	0	0	2	0	0	0	0	0	1	0	0	0
64774	Remove skin nerve lesion	090	174	188	14	8%	5.80	6.57	0.77	13%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
64776	Remove digit nerve lesion	090	158.5	169	10.5	7%	5.60	6.21	0.61	11%	0	0	0	0	1.5	0	0	0	0	0	0.5	0	0	0
64782	Remove limb nerve lesion	090	235	249	14	6%	6.86	7.74	0.88	13%	0	0	0	0	2	0	0	0	0	0	1	0	0	0

64784	Remove nerve lesion	090	257.5	275	17.5	7%	10.62	11.56	0.94	9%	0	0	0	0	2.5	0	0	0	0	0	0.5	0	0	0
64786	Remove sciatic nerve lesion	090	291.5	309	17.5	6%	16.25	17.19	0.94	6%	0	0	0	0	2.5	0	0	0	0	0	0.5	0	0	0
64788	Remove skin nerve lesion	090	183	197	14	8%	5.24	6.01	0.77	15%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
64790	Removal of nerve lesion	090	331.5	349	17.5	5%	12.10	13.04	0.94	8%	0	0	0	0	2.5	0	0	0	0	0	0.5	0	0	0
64792	Removal of nerve lesion	090	416	437	21	5%	15.86	17.07	1.21	8%	0	0	0	0	3	0	0	0	0	0	1	0	0	0
64802	Sympathectomy cervical	090	354.5	389.5	35	10%	10.37	12.26	1.89	18%	0	0	0	0	2.5	0	0	3.5	0	0	1	0	0	0
64804	Remove sympathetic nerves	090	389.5	427	37.5	10%	15.91	17.92	2.01	13%	0	0	0	0	2.5	0	0	4	0	0	1	0	0	0
64809	Remove sympathetic nerves	090	336	367.5	31.5	9%	14.71	16.43	1.72	12%	0	0	0	0	2	0	0	3.5	0	0	1	0	0	0
64818	Remove sympathetic nerves	090	345	376.5	31.5	9%	11.34	13.06	1.72	15%	0	0	0	0	2	0	0	3.5	0	0	1	0	0	0
64820	Sympathectomy digital artery	090	268	277	9	3%	10.74	11.29	0.55	5%	-4	0	2	1	1	0	0	0	0	0	0	0	0	0
64821	Remove sympathetic nerves	090	269	287	18	7%	9.33	10.78	1.45	16%	0	0	0	3	1	0	0	1	0	0	1	0	0	0
64822	Remove sympathetic nerves	090	269	287	18	7%	9.33	10.78	1.45	16%	0	0	0	3	1	0	0	1	0	0	1	0	0	0
64823	Sympathectomy supfc palmar	090	299	317	18	6%	10.94	12.39	1.45	13%	0	0	0	3	1	0	0	1	0	0	1	0	0	0
64831	Repair of digit nerve	090	237	255	18	8%	9.16	10.37	1.21	13%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
64834	Repair of hand or foot nerve	090	226	240	14	6%	10.81	11.69	0.88	8%	0	0	0	0	2	0	0	0	0	0	1	0	0	0
64835	Repair of hand or foot nerve	090	259.5	277	17.5	7%	11.73	12.78	1.05	9%	0	0	0	0	2.5	0	0	0	0	0	1	0	0	0
64836	Repair of hand or foot nerve	090	260.5	278	17.5	7%	11.73	12.78	1.05	9%	0	0	0	0	2.5	0	0	0	0	0	1	0	0	0
64840	Repair of leg nerve	090	356	379.5	23.5	7%	14.02	15.35	1.33	9%	0	0	0	0	3	0	0	0.5	0	0	1	0	0	0
64856	Repair/transpose nerve	090	415.5	453	37.5	9%	15.07	17.08	2.01	13%	0	0	0	0	2.5	0	0	4	0	0	1	0	0	0
64857	Repair arm/leg nerve	090	428.5	468.5	40	9%	15.82	17.95	2.13	13%	0	0	0	0	2.5	0	0	4.5	0	0	1	0	0	0
64858	Repair sciatic nerve	090	442.5	482.5	40	9%	17.82	19.95	2.13	12%	0	0	0	0	2.5	0	0	4.5	0	0	1	0	0	0
64861	Repair of arm nerves	090	549	600	51	9%	20.89	23.54	2.65	13%	0	0	0	0	3	0	0	6	0	0	1	0	0	0
64862	Repair of low back nerves	090	531	582	51	10%	21.09	23.74	2.65	13%	0	0	0	0	3	0	0	6	0	0	1	0	0	0
64864	Repair of facial nerve	090	321	345	24	7%	13.41	14.77	1.36	10%	0	0	0	0	2	0	0	2	0	0	1	0	0	0
64865	Repair of facial nerve	090	365.5	385.5	20	5%	16.09	17.26	1.17	7%	0	0	0	0	2.5	0	0	0.5	0	0	1	0	0	0
64866	Fusion of facial/other nerve	090	391.5	421.5	30	8%	16.83	18.48	1.65	10%	0	0	0	0	2.5	0	0	2.5	0	0	1	0	0	0
64868	Fusion of facial/other nerve	090	351	375	24	7%	14.90	16.26	1.36	9%	0	0	0	0	2	0	0	2	0	0	1	0	0	0
64885	Nerve graft head/neck <4 cm	090	325	339	14	4%	17.60	18.48	0.88	5%	0	0	0	0	2	0	0	0	0	0	1	0	0	0
64886	Nerve graft head/neck >4 cm	090	411	426	15	4%	20.82	22.14	1.32	6%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
64890	Nrv grf 1strnd hnd/foot <4cm	090	403.5	433.5	30	7%	16.24	17.89	1.65	10%	0	0	0	0	2.5	0	0	2.5	0	0	1	0	0	0
64891	Nrv grf 1strnd hnd/foot >4cm	090	424.5	459.5	35	8%	17.35	19.24	1.89	11%	0	0	0	0	2.5	0	0	3.5	0	0	1	0	0	0
64892	Nrv grf 1strnd arm/leg <4cm	090	396.5	426.5	30	8%	15.74	17.39	1.65	10%	0	0	0	0	2.5	0	0	2.5	0	0	1	0	0	0
64893	Nrv grf 1strnd arm/leg >4 cm	090	439.5	477	37.5	9%	16.87	18.88	2.01	12%	0	0	0	0	2.5	0	0	4	0	0	1	0	0	0
64895	Nrv grf mltst hnd/foot <4 cm	090	458.5	491	32.5	7%	20.39	22.16	1.77	9%	0	0	0	0	2.5	0	0	3	0	0	1	0	0	0
64896	Nrv grf mltst hnd/foot >4 cm	090	523	566.5	43.5	8%	21.96	24.25	2.29	10%	0	0	0	0	3	0	0	4.5	0	0	1	0	0	0
64897	Nrv grf mltst arm/leg <4 cm	090	480.5	513	32.5	7%	19.38	21.15	1.77	9%	0	0	0	0	2.5	0	0	3	0	0	1	0	0	0
64898	Nrv grf mltst arm/leg >4 cm	090	531	574.5	43.5	8%	20.97	23.26	2.29	11%	0	0	0	0	3	0	0	4.5	0	0	1	0	0	0
64905	Nerve pedicle transfer	090	383.5	413.5	30	8%	15.11	16.76	1.65	11%	0	0	0	0	2.5	0	0	2.5	0	0	1	0	0	0
64907	Nerve pedicle transfer	090	404.5	439.5	35	9%	20.03	21.92	1.89	9%	0	0	0	0	2.5	0	0	3.5	0	0	1	0	0	0
64910	Nerve repair w/allograft	090	257	280	23	9%	10.52	11.84	1.32	13%	0	0	0	1	3	0	0	0	0	0	0.5	0	0	0
64911	Neurorraphy w/vein autograft	090	292	315	23	8%	14.00	15.32	1.32	9%	0	0	0	1	3	0	0	0	0	0	0.5	0	0	0
64912	Nrv rpr w/nrv algrft 1st	090	272	295	23	8%	12.00	13.32	1.32	11%	0	0	0	1	3	0	0	0	0	0	0.5	0	0	0
65091	Revise eye	090	164.5	182	17.5	11%	7.26	8.20	0.94	13%	0	0	0	0	2.5	0	0	0	0	0	0.5	0	0	0
65093	Revise eye with implant	090	214	221	7	3%	7.04	8.03	0.99	14%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
65101	Removal of eye	090	232	260	28	12%	8.30	9.73	1.43	17%	0	0	0	0	4	0	0	0	0	0	0.5	0	0	0
65103	Remove eye/insert implant	090	237	265	28	12%	8.84	10.27	1.43	16%	0	0	0	0	4	0	0	0	0	0	0.5	0	0	0
65105	Remove eye/attach implant	090	269.5	301	31.5	12%	9.93	11.53	1.60	16%	0	0	0	0	4.5	0	0	0	0	0	0.5	0	0	0
65110	Removal of eye	090	370.5	409	38.5	10%	15.70	17.74	2.04	13%	0	0	0	0	5.5	0	0	0	0	0	1	0	0	0
65112	Remove eye/revise socket	090	434.5	482.5	48	11%	18.51	21.00	2.49	13%	0	0	0	0	6.5	0	0	0.5	0	0	1	0	0	0
65114	Remove eye/revise socket	090	446.5	494.5	48	11%	19.65	22.14	2.49	13%	0	0	0	0	6.5	0	0	0.5	0	0	1	0	0	0
65125	Revise ocular implant	090	148	154	6	4%	3.27	3.93	0.66	20%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
65130	Insert ocular implant	090	200	228	28	14%	8.42	9.74	1.32	16%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
65135	Insert ocular implant	090	207	235	28	14%	8.60	9.92	1.32	15%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
65140	Attach ocular implant	090	255.5	287	31.5	12%	9.46	11.06	1.60	17%	0	0	0	0	4.5	0	0	0	0	0	0.5	0	0	0
65150	Revise ocular implant	090	187	194	7	4%	6.43	7.31	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
65155	Reinsert ocular implant	090	259.5	291	31.5	12%	10.10	11.59	1.49	15%	0	0	0	0	4.5	0	0	0	0	0	0	0	0	0
65175	Removal of ocular implant	090	174.5	199	24.5	14%	7.40	8.56	1.16	16%	0	0	0	0	3.5	0	0	0	0	0	0	0	0	0
65235	Remove foreign body from eye	090	185.5	217	31.5	17%	9.01	10.50	1.49	16%	0	0	0	0	4.5	0	0	0	0	0	0	0	0	0
65260	Remove foreign body from eye	090	270	305	35	13%	12.54	14.30	1.76	14%	0	0	0	0	5	0	0	0	0	0	0.5	0	0	0
65265	Remove foreign body from eye	090	291.5	330	38.5	13%	14.34	16.16	1.82	13%	0	0	0	0	5.5	0	0	0	0	0	0	0	0	0
65270	Repair of eye wound	010	67	69	2	3%	1.95	2.17	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
65272	Repair of eye wound	090	115.5	133	17.5	15%	4.62	5.45	0.83	18%	0	0	0	0	2.5	0	0	0	0	0	0	0	0	0
65273	Repair of eye wound	090	164.5	182	17.5	11%	5.16	6.21	1.05	20%	0	0	0	0	2.5	0	0	0	0	0	1	0	0	0
65275	Repair of eye wound	090	146	167	21	14%	6.29	7.28	0.99	16%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
65280	Repair of eye wound	090	249.5	281	31.5	13%	9.10	10.70	1.60	18%	0	0	0	0	4.5	0	0	0	0	0	0.5	0	0	0
65285	Repair of eye wound	090	353	397	44	12%	15.36	17.67	2.31	15%	0	0	0	1	6	0	0	0	0	0	0.5	0	0	0
65286	Repair of eye wound	090	172.5	197	24.5	14%	6.63	7.79	1.16	17%	0	0	0	0	3.5	0	0	0	0	0	0	0	0	0
65290	Repair of eye socket wound	090	178.5	203	24.5	14%	6.53	7.69	1.16	18%	0	0	0	0	3.5	0	0	0	0	0	0	0	0	0
65400	Removal of eye lesion	090	189.5	221	31.5	17%	7.50	8.99	1.49	20%	0	0	0	0	4.5	0	0	0	0	0	0	0	0	0
65420	Removal of eye lesion	090	149	157	8	5%	4.36	5.24	0.88	20%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
65426	Removal of eye lesion	090	162.5	170.5	8	5%	6.05	7.04	0.99	16%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
65436	Curette/treat cornea	090	101	115	14	14%	4.82	5.48	0.66	14%	0	0	0	0	2	0	0	0	0	0	0	0	0	0
65450	Treatment of corneal lesion	090	117	125	8	7%	3.47	4.35	0.88	25%	0	0	0	4	0	0	0	0	0	0	0	0	0	0

65600	Revision of cornea	090	115.5	133	17.5	15%	4.20	5.03	0.83	20%	0	0	0	0	2.5	0	0	0	0	0	0	0	0	0
65710	Corneal transplant	090	317	363	46	15%	14.45	16.61	2.16	15%	-4	0	0	0	4	2	0	0	0	0	0	0	0	0
65730	Corneal transplant	090	322	368	46	14%	16.35	18.51	2.16	13%	-4	0	0	0	4	2	0	0	0	0	0	0	0	0
65750	Corneal transplant	090	288	330	42	15%	16.90	18.88	1.98	12%	0	0	0	0	6	0	0	0	0	0	0	0	0	0
65755	Corneal transplant	090	288	330	42	15%	16.79	18.77	1.98	12%	0	0	0	0	6	0	0	0	0	0	0	0	0	0
65756	Corneal trnspl endothelial	090	255	282	27	11%	16.84	18.60	1.76	10%	0	0	0	3	3	0	0	0	0	0	0.5	0	0	0
65770	Revise cornea with implant	090	456.5	507	50.5	11%	19.74	22.35	2.61	13%	0	0	0	0	6.5	0	0	1	0	0	1	0	0	0
65772	Correction of astigmatism	090	128.5	146	17.5	14%	5.09	5.92	0.83	16%	0	0	0	0	2.5	0	0	0	0	0	0	0	0	0
65775	Correction of astigmatism	090	168.5	193	24.5	15%	6.91	8.07	1.16	17%	0	0	0	0	3.5	0	0	0	0	0	0	0	0	0
65780	Ocular reconst transplant	090	182	212	30	16%	7.03	8.68	1.65	23%	0	0	0	1	4	0	0	0	0	0	0.5	0	0	0
65781	Ocular reconst transplant	090	354	374	20	6%	18.14	20.45	2.31	13%	0	0	0	10	0	0	0	0	0	0	0.5	0	0	0
65782	Ocular reconst transplant	090	331	349	18	5%	15.43	17.52	2.09	14%	0	0	0	9	0	0	0	0	0	0	0.5	0	0	0
65785	Impltj ntrstrml crnl rng seg	090	134	147	13	10%	5.39	6.38	0.99	18%	0	0	0	3	1	0	0	0	0	0	0	0	0	0
65810	Drainage of eye	090	142	163	21	15%	5.82	6.81	0.99	17%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
65815	Drainage of eye	090	152	173	21	14%	6.00	6.99	0.99	17%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
65820	Relieve inner eye pressure	090	244	264	20	8%	8.91	10.23	1.32	15%	0	0	0	3	2	0	0	0	0	0	0	0	0	0
65850	Incision of eye	090	233	243	10	4%	11.39	12.71	1.32	12%	0	0	0	5	0	0	0	0	0	0	1	0	0	0
65855	Trabeculoplasty laser surg	010	61	63	2	3%	3.00	3.22	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
65860	Incise inner eye adhesions	090	120	122	2	2%	3.59	3.81	0.22	6%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
65865	Incise inner eye adhesions	090	135	142	7	5%	5.77	6.54	0.77	13%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
65870	Incise inner eye adhesions	090	165.5	190	24.5	15%	7.39	8.55	1.16	16%	0	0	0	0	3.5	0	0	0	0	0	0	0	0	0
65875	Incise inner eye adhesions	090	178	206	28	16%	7.81	9.13	1.32	17%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
65880	Incise inner eye adhesions	090	185	213	28	15%	8.36	9.68	1.32	16%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
65900	Remove eye lesion	090	246	281	35	14%	12.51	14.16	1.65	13%	0	0	0	0	5	0	0	0	0	0	0	0	0	0
65920	Remove implant of eye	090	214	249	35	16%	9.99	11.64	1.65	17%	0	0	0	0	5	0	0	0	0	0	0	0	0	0
65930	Remove blood clot from eye	090	176	197	21	12%	8.39	9.49	1.10	13%	0	0	0	0	3	0	0	0	0	0	0.5	0	0	0
66020	Injection treatment of eye	010	52	54	2	4%	1.64	1.86	0.22	13%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
66030	Injection treatment of eye	010	51	53	2	4%	1.30	1.52	0.22	17%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
66130	Remove eye lesion	090	131	137	6	5%	7.83	8.49	0.66	8%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
66150	Glaucoma surgery	090	269	318	49	18%	10.53	12.84	2.31	22%	0	0	0	0	7	0	0	0	0	0	0	0	0	0
66155	Glaucoma surgery	090	284	333	49	17%	10.52	12.94	2.42	23%	0	0	0	0	7	0	0	0	0	0	0.5	0	0	0
66160	Glaucoma surgery	090	266	315	49	18%	12.39	14.70	2.31	19%	0	0	0	0	7	0	0	0	0	0	0	0	0	0
66170	Glaucoma surgery	090	278	321	43	15%	13.94	16.58	2.64	19%	0	0	0	4	5	0	0	0	0	0	0.5	0	0	0
66172	Incision of eye	090	325	372	47	14%	14.84	17.92	3.08	21%	0	0	0	6	5	0	0	0	0	0	0.5	0	0	0
66174	Trluml dil aq o/f can w/o st	090	173	203	30	17%	7.62	9.27	1.65	22%	0	0	0	1	4	0	0	0	0	0	0.5	0	0	0
66175	Trluml dil aq o/f can w/st	090	184	214	30	16%	9.34	10.99	1.65	18%	0	0	0	1	4	0	0	0	0	0	0.5	0	0	0
66179	Aqueous shunt eye w/o graft	090	272	313	41	15%	14.00	16.42	2.42	17%	0	0	0	3	5	0	0	0	0	0	0.5	0	0	0
66180	Aqueous shunt eye w/graft	090	277	318	41	15%	15.00	17.42	2.42	16%	0	0	0	3	5	0	0	0	0	0	0.5	0	0	0
66183	Insert ant drainage device	090	257	298	41	16%	13.20	15.62	2.42	18%	0	0	0	3	5	0	0	0	0	0	0.5	0	0	0
66184	Revision of aqueous shunt	090	254	288	34	13%	9.58	11.67	2.09	22%	0	0	0	3	4	0	0	0	0	0	0.5	0	0	0
66185	Revise aqueous shunt eye	090	259	293	34	13%	10.58	12.67	2.09	20%	0	0	0	3	4	0	0	0	0	0	0.5	0	0	0
66225	Repair/graft eye lesion	090	294	329	35	12%	12.63	14.28	1.65	13%	0	0	0	0	5	0	0	0	0	0	0	0	0	0
66250	Follow-up surgery of eye	090	175.5	200	24.5	14%	7.10	8.26	1.16	16%	0	0	0	0	3.5	0	0	0	0	0	0	0	0	0
66500	Incision of iris	090	103	108	5	5%	3.83	4.38	0.55	14%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
66505	Incision of iris	090	108	114	6	6%	4.22	4.88	0.66	16%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
66600	Remove iris and lesion	090	211.5	243	31.5	15%	10.12	11.61	1.49	15%	0	0	0	0	4.5	0	0	0	0	0	0	0	0	0
66605	Removal of iris	090	221.5	253	31.5	14%	14.22	15.71	1.49	10%	0	0	0	0	4.5	0	0	0	0	0	0	0	0	0
66625	Removal of iris	090	132	139	7	5%	5.30	6.07	0.77	15%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
66630	Removal of iris	090	171.5	196	24.5	14%	7.28	8.44	1.16	16%	0	0	0	0	3.5	0	0	0	0	0	0	0	0	0
66635	Removal of iris	090	167.5	192	24.5	15%	7.37	8.53	1.16	16%	0	0	0	0	3.5	0	0	0	0	0	0	0	0	0
66680	Repair iris & ciliary body	090	182	203	21	12%	7.97	9.07	1.10	14%	0	0	0	0	3	0	0	0	0	0	0.5	0	0	0
66682	Repair iris & ciliary body	090	202	225	23	11%	8.74	10.06	1.32	15%	0	0	0	1	3	0	0	0	0	0	0.5	0	0	0
66700	Destruction ciliary body	090	146	155	9	6%	5.14	5.69	0.55	11%	0	0	0	1	1	0	0	0	0	0	0	0	0	0
66710	Ciliary transsleral therapy	090	140	149	9	6%	5.14	5.69	0.55	11%	0	0	0	1	1	0	0	0	0	0	0	0	0	0
66711	Ecp ciliary body destruction	090	191	221	30	16%	5.62	7.27	1.65	29%	0	0	0	1	4	0	0	0	0	0	0.5	0	0	0
66720	Destruction ciliary body	090	146	155	9	6%	4.75	5.74	0.99	21%	0	0	0	4.5	0	0	0	0	0	0	0	0	0	0
66740	Destruction ciliary body	090	140	149	9	6%	5.14	5.69	0.55	11%	0	0	0	1	1	0	0	0	0	0	0	0	0	0
66761	Revision of iris	010	66	75	9	14%	3.00	3.55	0.55	18%	0	0	0	1	1	0	0	0	0	0	0	0	0	0
66762	Revision of iris	090	123.5	141	17.5	14%	5.38	6.21	0.83	15%	0	0	0	0	2.5	0	0	0	0	0	0	0	0	0
66770	Removal of inner eye lesion	090	132	153	21	16%	6.13	7.12	0.99	16%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
66820	Incision secondary cataract	090	113	118	5	4%	4.01	4.56	0.55	14%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
66821	After cataract laser surgery	090	82	96	14	17%	3.42	4.08	0.66	19%	0	0	0	0	2	0	0	0	0	0	0	0	0	0
66825	Reposition intraocular lens	090	219	239	20	9%	9.01	10.33	1.32	15%	0	0	0	3	2	0	0	0	0	0	0	0	0	0
66830	Removal of lens lesion	090	189	217	28	15%	9.47	10.79	1.32	14%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
66840	Removal of lens material	090	183	211	28	15%	9.18	10.50	1.32	14%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
66850	Removal of lens material	090	207.5	239	31.5	15%	10.55	12.04	1.49	14%	0	0	0	0	4.5	0	0	0	0	0	0	0	0	0
66852	Removal of lens material	090	206.5	238	31.5	15%	11.41	12.90	1.49	13%	0	0	0	0	4.5	0	0	0	0	0	0	0	0	0
66920	Extraction of lens	090	188	216	28	15%	10.13	11.45	1.32	13%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
66930	Extraction of lens	090	210.5	242	31.5	15%	11.61	13.10	1.49	13%	0	0	0	0	4.5	0	0	0	0	0	0	0	0	0
66940	Extraction of lens	090	198.5	230	31.5	16%	10.37	11.86	1.49	14%	0	0	0	0	4.5	0	0	0	0	0	0	0	0	0
66982	Xcapsl ctrc rmvl cplx wo ecp	090	175	198	23	13%	10.25	11.57	1.32	13%	0	0	0	1	3	0	0	0	0	0	0.5	0	0	0
66983	Cataract surg w/iol 1 stage	090	0	0	0	#DIV/0!	0.00	0.00	-	#DIV/0!	0	0	0	0	0	0	0	0	0	0	0	0	0	0
66984	Xcapsl ctrc rmvl w/o ecp	090	126	142	16	13%	7.35	8.34	0.99	13%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0

66985	Insert lens prosthesis	090	227	262	35	15%	9.98	11.63	1.65	17%	0	0	0	0	5	0	0	0	0	0	0	0	0	0
66986	Exchange lens prosthesis	090	260	260	0	0%	12.26	12.26	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
66987	Xcapsl ctrc rmvl cplx w/ecp	090	0	0	0	#DIV/0!	0.00	0.00	-	#DIV/0!	0	0	0	0	0	0	0	0	0	0	0	0	0	0
66988	Xcapsl ctrc rmvl w/ecp	090	0	0	0	#DIV/0!	0.00	0.00	-	#DIV/0!	0	0	0	0	0	0	0	0	0	0	0	0	0	0
66989	Xcpsl ctrc rmvl cplx insj 1+	090	176	199	23	13%	12.13	13.45	1.32	11%	0	0	0	1	3	0	0	0	0	0	0.5	0	0	0
66991	Xcapsl ctrc rmvl insj 1+	090	172	195	23	13%	9.23	10.55	1.32	14%	0	0	0	1	3	0	0	0	0	0	0.5	0	0	0
67005	Partial removal of eye fluid	090	147	155	8	5%	5.89	6.77	0.88	15%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
67010	Partial removal of eye fluid	090	156	164	8	5%	7.06	7.94	0.88	12%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
67015	Release of eye fluid	090	171	180	9	5%	7.14	8.13	0.99	14%	0	0	0	4.5	0	0	0	0	0	0	0	0	0	0
67025	Replace eye fluid	090	190	218	28	15%	8.11	9.43	1.32	16%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
67027	Implant eye drug system	090	244	264	20	8%	11.62	12.94	1.32	11%	0	0	0	3	2	0	0	0	0	0	0	0	0	0
67030	Incise inner eye strands	090	167	195	28	17%	6.11	7.43	1.32	22%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
67031	Laser surgery eye strands	090	109.5	127	17.5	16%	4.47	5.30	0.83	18%	0	0	0	0	2.5	0	0	0	0	0	0	0	0	0
67036	Removal of inner eye fluid	090	250	285	35	14%	12.13	13.89	1.76	15%	0	0	0	0	5	0	0	0	0	0	0.5	0	0	0
67039	Laser treatment of retina	090	260	295	35	13%	13.20	14.96	1.76	13%	0	0	0	0	5	0	0	0	0	0	0.5	0	0	0
67040	Laser treatment of retina	090	273	308	35	13%	14.50	16.26	1.76	12%	0	0	0	0	5	0	0	0	0	0	0.5	0	0	0
67041	Vit for macular pucker	090	260	295	35	13%	16.33	18.09	1.76	11%	0	0	0	0	5	0	0	0	0	0	0.5	0	0	0
67042	Vit for macular hole	090	260	295	35	13%	16.33	18.09	1.76	11%	0	0	0	0	5	0	0	0	0	0	0.5	0	0	0
67043	Vit for membrane dissect	090	275	310	35	13%	17.40	19.16	1.76	10%	0	0	0	0	5	0	0	0	0	0	0.5	0	0	0
67101	Repair detached retina crtx	010	145	159	14	10%	3.50	4.27	0.77	22%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
67105	Repair detached retina pc	010	97	111	14	14%	3.39	4.05	0.66	19%	0	0	0	0	2	0	0	0	0	0	0	0	0	0
67107	Repair detached retina	090	290	325	35	12%	16.00	17.76	1.76	11%	0	0	0	0	5	0	0	0	0	0	0.5	0	0	0
67108	Repair detached retina	090	295	330	35	12%	17.13	18.89	1.76	10%	0	0	0	0	5	0	0	0	0	0	0.5	0	0	0
67110	Repair detached retina	090	196	238	42	21%	10.25	12.23	1.98	19%	0	0	0	0	6	0	0	0	0	0	0	0	0	0
67113	Repair retinal detach cplx	090	348	390	42	12%	19.00	21.09	2.09	11%	0	0	0	0	6	0	0	0	0	0	0.5	0	0	0
67115	Release encircling material	090	158.5	183	24.5	15%	6.11	7.27	1.16	19%	0	0	0	0	3.5	0	0	0	0	0	0	0	0	0
67120	Remove eye implant material	090	162.5	187	24.5	15%	7.10	8.26	1.16	16%	0	0	0	0	3.5	0	0	0	0	0	0	0	0	0
67121	Remove eye implant material	090	280	315	35	13%	12.25	13.90	1.65	13%	0	0	0	0	5	0	0	0	0	0	0	0	0	0
67141	Proph rta dtchmnt crtx dthrm	010	77	91	14	18%	2.53	3.19	0.66	26%	0	0	0	0	2	0	0	0	0	0	0	0	0	0
67145	Proph rta dtchmnt pc	010	76	90	14	18%	2.53	3.19	0.66	26%	0	0	0	0	2	0	0	0	0	0	0	0	0	0
67208	Treatment of retinal lesion	090	137	158	21	15%	7.65	8.64	0.99	13%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
67210	Treatment of retinal lesion	090	106	127	21	20%	6.36	7.35	0.99	16%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
67218	Treatment of retinal lesion	090	464	476	12	3%	20.36	22.85	2.49	12%	0	0	0	3	1	0	0	2	2	1	1	0	0	0
67220	Treatment of choroid lesion	090	117.5	138.5	21	18%	6.36	7.35	0.99	16%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
67227	Dstrj extensive retinopathy	010	93	100	7	8%	3.50	3.94	0.44	13%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
67228	Treatment x10sv retinopathy	010	81	88	7	9%	4.39	4.72	0.33	8%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
67229	Tr retinal les preterm inf	090	353.5	391.5	38	11%	16.30	18.70	2.40	15%	0	0	0	0	6	0	0	0	1	0	1	0	0	0
67250	Reinforce eye wall	090	210	231	21	10%	9.61	10.60	0.99	10%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
67255	Reinforce/graft eye wall	090	216	243	27	13%	8.38	10.14	1.76	21%	0	0	0	3	3	0	0	0	0	0	0.5	0	0	0
67311	Revise eye muscle	090	144	155	11	8%	5.93	6.81	0.88	15%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
67312	Revise two eye muscles	090	159	170	11	7%	9.50	10.38	0.88	9%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
67314	Revise eye muscle	090	145	156	11	8%	5.93	6.81	0.88	15%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
67316	Revise two eye muscles	090	164	175	11	7%	10.31	11.19	0.88	9%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
67318	Revise eye muscle(s)	090	166	182	16	10%	9.80	10.79	0.99	10%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
67343	Release eye tissue	090	167.5	192	24.5	15%	8.47	9.63	1.16	14%	0	0	0	0	3.5	0	0	0	0	0	0	0	0	0
67345	Destroy nerve of eye muscle	010	58	60	2	3%	3.01	3.23	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
67400	Explore/biopsy eye socket	090	255.5	287	31.5	12%	11.20	12.80	1.60	14%	0	0	0	0	4.5	0	0	0	0	0	0.5	0	0	0
67405	Explore/drain eye socket	090	209	237	28	13%	9.20	10.63	1.43	16%	0	0	0	0	4	0	0	0	0	0	0.5	0	0	0
67412	Explore/treat eye socket	090	234.5	252	17.5	7%	10.30	11.24	0.94	9%	0	0	0	0	2.5	0	0	0	0	0	0.5	0	0	0
67413	Explore/treat eye socket	090	220	230	10	5%	10.24	11.34	1.10	11%	0	0	0	5	0	0	0	0	0	0	0	0	0	0
67414	Explr/decompress eye socket	090	347	361	14	4%	17.94	19.33	1.39	8%	-2	0	0	1	1	1	0	0	1	0	1	0	0	0
67420	Explore/treat eye socket	090	468	513	45	10%	21.87	24.22	2.35	11%	0	0	0	0	5	0	0	2	0	0	1	0	0	0
67430	Explore/treat eye socket	090	353	395	42	12%	15.29	17.27	1.98	13%	0	0	0	0	6	0	0	0	0	0	0	0	0	0
67440	Explore/drain eye socket	090	336.5	375	38.5	11%	14.84	16.77	1.93	13%	0	0	0	0	5.5	0	0	0	0	0	0.5	0	0	0
67445	Explr/decompress eye socket	090	352	366	14	4%	19.12	20.51	1.39	7%	-2	0	0	1	1	1	0	0	1	0	1	0	0	0
67450	Explore/biopsy eye socket	090	366	408	42	11%	15.41	17.50	2.09	14%	0	0	0	0	6	0	0	0	0	0	0.5	0	0	0
67550	Insert eye socket implant	090	282	317	35	12%	11.77	13.42	1.65	14%	0	0	0	0	5	0	0	0	0	0	0	0	0	0
67560	Revise eye socket implant	090	276	311	35	13%	12.18	13.83	1.65	14%	0	0	0	0	5	0	0	0	0	0	0	0	0	0
67570	Decompress optic nerve	090	294	314	20	7%	14.40	15.59	1.19	8%	-2	0	0	2	1	1	0	0	0	0	0	0	0	0
67700	Drainage of eyelid abscess	010	59	61	2	3%	1.40	1.62	0.22	16%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
67710	Incision of eyelid	010	39	41	2	5%	1.07	1.29	0.22	21%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
67715	Incision of eyelid fold	010	41	43	2	5%	1.27	1.49	0.22	17%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
67800	Remove eyelid lesion	010	46	47	1	2%	1.41	1.52	0.11	8%	0	0	0	0.5	0	0	0	0	0	0	0	0	0	0
67801	Remove eyelid lesions	010	48	49	1	2%	1.91	2.02	0.11	6%	0	0	0	0.5	0	0	0	0	0	0	0	0	0	0
67805	Remove eyelid lesions	010	78	80	2	3%	2.27	2.49	0.22	10%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
67808	Remove eyelid lesion(s)	090	126.5	144	17.5	14%	4.60	5.43	0.83	18%	0	0	0	0	2.5	0	0	0	0	0	0	0	0	0
67825	Revise eyelashes	010	47	49	2	4%	1.43	1.65	0.22	15%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
67830	Revise eyelashes	010	56	58	2	4%	1.75	1.97	0.22	13%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
67835	Revise eyelashes	090	154	160	6	4%	5.70	6.36	0.66	12%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
67840	Remove eyelid lesion	010	56	58	2	4%	2.09	2.31	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
67850	Dstrj lesion lid margin <1cm	010	48	50	2	4%	1.74	1.96	0.22	13%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
67880	Revision of eyelid	090	114.5	132	17.5	15%	4.60	5.43	0.83	18%	0	0	0	0	2.5	0	0	0	0	0	0	0	0	0
67882	Revision of eyelid	090	156	177	21	13%	6.02	7.01	0.99	16%	0	0	0	0	3	0	0	0	0	0	0	0	0	0

67900	Repair brow defect	090	177	193	16	9%	6.82	7.70	0.88	13%	0	0	0	0	1	2	0	0	0	0	0	0	0	0
67901	Repair eyelid defect	090	188	196	8	4%	7.59	8.58	0.99	13%	0	0	0	0	4	0	0	0	0	0	0	0.5	0	0
67902	Repair eyelid defect	090	221	234	13	6%	9.82	10.92	1.10	11%	0	0	0	0	3	1	0	0	0	0	0	0.5	0	0
67903	Repair eyelid defect	090	145	151	6	4%	6.51	7.17	0.66	10%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
67904	Repair eyelid defect	090	185	198	13	7%	7.97	9.07	1.10	14%	0	0	0	0	3	1	0	0	0	0	0	0.5	0	0
67906	Repair eyelid defect	090	134	140	6	4%	6.93	7.59	0.66	10%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
67908	Repair eyelid defect	090	136	143	7	5%	5.30	6.07	0.77	15%	0	0	0	0	3.5	0	0	0	0	0	0	0	0	0
67909	Revise eyelid defect	090	136	143	7	5%	5.57	6.34	0.77	14%	0	0	0	0	3.5	0	0	0	0	0	0	0	0	0
67911	Revise eyelid defect	090	183	191	8	4%	7.50	8.49	0.99	13%	0	0	0	0	4	0	0	0	0	0	0	0.5	0	0
67912	Correction eyelid w/implant	090	166	182	16	10%	6.36	7.35	0.99	16%	0	0	0	0	1	2	0	0	0	0	0	0.5	0	0
67914	Repair eyelid defect	090	129	140	11	9%	3.75	4.63	0.88	23%	0	0	0	0	2	1	0	0	0	0	0	0.5	0	0
67915	Repair eyelid defect	090	70	74	4	6%	2.03	2.47	0.44	22%	0	0	0	0	2	0	0	0	0	0	0	0	0	0
67916	Repair eyelid defect	090	134	145	11	8%	5.48	6.36	0.88	16%	0	0	0	0	2	1	0	0	0	0	0	0.5	0	0
67917	Repair eyelid defect	090	142	153	11	8%	5.93	6.81	0.88	15%	0	0	0	0	2	1	0	0	0	0	0	0.5	0	0
67921	Repair eyelid defect	090	124	135	11	9%	3.47	4.35	0.88	25%	0	0	0	0	2	1	0	0	0	0	0	0.5	0	0
67922	Repair eyelid defect	090	75	79	4	5%	2.03	2.47	0.44	22%	0	0	0	0	2	0	0	0	0	0	0	0	0	0
67923	Repair eyelid defect	090	134	145	11	8%	5.48	6.36	0.88	16%	0	0	0	0	2	1	0	0	0	0	0	0.5	0	0
67924	Repair eyelid defect	090	149	160	11	7%	5.93	6.81	0.88	15%	0	0	0	0	2	1	0	0	0	0	0	0.5	0	0
67930	Repair eyelid wound	010	77	79	2	3%	3.65	3.87	0.22	6%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
67935	Repair eyelid wound	090	150	156	6	4%	6.36	7.02	0.66	10%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
67938	Remove eyelid foreign body	010	48	50	2	4%	1.38	1.60	0.22	16%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
67950	Revision of eyelid	090	144	151	7	5%	5.99	6.76	0.77	13%	0	0	0	0	3.5	0	0	0	0	0	0	0	0	0
67961	Revision of eyelid	090	167	174	7	4%	5.86	6.63	0.77	13%	0	0	0	0	3.5	0	0	0	0	0	0	0	0	0
67966	Revision of eyelid	090	200	213	13	6%	8.97	10.07	1.10	12%	0	0	0	0	3	1	0	0	0	0	0	0.5	0	0
67971	Reconstruction of eyelid	090	235	244	9	4%	10.01	11.00	0.99	10%	0	0	0	0	4.5	0	0	0	0	0	0	0	0	0
67973	Reconstruction of eyelid	090	253	264	11	4%	13.13	14.34	1.21	9%	0	0	0	0	5.5	0	0	0	0	0	0	0	0	0
67974	Reconstruction of eyelid	090	255	266	11	4%	13.10	14.31	1.21	9%	0	0	0	0	5.5	0	0	0	0	0	0	0	0	0
67975	Reconstruction of eyelid	090	197	206	9	5%	9.35	10.34	0.99	11%	0	0	0	0	4.5	0	0	0	0	0	0	0	0	0
68020	Incise/drain eyelid lining	010	41	43	2	5%	1.42	1.64	0.22	15%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
68110	Remove eyelid lining lesion	010	58	60	2	3%	1.82	2.04	0.22	12%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
68115	Remove eyelid lining lesion	010	68	70	2	3%	2.41	2.63	0.22	9%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
68130	Remove eyelid lining lesion	090	132	139	7	5%	5.10	5.87	0.77	15%	0	0	0	0	3.5	0	0	0	0	0	0	0	0	0
68135	Remove eyelid lining lesion	010	58	60	2	3%	1.89	2.11	0.22	12%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
68320	Revise/graft eyelid lining	090	209	237	28	13%	6.64	7.96	1.32	20%	0	0	0	0	0	4	0	0	0	0	0	0	0	0
68325	Revise/graft eyelid lining	090	217	245	28	13%	8.63	9.95	1.32	15%	0	0	0	0	0	4	0	0	0	0	0	0	0	0
68326	Revise/graft eyelid lining	090	211	239	28	13%	8.42	9.74	1.32	16%	0	0	0	0	0	4	0	0	0	0	0	0	0	0
68328	Revise/graft eyelid lining	090	231	259	28	12%	9.45	10.77	1.32	14%	0	0	0	0	0	4	0	0	0	0	0	0	0	0
68330	Revise eyelid lining	090	154	175	21	14%	5.78	6.77	0.99	17%	0	0	0	0	0	3	0	0	0	0	0	0	0	0
68335	Revise/graft eyelid lining	090	216	244	28	13%	8.46	9.78	1.32	16%	0	0	0	0	0	4	0	0	0	0	0	0	0	0
68340	Separate eyelid adhesions	090	134.5	152	17.5	13%	4.97	5.80	0.83	17%	0	0	0	0	0	2.5	0	0	0	0	0	0	0	0
68360	Revise eyelid lining	090	138.5	156	17.5	13%	5.17	6.00	0.83	16%	0	0	0	0	0	2.5	0	0	0	0	0	0	0	0
68362	Revise eyelid lining	090	203	231	28	14%	8.61	9.93	1.32	15%	0	0	0	0	0	4	0	0	0	0	0	0	0	0
68371	Harvest eye tissue alograft	010	150	158	8	5%	5.09	6.08	0.99	19%	0	0	0	0	4	0	0	0	0	0	0	0.5	0	0
68400	Incise/drain tear gland	010	56	58	2	4%	1.74	1.96	0.22	13%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
68420	Incise/drain tear sac	010	61	63	2	3%	2.35	2.57	0.22	9%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
68440	Incise tear duct opening	010	35	37	2	6%	0.99	1.21	0.22	22%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
68500	Removal of tear gland	090	260.5	299	38.5	15%	12.77	14.59	1.82	14%	0	0	0	0	0	5.5	0	0	0	0	0	0	0	0
68505	Partial removal tear gland	090	262.5	301	38.5	15%	12.69	14.51	1.82	14%	0	0	0	0	0	5.5	0	0	0	0	0	0	0	0
68520	Removal of tear sac	090	212	240	28	13%	8.78	10.10	1.32	15%	0	0	0	0	0	4	0	0	0	0	0	0	0	0
68530	Clearance of tear duct	010	89	91	2	2%	3.70	3.92	0.22	6%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
68540	Remove tear gland lesion	090	263	298	35	13%	12.18	13.83	1.65	14%	0	0	0	0	0	5	0	0	0	0	0	0	0	0
68550	Remove tear gland lesion	090	328	370	42	13%	15.16	17.14	1.98	13%	0	0	0	0	0	6	0	0	0	0	0	0	0	0
68700	Repair tear ducts	090	201	229	28	14%	7.87	9.19	1.32	17%	0	0	0	0	0	4	0	0	0	0	0	0	0	0
68705	Revise tear duct opening	010	55	57	2	4%	2.11	2.33	0.22	10%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
68720	Create tear sac drain	090	235	258	23	10%	9.96	11.17	1.21	12%	0	0	0	0	1	3	0	0	0	0	0	0	0	0
68745	Create tear duct drain	090	212	240	28	13%	9.90	11.22	1.32	13%	0	0	0	0	0	4	0	0	0	0	0	0	0	0
68750	Create tear duct drain	090	233.5	265	31.5	13%	10.10	11.59	1.49	15%	0	0	0	0	0	4.5	0	0	0	0	0	0	0	0
68760	Close tear duct opening	010	37	39	2	5%	1.78	2.00	0.22	12%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
68761	Close tear duct opening	010	38	40	2	5%	1.41	1.63	0.22	16%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
68770	Close tear system fistula	090	181	209	28	15%	8.29	9.61	1.32	16%	0	0	0	0	0	4	0	0	0	0	0	0	0	0
68801	Dilate tear duct opening	010	33	35	2	6%	0.82	1.04	0.22	27%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
68810	Probe nasolacrimal duct	010	43	45	2	5%	1.54	1.76	0.22	14%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
68811	Probe nasolacrimal duct	010	74.5	74.5	0	0%	1.74	1.85	0.11	6%	-2	0	1	0	0	0	0	0	0	0	0	0.5	0	0
68815	Probe nasolacrimal duct	010	108	112	4	4%	2.70	3.25	0.55	20%	0	0	0	0	2	0	0	0	0	0	0	0.5	0	0
68816	Probe nl duct w/balloon	010	83	83	0	0%	2.10	2.21	0.11	5%	-2	0	1	0	0	0	0	0	0	0	0	0.5	0	0
68840	Explore/irrigate tear ducts	010	39	41	2	5%	1.30	1.52	0.22	17%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
69000	Drain external ear lesion	010	49	51	2	4%	1.50	1.72	0.22	15%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
69005	Drain external ear lesion	010	62	64	2	3%	2.16	2.38	0.22	10%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
69020	Drain outer ear canal lesion	010	40	42	2	5%	1.53	1.75	0.22	14%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
69110	Remove external ear partial	090	91	95	4	4%	3.53	3.97	0.44	12%	0	0	0	0	2	0	0	0	0	0	0	0	0	0
69120	Removal of external ear	090	109	113	4	4%	4.14	4.58	0.44	11%	0	0	0	0	2	0	0	0	0	0	0	0	0	0
69140	Remove ear canal lesion(s)	090	185	192	7	4%	8.14	9.02	0.88	11%	0	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0
69145	Remove ear canal lesion(s)	090	72	75	3	4%	2.70	3.03	0.33	12%	0	0	0	0	1.5	0	0	0	0	0	0	0	0	0

69150	Extensive ear canal surgery	090	285	293	8	3%	13.61	14.71	1.10	8%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
69155	Extensive ear/neck surgery	090	745	805	60	8%	23.35	26.93	3.58	15%	-4	0	0	1	2	2	0	6	1	0	1	0	0	0
69205	Clear outer ear canal	010	25.5	25.5	0	0%	1.21	1.21	-	0%	-1	0	0.5	0	0	0	0	0	0	0	0	0	0	0
69222	Clean out mastoid cavity	010	48	50	2	4%	1.45	1.67	0.22	15%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
69310	Rebuild outer ear canal	090	220	228	8	4%	10.97	11.85	0.88	8%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
69320	Rebuild outer ear canal	090	359	369	10	3%	17.18	18.39	1.21	7%	0	0	0	5	0	0	0	0	0	0	0.5	0	0	0
69420	Incision of eardrum	010	37	39	2	5%	1.38	1.60	0.22	16%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
69421	Incision of eardrum	010	38	40	2	5%	1.78	2.00	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
69433	Create eardrum opening	010	56	63	7	13%	1.57	1.90	0.33	21%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
69436	Create eardrum opening	010	64	66	2	3%	2.01	2.23	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
69440	Exploration of middle ear	090	185	191	6	3%	7.71	8.48	0.77	10%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
69450	Eardrum revision	090	116	121	5	4%	5.69	6.24	0.55	10%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
69501	Mastoidectomy	090	206	212	6	3%	9.21	9.98	0.77	8%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
69502	Mastoidectomy	090	299	307	8	3%	12.56	13.66	1.10	9%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
69505	Remove mastoid structures	090	321	329	8	2%	13.17	14.27	1.10	8%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
69511	Extensive mastoid surgery	090	318	326	8	3%	13.70	14.80	1.10	8%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
69530	Extensive mastoid surgery	090	563	592	29	5%	20.38	22.55	2.17	11%	0	0	0	4.5	0	0	0	4	0	0	1	0	1	0
69535	Remove part of temporal bone	090	770	825	55	7%	37.42	40.90	3.48	9%	0	0	0	5	0	0	0	9	0	0	1	0	0	0
69540	Remove ear lesion	010	43	45	2	5%	1.25	1.47	0.22	18%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
69550	Remove ear lesion	090	234	241	7	3%	11.15	12.03	0.88	8%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
69552	Remove ear lesion	090	396	411.5	15.5	4%	19.81	21.27	1.46	7%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
69554	Remove ear lesion	090	1024	1078	54	5%	35.97	39.53	3.56	10%	-4	0	0	0	2	2	0	6	2	0	1	0	0	0
69601	Mastoid surgery revision	090	330	339	9	3%	13.45	14.66	1.21	9%	0	0	0	4.5	0	0	0	0	0	0	1	0	0	0
69602	Mastoid surgery revision	090	325	333	8	2%	13.76	14.86	1.10	8%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
69603	Mastoid surgery revision	090	319	327	8	3%	14.20	15.30	1.10	8%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
69604	Mastoid surgery revision	090	336	344	8	2%	14.20	15.30	1.10	8%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
69610	Repair of eardrum	010	90	92	2	2%	4.47	4.69	0.22	5%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
69620	Repair of eardrum	090	158	164	6	4%	6.03	6.69	0.66	11%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
69631	Repair eardrum structures	090	245	253	8	3%	10.05	11.04	0.99	10%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
69632	Rebuild eardrum structures	090	274	283	9	3%	12.96	14.06	1.10	8%	0	0	0	4.5	0	0	0	0	0	0	0.5	0	0	0
69633	Rebuild eardrum structures	090	275	284	9	3%	12.31	13.41	1.10	9%	0	0	0	4.5	0	0	0	0	0	0	0.5	0	0	0
69635	Repair eardrum structures	090	292	300	8	3%	13.51	14.50	0.99	7%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
69636	Rebuild eardrum structures	090	332	341	9	3%	15.43	16.53	1.10	7%	0	0	0	4.5	0	0	0	0	0	0	0.5	0	0	0
69637	Rebuild eardrum structures	090	340	349	9	3%	15.32	16.42	1.10	7%	0	0	0	4.5	0	0	0	0	0	0	0.5	0	0	0
69641	Revise middle ear & mastoid	090	341	349	8	2%	12.89	13.99	1.10	9%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
69642	Revise middle ear & mastoid	090	376	386	10	3%	17.06	18.38	1.32	8%	0	0	0	5	0	0	0	0	0	0	1	0	0	0
69643	Revise middle ear & mastoid	090	369	380.5	11.5	3%	15.59	16.92	1.33	9%	0	0	0	4.5	0	0	0	0.5	0	0	1	0	0	0
69644	Revise middle ear & mastoid	090	399	410.5	11.5	3%	17.23	18.56	1.33	8%	0	0	0	4.5	0	0	0	0.5	0	0	1	0	0	0
69645	Revise middle ear & mastoid	090	377	391	14	4%	16.71	18.16	1.45	9%	0	0	0	4.5	0	0	0	1	0	0	1	0	0	0
69646	Revise middle ear & mastoid	090	416	432.5	16.5	4%	18.37	19.94	1.57	9%	0	0	0	4.5	0	0	0	1.5	0	0	1	0	0	0
69650	Release middle ear bone	090	181	187	6	3%	9.80	10.57	0.77	8%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
69660	Revise middle ear bone	090	202	208	6	3%	12.03	12.80	0.77	6%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
69661	Revise middle ear bone	090	276	284	8	3%	15.92	17.02	1.10	7%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
69662	Revise middle ear bone	090	249	256	7	3%	15.60	16.59	0.99	6%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
69666	Repair middle ear structures	090	206	212	6	3%	9.89	10.77	0.88	9%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
69667	Repair middle ear structures	090	206	212	6	3%	9.90	10.78	0.88	9%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
69670	Remove mastoid air cells	090	280	289.5	9.5	3%	11.73	12.84	1.11	9%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
69676	Remove middle ear nerve	090	196	203	7	4%	9.69	10.57	0.88	9%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
69700	Close mastoid fistula	090	181	187	6	3%	8.37	9.14	0.77	9%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
69711	Remove/repair hearing aid	090	249	257	8	3%	10.62	11.61	0.99	9%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
69714	Impl oi implt skull perq esp	090	146	155	9	6%	6.68	7.34	0.66	10%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
69716	Impl oi implt sk tc esp<100	090	168	177	9	5%	9.03	9.69	0.66	7%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
69717	Rplcmt oi implt skl prq esp	090	159	168	9	6%	7.91	8.57	0.66	8%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
69719	Rplcm oi implt sk tc esp<100	090	174	183	9	5%	9.46	10.12	0.66	7%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
69720	Release facial nerve	090	357	371	14	4%	14.71	16.16	1.45	10%	0	0	0	4.5	0	0	0	1	0	0	1	0	0	0
69725	Release facial nerve	090	695	730	35	5%	27.64	30.30	2.66	10%	0	0	0	0	4	0	0	3	2	0	1	0	0	0
69726	Rmv ntr oi implt skl prq esp	090	150	159	9	6%	6.36	7.02	0.66	10%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
69727	Rmv ntr oi imp sk tc esp<100	090	170	179	9	5%	7.38	8.04	0.66	9%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
69728	Rmv ntr oi imp sk tc>=100	090	178	187	9	5%	8.50	9.16	0.66	8%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
69729	Impl oi implt sk tc esp>=100	090	181	190	9	5%	9.97	10.63	0.66	7%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
69730	Rplc oi implt sk tc esp>=100	090	186	195	9	5%	10.25	10.91	0.66	6%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
69740	Repair facial nerve	090	374	387.5	13.5	4%	16.27	17.51	1.24	8%	0	0	0	3	0	0	0	1.5	0	0	1	0	0	0
69745	Repair facial nerve	090	435	449.5	14.5	3%	17.02	18.37	1.35	8%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0	0
69805	Explore inner ear	090	347	370	23	7%	14.71	16.14	1.43	10%	-2	0	0	1	1	1	0	1	0	0	1	0	0	0
69806	Explore inner ear	090	309	321	12	4%	12.63	13.86	1.23	10%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
69905	Remove inner ear	090	233	240	7	3%	11.26	12.25	0.99	9%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
69910	Remove inner ear & mastoid	090	315	327	12	4%	13.91	15.14	1.23	9%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
69915	Incise inner ear nerve	090	573	606	33	6%	22.77	25.07	2.30	10%	0	0	0	4	0	0	0	5	0	0	1	0	1.5	0
69930	Implant cochlear device	090	387	403	16	4%	17.73	18.59	0.86	5%	-2	0	0	0	1	1	0	0	0	0	0.5	0	0	0
69950	Incise inner ear nerve	090	669	701	32	5%	27.63	30.27	2.64	10%	-4	0	0	1	0	2	0	4	2	0	1	0	0	0
69955	Release facial nerve	090	755	795	40	5%	29.42	32.32	2.90	10%	0	0	0	0	4	0	0	4	2	0	1	0	0	0
69960	Release inner ear canal	090	675	715	40	6%	29.42	32.32	2.90	10%	0	0	0	0	4	0	0	4	2	0	1	0	0	0
69970	Remove inner ear lesion	090	793	833	40	5%	32.41	35.31	2.90	9%	0	0	0	0	4	0	0	4	2	0	1	0	0	0

77750	Infuse radioactive materials	090	100	104	4	4%	5.00	5.44	0.44	9%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
77761	Apply intrcav radiat simple	090	82	84	2	2%	3.85	4.07	0.22	6%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
77762	Apply intrcav radiat interm	090	113	115	2	2%	5.76	5.98	0.22	4%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
77763	Apply intrcav radiat compl	090	160	164	4	2%	8.66	9.10	0.44	5%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
92986	Revision of aortic valve	090	463	489	26	6%	22.60	24.05	1.45	6%	0	0	0	0	3	0	0	1	0	0	1	0	0	0
92987	Revision of mitral valve	090	329	350	21	6%	23.38	24.37	0.99	4%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
92990	Revision of pulmonary valve	090	393	414	21	5%	18.27	19.26	0.99	5%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
G0342	Laparoscopy islet cell trans	090	238	247	9	4%	11.92	12.58	0.66	6%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
G0343	Laparotomy islet cell transp	090	588	590	2	0%	19.85	22.28	2.43	12%	0	0	0	2	1	0	0	1	2	2	1	0	0	0
G0412	Open tx iliac spine uni/bil	090	388	405	17	4%	10.45	12.12	1.67	16%	0	0	0	2	1	0	0	2	1	0	1	0	0	0
G0413	Pelvic ring fracture uni/bil	090	393	427	34	9%	15.73	18.08	2.35	15%	0	0	0	1	3	0	0	3	1	0	1	0	0	0
G0414	Pelvic ring fx treat int fix	090	443	477	34	8%	14.65	17.00	2.35	16%	0	0	0	1	3	0	0	3	1	0	1	0	0	0
G0415	Open tx post pelvic fxcture	090	543	587	44	8%	20.93	23.76	2.83	14%	0	0	0	1	3	0	0	5	1	0	1	0	0	0

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2024

Limb Lengthening/Shortening-Femur – Tab 4

In May 2024, the CPT Editorial Panel created a new Category I code, 27458, for reporting femur lengthening using the insertion of an externally controlled intramedullary lengthening device, including imaging. Though lengthening of long bones is a well-established treatment for clinically significant limb inequalities, the emergence of this new technology has fundamentally changed the preoperative planning, intraoperative technical requirements, and postoperative management for these lengthening procedures. CPT code 27458 and the other codes within this code family, including 27465, 27466, and 27468, were surveyed for the September 2024 RUC Meeting.

Compelling Evidence
The RUC agreed with the specialty society that there is compelling evidence to support a change in physician work for CPT codes 27465 and 27466 based on the argument that there was a flawed mechanism or methodology used in the previous evaluation. In their summary of recommendation, the specialty society articulated that pediatric orthopaedic surgeons (who typically perform the service on children with congenital limb length discrepancies) were not involved nor was their input included in the original valuation of these services. The RUC recognized that the survey conducted for the September 2024 RUC Meeting included orthopaedic pediatric surgeons, along with general and trauma orthopaedic surgeons, who are all experienced in orthopaedic reconstructive surgery and experienced in performing these low-volume procedures. **The RUC agrees with the compelling evidence presented that the physician work for these services has changed based on evidence that incorrect assumptions were made in the previous valuation of these services.**

27458 ***Osteotomy(ies), femur, unilateral, with insertion of an externally controlled intramedullary lengthening device, including iliotibial band release when performed, imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device***
The RUC reviewed survey results from 46 orthopaedic surgeons and determined the survey median work RVU of 26.65 appropriately accounted for the physician work required to perform this service. The RUC recommends 50 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 15 minutes scrub/dress/wait time, 180 minutes intra-service time, 30 minutes immediate post-service time, 1-99232, 1-99231, 1-99238, 1-99215, 1-99214, and 6-99213 visits for this service, which equals 621 minutes of total time.

The specialty society selected pre-service time package 3 *FAC Straightforward Patient/Difficult Procedure* and post-service time package *9B General Anes or Complex Regional Blk/Cmplx Proc*. The selected time packages were modified to more accurately reflect pre-and post-service time involved with this service. The additional 17 minutes of pre-service evaluation time above the standard pre-time package time of 33 minutes accounts for the additional time necessary for tasks including preoperative discussion with the patient's parents regarding the surgery and review/obtain informed consent; reexamination of the patient to ensure that the physical findings have not changed by reviewing imaging and confirming prior measurements related to device selection; sterile setup of the intramedullary lengthening device and sterile testing of the remote

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controller magnetic field generator for proper function before implantation; and verification that other hardware required for this service is available. The specialty society confirmed that 17 additional minutes of pre-service evaluation time is consistent and maintains relativity with other reconstructive device-intensive codes and operations on children within the Medicare Physician Payment Schedule. An additional 12 minutes of pre-service positioning time is required above the standard package time of 3 minutes to account for padding of bony prominences, positioning and bolstering the patient's leg to allow for surgical exposure and manipulation of the limb and imaging equipment during surgery. The specialty society confirmed that 12 additional minutes of pre-service positioning time is consistent with femur procedures.

The RUC agreed with the surveying society that the post-operative office visits typically involve assessing the progress of ambulation and counseling the family regarding wound care, therapy protocol, and review of narcotic pain medication. For CPT code 27458, the physician will also interpret the radiographs and confirm the calculation for the planned lengthening protocols, as well as update the external remote controller (ERC) device programming.

To justify a work RVU value of 26.65, the RUC compared CPT code 27458 to top key reference service and MPC code 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;* (work RVU = 26.80, 180 minutes intra-service time and 509 minutes total time) and the second highest key reference service 27284 *Arthrodesis, hip joint (including obtaining graft);* (work RVU = 25.06, 180 minutes intra-service time and 497 minutes total time). The RUC recognizes that the surveyed code is an appropriate comparator relative to the two key reference services, bracketing the survey median work RVU and having identical intra-service time. For additional support, the RUC referenced MPC code 54438 *Replantation, penis, complete amputation including urethral repair* (work RVU = 24.50, 180 minutes intra-service time and 531 minutes total time) noting that this service requires similar physician work and has identical intra-service time as the surveyed code. **The RUC recommends a work RVU of 26.65 for CPT code 27458.**

27465 *Osteoplasty, femur; shortening (excluding 64876)*
The RUC reviewed survey results from 38 orthopaedic surgeons and determined the survey median work RVU of 21.13 appropriately accounted for the physician work required to perform this service. The RUC recommends 40 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 15 minutes scrub/dress/wait time, 143 minutes intra-service time, 30 minutes immediate post-service time, 1-99232, 1-99231, 1-99238, 1-99214, and 3-99213 visits for this service, which equals 450 minutes of total time.

The specialty society selected pre-service time package *3 FAC Straightforward Patient/Difficult Procedure* and post-service time package *9B General Anes or Complex Regional Blk/Cmplx Proc*. The selected time packages were modified to more accurately reflect pre-and post-service time involved with this service. The additional 7 minutes of pre-service evaluation time above the standard pre-time package time of 33 minutes accounts for the additional time necessary for tasks including reexamination of the patient to ensure that the physical findings have not changed (range of motion of the hip and knee, neurovascular status, length and rotation of the limb); precise pre-operative marking, including confirmation of the harvest location of bone graft; and verification that other hardware required for this service are available. Less pre-service evaluation time is required for this service compared to CPT code 27458 because this service does not require the preliminary steps required for using the externally controlled intramedullary lengthening device, including sterile testing of the device. An additional 12 minutes of pre-service positioning time is

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required above the standard package time of 3 minutes to account for padding of bony prominences, positing and bolstering the patient's leg to allow for surgical exposure and manipulation of the limb and imaging equipment during surgery. The specialty society confirmed that 12 additional minutes of pre-service positioning time is consistent with femur procedures.

The RUC agreed with the survey specialty society that the post-operative visits typically involve standard procedures such as assessing the progress of ambulation and counseling the family regarding wound care, therapy protocol, and review of narcotic pain medication. Fewer follow-up office visits are required for CPT code 27465 because there is no reprogramming of the device and controller.

To justify a work RVU value of 21.13, the RUC compared CPT code 27465 to top key reference service 27244 *Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage* (work RVU = 18.18, 75 minutes intra-service time and 438 minutes total time) and the second highest key reference service and MPC code 22630 *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;* (work RVU = 22.09, 150 minutes intra-service time and 479 minutes total time). The RUC recognizes that the surveyed code is an appropriate comparator relative to the two key reference services, bracketing the survey median work RVU, as well as in terms of intra-service time and intra-operative intensity. For additional support, the RUC referenced MPC code 35301 *Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision* (work RVU = 21.16, 120 minutes intra-service time and 404 minutes total time), noting that this reference code requires similar intra-service time and has a nearly identical work RVU as the survey median. **The RUC recommends a work RVU of 21.13 for CPT code 27465.**

27466 *Osteoplasty, femur; lengthening*

The RUC reviewed survey results from 30 orthopaedic surgeons and determined the survey median work RVU of 22.65 appropriately accounted for the physician work required to perform this service. The RUC recommends 40 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 15 minutes scrub/dress/wait time, 150 minutes intra-service time, 30 minutes immediate post-service time, 1-99232, 1-99231, 1-99238, 1-99214, and 3-99213 visits for this service, which equals 457 minutes of total time.

The specialty society selected pre-service time package 3 *FAC Straightforward Patient/Difficult Procedure* and post-service time package *9B General Anes or Complex Regional Blk/Cmplx Proc*. The selected time packages were modified to more accurately reflect pre-and post-service time involved with this service. The additional 7 minutes of pre-service evaluation time above the standard pre-time package time of 33 minutes accounts for the additional time necessary for tasks including reexamination of the patient to ensure that the physical findings have not changed (range of motion of the hip and knee, neurovascular status, length and rotation of the limb); precise pre-operative marking, including confirmation of the harvest location of bone graft; and verification that other hardware required for this service are available. Like CPT code 27465, less pre-service evaluation time is required for this service compared to CPT code 27458 because this service does not require the preliminary steps required for using the externally controlled intramedullary lengthening device, including sterile testing of the device. The additional 12 minutes of pre-service positioning time is required above the standard package time of 3 minutes to account for padding of bony prominences, positing and bolstering the patient's leg to allow for surgical exposure and manipulation of the limb and imaging equipment during surgery. The specialty society confirmed that 12 additional minutes of pre-service positioning time is consistent with femur procedures.

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The RUC agreed with the survey specialty society that the post-operative visits typically involve standard procedures such as assessing the progress of ambulation and counseling the family regarding wound care, therapy protocol, and review of narcotic pain medication. Fewer follow-up office visits are required for CPT code 27466 because there is no reprogramming of the device and controller.

To justify a work RVU value of 22.65, the RUC compared CPT code 27466 to top key reference service 27280 *Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed* (work RVU = 20.00, 120 minutes intra-service time and 383 minutes total time) and the second highest key reference service and MPC code 22630 *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;* (work RVU = 22.09, 150 minutes intra-service time and 479 minutes total time). The RUC recognizes that the surveyed code is an appropriate comparator relative to the two key reference services. The surveyed code requires identical intra-service time to the second key reference service and is bracketed by the two reference services in terms of total time and as well physician work.

For additional support, the RUC referenced MPC code 34705 *Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)* (work RVU = 29.58, 150 minutes intra-service time and 512 minutes total time), noting that this reference code requires identical intra-service time as the surveyed code, though the greater work RVU is attributable to the MPC code, which is more intense and complex to perform. **The RUC recommends a work RVU of 22.65 for CPT code 27466.**

RUC Referral to CPT Editorial Panel
27468 *Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer*
The specialty society submitted a letter to request that CPT code 27468 be contractor priced. The survey was sent to a random sample of 2,201 members and an additional random sample of 602, however, the specialty society was unable to meet the survey minimum threshold of 30 responses. The specialty society letter indicated that the work of both shortening one leg and lengthening the contralateral leg is quite variable. Proper reporting of this work should instead be based on the procedures performed as there are several methods for both shortening and lengthening that may be utilized based on the discrepancy of leg length, the age and comorbidities of the patient, and the pathology associated with the leg length discrepancy. Moreover, the specialty society recommends that CPT code 27468 be sent to CPT for deletion in CY 2027. **The RUC recommends contractor pricing for CPT code 27468 and that the specialty society submit a CCA to the CPT Editorial Panel to delete CPT code 27468 for CY 2027.**

Practice Expense
The Practice Expense (PE) Subcommittee concurred that there is compelling evidence to support an increase over the aggregate current cost for clinical staff time, supplies and equipment for the code family based on changes in physician time due to changes in the number/level of post-operative visits, per the survey, and consequent increases in equipment time.

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The PE Subcommittee reviewed the direct practice expense inputs for CPT codes 27458, 27465 and 27466, and made no modifications to the standard 090-day global inputs. The PE Subcommittee noted that CPT code 27468 has no recommended PE inputs as the recommendation is to have this code be contractor priced until it can be deleted through a CPT code application. **The RUC recommends the direct practice expense inputs as submitted by the specialty society.**

New Technology
CPT code 27458 will be placed on the New Technology list to be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Musculoskeletal System **Femur (Thigh Region) and Knee Joint** **Repair, Revision, and/or Reconstruction** *27448* *Osteotomy, femur, shaft or supracondylar; without fixation* *(To report bilateral procedure, report 27448 with modifier 50)* *27450* *with fixation* *(To report bilateral procedure, report 27450 with modifier 50)*				
#●27458	F1	Osteotomy(ies), femur, unilateral, with insertion of an externally controlled intramedullary lengthening device, including iliotibial band release when performed, imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device (Do not report 27458 in conjunction with 27450, 27466, 27470, 27472, 27506)	090	26.65 (2024 Work RVU = 18.60)
(f)27465	F2	Osteoplasty, femur; shortening (excluding 64876)	090	21.13 (2024 Work RVU = 17.28)

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I=New code s=Revised code :=Add-on code H=Modifier 51 exempt *=Telemedicine X=Audio-only ~=FDA approval pending #=Resequenced code

(f)27466	F3	lengthening	090	22.65
(f)27468	F4	combined, lengthening and shortening with femoral segment transfer	090	Contractor Price and Request for Deletion for CPT 2027
27470	*Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)*			
27472	*with iliac or other autogenous bone graft (includes obtaining graft)*			
27506	*Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws*			

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AAOS
American Academy of Orthopaedic Surgeons
American Association of Orthopaedic Surgeons

August 26, 2024

Ezequiel Silva III, MD
Chair, AMA/Specialty Society RVS Update Committee
American Medical Association
330 N. Wabash Avenue, Suite 39300
Chicago, IL 60611

Subject: Tab 4, Limb Lengthening/Shortening-Femur, CPT Code 27468

Dear Dr. Silva:

The AAOS is recommending contractor pricing for CPT code 27468, *Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer* for CY 2026. We were unable to obtain more than 10 survey responses and believe that the work of both shortening one leg and lengthening the contralateral leg is quite variable. This work should instead be reported based on the procedures performed as there are several methods for both shortening and lengthening that may be utilized based on the discrepancy of leg length, the age and comorbidities of the patient, and the pathology that resulted in leg length discrepancy. As such, we also recommend code 27468 be sent to CPT for deletion in CY 2027. We have provided the survey data for 27468 in the Summary Spreadsheet for information.

Sincerely,

Hussein Elkousy, MD

Hussein Elkousy, MD
AAOS RUC Alternate Advisor

Cc: William Creevy, MD
AAOS RUC Advisor

317 Massachusetts Avenue NE
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Washington, D.C. 20002-5701
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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:27458 Tracking Number F1 Original Specialty Recommended RVU: **26.65**
Presented Recommended RVU: **26.65**
Global Period: 090 Current Work RVU: **n/a** RUC Recommended RVU: **26.65**

CPT Descriptor: Osteotomy(ies), femur, unilateral, with insertion of an externally controlled intramedullary lengthening device, including iliotibial band release when performed, imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 16-year-old male presents with a congenitally short right femur. At skeletal maturity, he continues to have a limb length discrepancy of 6 cm. He walks with a limp and has activity-related pain in the right hip and low back.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 46% , Overnight stay-more than 24 hours 54%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 93%

Description of Pre-Service Work: The appropriate antibiotic(s) are selected and ordered, and timing and administration are confirmed. Results of preadmission testing are reviewed, including laboratory tests, X rays, CT scans, and/or MRIs, with special attention to radiographs and scaled radiographs used to template an appropriate intramedullary lengthening device diameter and length, the appropriate osteotomy location, and to determine the amount of lengthening that will be required. The patient is re-examined to make sure that physical findings have not changed, including range of motion of the hip and knee, neurovascular status, and length and rotation of the limb. The history and physical are updated. The planned procedure and postoperative management are reviewed with the patient and parents; questions and concerns are addressed with the family; and parent informed consent for the minor is reviewed and consent obtained. It is verified that all required instruments and supplies are available, including intraoperative imaging/fluoroscopy for guidance and documentation of the implant. The intramedullary lengthening device and external remote controller magnetic field generator are tested for proper functioning. It is ensured that an array of plates and screws are available for possible use. An estimate of the appropriate-size component is determined by templating with radiographs. The patient is positioned, bony prominences are padded, and thermal regulation drapes are applied. The position of the extremities and head are assessed and adjusted as needed. The patient's leg is placed properly on the table and positioned with proper bolstering to aid surgical exposure. Areas of skin to be prepared are indicated, and surgical incisions are marked. A surgical "time out" is performed with the operating surgical team.

Description of Intra-Service Work: A longitudinal incision is made directly over the patellar tendon and dissection is carried through the subcutaneous tissue. The patellar tendon is split in its midline to enter the knee joint. A guidepin is placed in the notch of the trochlea and the position adjusted on multiplane fluoroscopy until it is found to be adequate. The guidepin is then driven into the distal femur toward the medial metaphyseal cortex. Next, a longitudinal incision is made on the lateral aspect of the leg over the osteotomy site and dissection is carried through to the subcutaneous tissue. The iliotibial band is released transversely to allow unrestricted femoral lengthening. Subperiosteal dissection is performed at the lateral distal femur. Multiple holes are drilled across the femur at the osteotomy site to provide ventilation for reaming. The guidepin is then reamed to the osteotomy site beginning with a starter reamer and progressing to a reamer diameter that

is 1.5 mm to 2.0 mm greater than the chosen device. Transverse K wires are placed percutaneously proximally and distally to assess rotation. The osteotomy is completed using osteotomes. The guidepin is then placed across the osteotomy site and up the femoral canal with the knee in correct position. The guide rod is then again reamed up to 14.5 mm and then removed. An externally controlled intramedullary lengthening device is then placed through the knee and up the femur across the osteotomy site. Rotation is confirmed to be neutral using the previously placed K wires. Two proximal locking screws are placed transversely through percutaneous incisions to achieve adequate proximal fixation. Two distal transverse pegs are placed percutaneously to maintain correct limb alignment. Final check of implant placement and position of the osteotomy is confirmed with multiplane fluoroscopy. Acute distraction of 1 to 2 mm of the device is performed intraoperatively with the external remote controller magnetic field generator to document proper functioning of the magnetic lengthening mechanism. The wounds are copiously irrigated. The patellar tendon is repaired. All wounds are closed in layers. The internal magnet is identified using fluoroscopy is marked with a permanent surgical skin marker

Description of Post-Service Work:
Facility:
Apply sterile dressings; remove drapes; assess limb alignment compared to the opposite extremity; asses limb perfusion and pulses; wait for reversal of anesthesia and extubation; assist in transfer of the patient from the OR table to a stretcher or bed; assist in transport of patient from operating room to recovery room; monitor patient stabilization in the recovery room; complete a careful neurologic and vascular examination of the extremity; discuss postoperative recovery care with anesthesia and nursing staff, including regional blocks; enter a brief operative note and a full operative report in the medical record; call referring physician and/or send a copy of the operative note; write comprehensive orders for PACU and floor care; complete medication reconciliation; order and review postoperative radiographs; enter procedure data, including implant details, into longitudinal outcome registries (eg, NSQIP, local registry); and discuss procedure and outcome with patient and family. Later the same day: Examine the patient and perform a vascular assessment of the operated limb; assess pain scores and adequacy of analgesia; review nursing/other staff patient chart notes; adjust orders for pain control, DVT prophylaxis, diet, and ambulation; answer patient and family questions; answer nursing/other staff questions; and chart patient progress notes. On the next day and any subsequent visits before discharge: Examine the patient and perform a neurovascular assessment of the operated limb; assess pain scores and adequacy of analgesia; review nursing/other staff patient chart notes; adjust orders as needed; answer patient and family questions; answer nursing/other staff questions; and chart patient progress notes. Counsel the patient/family on expectations of pain, swelling, signs of compartment syndrome, and techniques for mitigation. Discharge day management: The patient is discharged when there is adequate pain control with oral analgesics, adequate solid and liquid intake, normal voiding of urine, and independent ambulation. Reconcile medications and write orders for medications needed after discharge. Home restrictions (ie, diet, activity, bathing) are discussed with the patient / family and the discharging nurse. All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Office:
The first postoperative office visit occurs 5-10 days after surgery. The patient / family is interviewed and data obtained by clinical staff is reviewed. The findings at surgery and details of the procedure are reviewed with the patient/family. A new postoperative radiograph is ordered and taken, then interpreted by the surgeon. The postoperative dressings are removed and assessment performed of wound status, drainage, hematoma, and signs of infection. The circulation, sensation, and motor function status is assessed. The wounds are cleaned and redressed. Adequacy of analgesia is assessed, the PDMP is checked and orders are made for narcotic and nonnarcotic pain medication as needed. The patient/family will be counseled on appropriate multi-modal pain management (ie, narcotic, nonnarcotic). The patient/family will be counseled on expectations of pain, swelling, signs of compartment syndrome, and techniques for mitigation. The patient/family will be counseled on the findings of the radiograph. Imaging for the next visit will be ordered. The initial alignment computations for the planned adjustment schedule will be reviewed and modified if needed based on patient exam and imaging. The patient/family will be trained on the use of the external remote controller (ERC) magnetic field generator and provided written specific instructions. A physical therapy plan will be developed and ordered. Activity limitations (ambulation, bathing, etc.) are discussed with the patient/family. Patient/family questions are answered. Medical record progress notes are dictated, reviewed, and signed. An update is provided to the PCP and/or referring provider. The second postoperative office visit occurs 10-21 days after surgery. The patient / family is interviewed and data obtained by clinical staff is reviewed. Interval chart notes, including calls from the patient/family and physical therapy notes are reviewed. The postoperative dressings are removed and assessment performed of wound status, drainage, hematoma, and signs of infection. The circulation, sensation, and motor function status is assessed. Sutures are removed and wounds are cleaned and redressed as needed. Adequacy of analgesia is assessed, the PDMP is checked and orders are made for narcotic and nonnarcotic pain medication as needed. The patient/family will be counseled on appropriate multi-modal pain management (ie, narcotic, nonnarcotic). The patient/family will be counseled on expectations of pain and swelling and techniques for mitigation. Imaging will be reviewed. Imaging for the next visit will be ordered. The alignment computations for the

planned adjustment schedule will be reviewed and modified if needed based on patient exam and imaging. PT progress is assessed and orders revised as needed. Management of the patient and updates to the care plan is discussed with the PT. Activity limitations are reinforced with the patient. Patient/family questions are answered. Medical record progress notes are dictated, reviewed, and signed. An update is provided to the PCP and/or referring provider. At subsequent postoperative office visits, the patient / family is interviewed and data obtained by clinical staff is reviewed. Interval chart notes, including calls from the patient/family and physical therapy notes are reviewed. The circulation, sensation, and motor function status is assessed. Adequacy of analgesia is assessed, the PDMP is checked and orders are written for pain medication if needed. Imaging will be reviewed and ordered for the next visit. The alignment computations for the planned adjustment schedule will be reviewed and modified if needed based on patient exam and imaging. PT progress is assessed and orders revised as needed. Management of the patient and updates to the care plan is discussed with the PT as needed. Activity limitations are reinforced with the patient. Patient/family questions are answered. Medical record progress notes are dictated, reviewed, and signed. An update is provided to the PCP and/or referring provider.

Note that patient care will continue after the 90-day global period to follow the bone consolidation phase and bone hardening phase which can take 6 to 12 months

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	William Creevy MD, Hussein Elkousy MD, Kevin Neal MD					
Specialty Society(ies):	Orthopaedic surgery (general, pediatric, trauma)					
CPT Code:	27458					
Sample Size:	2803	**Resp N:**	46			
Description of Sample:	602 (Entire vendor list for surgeons familiar with new codes 27458, 27713) 2201 (random selection of orthopaedic surgeons self identified as general, pediatric, and trauma orthopaedic)					

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	2.00	**4.00**	8.00	48.00
Survey RVW:	19.21	24.89	**26.65**	28.38	45.00
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	120.00	150.00	**180.00**	198.00	240.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**233.00**	99211x **0.00** 12x **0.00** 13x **6.00** 14x **1.00** 15x **1.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	27458	**Recommended Physician Work RVU: 26.65**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**50.00**	**33.00**	**17.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**180.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	60.00	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	233.00	99211x **0.00** 12x **0.00** 13x **6.00** 14x **1.00** 15x **1.00**

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
22633	090	26.80	**RUC Time**

CPT Descriptor 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;

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
27284	090	25.06	**RUC Time**

CPT Descriptor Arthrodesis, hip joint (including obtaining graft);

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
54438	090	24.50	**RUC Time**	0

CPT Descriptor 1 Replantation, penis, complete amputation including urethral repair

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22633	090	26.80	**RUC Time**	34,489

CPT Descriptor 2 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;

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: 13 **% of respondents:** 28.2 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 17.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 27458	Top Key Reference CPT Code: 22633	2nd Key Reference CPT Code: **27284**
Median Pre-Service Time	80.00	75.00	80.00
Median Intra-Service Time	180.00	180.00	180.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	60.0	100.00	100.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	233.0	86.00	69.00
Median Total Time	**621.00**	**509.00**	**497.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	8%	69%	23%

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%	23%	77%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	38%	54%
Physical effort required	8%	31%	62%

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	31%	23%	46%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	75%	25%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	25%	75%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	63%	38%
Physical effort required	13%	63%	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	0%	13%	88%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Lengthening of long bones is a well-established treatment for clinically significant limb length inequalities. The advent of new technology—externally-controlled intramedullary lengthening nails—has fundamentally changed the preoperative planning, intraoperative technical requirements, and postoperative management for these lengthening procedures. At the May 2024 CPT meeting, the Editorial Panel approved a new code 27458 for reporting femur lengthening using with insertion of an externally controlled intramedullary lengthening device. The new global code includes all alignment assessments, computations and lengthening adjustment schedules, and management of the device. Although not included in the CPT application, codes 27465, 27466, and 27468 were added as family codes for review.

Recommendation – 27458

We recommend the survey median work RVU of 26.65, although the relative comparison to reference codes suggests this value underestimates the total work that includes significant postoperative office work.

Pre-time

Package 3 is selected with the following modifications:

Evaluation time: Total of 50 minutes that includes an additional 17 minutes above the standard package time to account for: (1) Additional time to set up (using sterile technique) the intramedullary lengthening device and use the external remote controller magnetic field generator to test for proper function for the expected range of lengthening prior to implantation; (2) Additional time related to preoperative discussion with both the minor patient and patient's parents to review the possible complications, the expected outcome, the postoperative lengthening process, and to review consent. This discussion importantly reemphasizes the amount of postoperative management that this procedure entails; (3) Additional time to reexamined the patient to make sure that physical findings have not changed, including range of motion of the hip and knee, neurovascular status, and length and rotation of the limb–this information is used to review imaging and confirm prior measurements related to device selection; and (4) Additional time is also required to ensure that hardware (reamers, drills, saws, rods, nails, plates, screws) and intraoperative imaging equipment are available. The additional preoperative time is consistent with other reconstructive device intensive operations.

Positioning time: Total of 15 minutes that includes 12 additional minutes above the standard package time to account for padding of bony prominences, positing and bolstering patient leg to allow for surgical exposure and manipulation of the limb and imaging equipment during surgery. A total of 15 minutes is consistent with other femur procedures (eg, 27236, 27269, 27511-27514)

Scrub, dress, wait time: Package time of 15 minutes is consistent with survey median.

Immediate Post-time through discharge from recovery

Package 9b: Subtract 3 minutes to be consistent with the survey median.

Postoperative visits after discharge from recovery

It is important to note that for most procedures, the intraoperative work is the treatment and the postoperative work is related to recovery. However, for 27458, the intraoperative work is only the beginning of treatment with continued treatment (lengthening) during the postoperative period. Thus, the need for many / intense visits with significant MDM to prevent treatment failure—lengthen too slow leads to premature consolidation, lengthen too fast leads to poor regenerate.

27458 Summary of Postop E/M	Selected Visit Level CPT Code	Estimate of Visit Minutes	MDM			
			Problem	Data	Treatment / Risk	Overall
HV later same day	**99231**	26 to 34	Mod	Low	Mod	Mod[1]
HV (POD1)	**99232**	24 to 34	Mod	Low	Mod	Mod
Discharge (POD2)	**99238**	< 30	n/a	n/a	n/a	n/a
OV #1	**99215**	42 to 49	Mod	Mod	Mod	Mod
OV #2	**99214**	30 to 37	Mod	Mod	Mod	Mod

OVs #3 to #8	**99213**	28 to 33	Mod	Mod	Low	Mod[2]

1. Although MDM supports 99232; code 99231 selected to be consistent with survey data
2. Although MDM supports 99214; code 99213 selected to be consistent with survey data

Hospital Visit Later Same Day (99231): Review nursing notes; discuss status and progress with nursing staff. Review vital signs, I/O, labs and other related data. Review operative findings, radiographs and outcome with patient and/or family; answers questions. Assess pain control and response to current medications; modify orders accordingly. Assess urinary and GI function. Exam surgical site; reinforce/change dressing as needed. Assess limb position and alignment; repositioning the limb as needed. Check neurovascular status. Counsel patient and/or family regarding therapy protocol. Counsel patient and/or family regarding OOB/ambulation, incentive spirometry, upright position in bed and use of sequential compressive devices. Counsel patient and/or family regarding discharge planning. Communicate and coordinate care with medical nurses, other physicians and PT/OT. Communicate and coordinate pain control with anesthesia, including status of current modalities. Update orders. Write "postoperative check" progress note. Enter CPT and ICD-10 codes in billing system.

Hospital Visit, Day 1 (99232): Review nursing notes; discuss status and progress with nursing staff. Review vital signs, I/O, labs and other related data. Assess pain control and response to current medications; modify orders accordingly. Assess urinary and GI function. Examine surgical site; reinforce/change dressing as needed. Assess limb position and alignment; repositioning the limb as needed. Check neurovascular status. Counsel patient and/or family regarding therapy protocol. Counsel patient and/or family regarding OOB/ambulation, incentive spirometry, upright position in bed and use of sequential compressive devices. Counsel patient and/or family regarding discharge planning. Communicate and coordinate care with nurses, other physicians, PT/OT and case management. Communicate and coordinate pain control with anesthesia, including status of current modalities. Update orders. Write progress note. Enter CPT and ICD-10 codes in billing system.

Discharge Management, Day 2 (99238): Review nursing notes; discuss status and progress with nursing staff. Review PT/OT notes; discuss status and progress with PT/OT staff. Review case manager discharge plan notes; discuss status and progress with case management. Review notes from other physicians and discussing as appropriate. Review vital signs, I/O, labs and other related data. Interview patient and obtaining interval history. Assess pain control and response to current medications. Assess gastrointestinal and urinary function. Examine surgical site; changing dressing as needed. Assess limb position and ROM; repositioning limb as needed. Check neurovascular status. Finalize and confirm discharge plans with patient and/or family. Counsel patient and/or family regarding therapy protocol and activity limitations after discharge. Review postoperative instructions (eg, wound care, pain medications, VTE prophylaxis). Complete daily progress note. Complete discharge summary and associated forms and documents. Write prescriptions for medications and devices / equipment. Check narcotic prescription registries. Complete medication reconciliation. Write order for discharge. Coordinate postoperative appointment with patient and/or family and office staff. Communicate and coordinate follow-up care with other physicians and/or PT/OT. Enter postoperative data into longitudinal outcome databases or registries (eg, NSQIP).

Office Visit #1 (99215): Discuss findings at surgery and review procedure details; answer questions. Review post-operative radiographs with patient and/or family. Interview patient and obtain history and/or review data obtained by clinical staff. Assess pain control, response to current medications and side-effects. Assess function, mobility and progress with ambulation. Assess gastrointestinal and urinary function to assess for medication side effects. Remove dressing; examine surgical site. Apply sterile dressing and compressive wrap or stockings. Assess limb alignment, swelling, strength and ROM. Check neurovascular status. Counsel patient and/or family regarding wound care, therapy protocol and activity (eg, driving, bathing, leg elevation). Counsel patient and/or family regarding planned or emergent invasive procedures (eg, dental, GI) about need for prophylactic antibiotics; review instruction sheet. Counsel patient/family regarding multi-modal pain management and use of narcotic pain medication with tapering. Fit and apply knee extension splint. Review and confirm calculations for planned lengthening protocol; program ERC device. Counsel patient and family on use of external remote control (ERC). Monitor while family and patient perform initial lengthening with ERC to confirm instructions are clear and answer any questions. Assess neurovascular status, motor function, limb alignment and pain status after lengthening. Order, review and personally interpret radiographs; review with patient and/or family. Check narcotic prescription registries. Write order for narcotic prescription; re-fill or new medication. Write order for nonnarcotic prescription as appropriate (e.g. NSAIDs). Discussion of need for VTE prophylaxis based on patient risk assessment and mobilization; refill or new medication. Complete medication reconciliation. Counsel patient/family regarding timing of next office visit and communicate interval care plan based on synthesis of interval history, physical exam, wound assessment, pain control and therapy progression . Complete forms/referrals for continued PT/OT and/or home care services (e.g. VNA). Complete disability, FMLA, out of/return to work/school and

other related forms. Communicate and coordinate care with other physicians and health care providers (e.g. PT/OT, PCP). Enter diagnosis code(s) and office visit codes in the EHR or other similar system. Write or dictate and sign progress note.

Office Visit #2 (99214): Review PT/OT and/or VNA notes to assess progress with therapy. Interview patient and obtain history and/or review data obtained by clinical staff. Assess pain control, response to current medications and side-effects. Assess function, mobility and progress with ambulation. Remove dressing; examine surgical site. Remove sutures; apply steri-strips. Apply compressive wrap or stockings. Assess limb alignment, swelling, strength and ROM. Assess knee extension splint. Check neurovascular status. Counsel patient and/or family regarding wound care, therapy protocol and activity (eg, driving, bathing, leg elevation). Counsel patient and/or family regarding planned or emergent invasive procedures (e.g, dental, GI) about need for prophylactic antibiotics; review instruction sheet. Counsel patient/family regarding multi-modal pain management and use of narcotic pain medication with tapering. Order, review and personally interpret radiographs; review with patient and/or family. Based upon radiographs, review and confirm calculations for planned lengthening protocol; update ERC device program. Check narcotic prescription registries. Write order for narcotic prescription; re-fill or new medication. Write order for nonnarcotic prescription as appropriate (e.g. NSAIDs). Discussion of need for VTE prophylaxis based on patient risk assessment and mobilization; re-fill or new medication. Complete medication reconciliation. Counsel patient/family regarding timing of next office visit and communicate interval care plan based on synthesis of interval history, physical exam, wound assessment, pain control and therapy progression . Complete forms/referrals for continued PT/OT and/or home care services (e.g. VNA). As required, complete disability, FMLA, out of/return to work/school and other related forms. Communicate and coordinate care with other physicians and health care providers (e.g. PT/OT, PCP). Enter diagnosis code(s) and office visit codes in the EHR or other similar system. Write or dictate and sign progress note

Office Visits #3-#8 (99213): Review PT/OT and/or VNA notes to assess progress with therapy. Interview patient and obtain history and/or review data obtained by clinical staff. Assess pain control, response to current medications and side-effects. Assess function, mobility and progress with ambulation. Examine surgical site; remove and replace dressing as needed. Assess limb alignment, swelling, strength and ROM. Check neurovascular status. Assess knee extension splint. Counsel patient and/or family regarding wound care, therapy protocol and activity (e.g. driving, bathing, leg elevation). Counsel patient and/or family regarding planned or emergent invasive procedures (e.g. dental, GI) about need for prophylactic antibiotics; review instruction sheet. Counsel patient/family regarding multi-modal pain management and narcotic pain medication cessation. Order, review and personally interpret radiographs; review with patient and/or family. Based upon radiographs, review and confirm calculations for planned lengthening protocol; update ERC device program. Write order for nonnarcotic prescription as appropriate (e.g. NSAIDs). Complete forms/referrals for continued PT/OT and/or home care services (e.g. VNA). As required, complete disability, FMLA, out of/return to work/school and other related forms. Communicate and coordinate care with other physicians and health care providers (e.g., PT/OT, PCP). Enter diagnosis code(s) and office visit codes in the EHR or other similar system. Write or dictate and sign progress note.

Note that patient care will continue after the 90-day global period to follow the bone consolidation phase and bone hardening phase which can take 6 to 12 months.

Key Reference Code Comparison

For both reference codes, the respondents indicated the intensity and complexity of the procedure to be more than the survey code. Unfortunately, when estimating the total work for the survey code, the respondents underestimated the work related to the many postoperative office visits. The survey reference list was hindered by a lack of available codes with an intraoperative time that is 3 hours and that include significant postoperative office work.

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99232	99231	99238	99215	99214	99213
27284	Arthrodesis, hip joint (including obtaining graft);	25.06	0.082	497	80	180	30	1	3	1			3
27458	Osteotomy(ies), femur, unilateral, with insertion of an externally controlled intramedullary lengthening device, including iliotibial band release when performed, imaging, alignment assessments, computations of adjustment schedules, and	26.65	0.064	621	80	180	30	1	1	1	1	1	6

	management of the intramedullary lengthening device												
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;	26.80	0.091	509	75	180	30	2	1	1		1	2

MPC Code Comparison

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99233	99232	99231	99238	99215	99214	99213
54438	Replantation, penis, complete amputation including urethral repair	24.50	0.072	531	58	180	28	1	2		1			4
27458	Osteotomy(ies), femur, unilateral, with insertion of an externally controlled intramedullary lengthening device, including iliotibial band release when performed, imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	26.65	0.064	621	80	180	30		1	1	1	1	1	6
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;	26.80	0.091	509	75	180	30		2	1	1		1	2

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) 27599 Unlisted procedure, femur or knee

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 722
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 50% of 2022 data for all ages based on device company sales

Specialty orthopaedic surgery Frequency 722 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 73 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. specialty estimate of 10% of national estimated utilization

Specialty orthopaedic surgery Frequency 73 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 27468

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:27465 Tracking Number F2 Original Specialty Recommended RVU: **21.13**
Presented Recommended RVU: **21.13**
Global Period: 090 Current Work RVU: **18.60** RUC Recommended RVU: **21.13**

CPT Descriptor: Osteoplasty, femur; shortening (excluding 64876)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old female has a leg length discrepancy of 2.5 cm. She undergoes a shortening osteoplasty with internal fixation to equalize limb lengths.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 45% , Overnight stay-more than 24 hours 55%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 95%

Description of Pre-Service Work: The appropriate antibiotic(s) are selected and ordered, and timing and administration are confirmed. Results of preadmission testing are reviewed, including laboratory tests, X rays, CT scans, and/or MRIs, with special attention to imaging used to determine the amount of femoral shortening needed to correct the leg length discrepancy and planned osteotomies. The patient is re-examined to make sure that physical findings have not changed, including range of motion of the hip and knee, neurovascular status, and length and rotation of the limb. The history and physical are updated. The locations of all previous scars are identified and marked. The planned procedure and postoperative management are reviewed with the patient /family. Informed consent is reviewed and consent obtained. It is verified that all required instruments and supplies are available, including intraoperative imaging/fluoroscopy for guidance and documentation. Availability of an array of plates and screws that may be needed is confirmed. The patient is positioned supine with care to pad bony prominences. Thermal regulation drapes are applied. The position of the extremities and head are assessed and adjusted as needed. The patient's leg is placed properly on the table and positioned with proper bolstering to aid surgical exposure. Areas of skin to be prepared are indicated, and surgical incisions are marked. A surgical "time out" is performed with the operating surgical team.

Description of Intra-Service Work: A longitudinal incision is made proximally over the greater trochanter. Blunt dissection is carried down through the deep tissue to the greater trochanter. A guidepin is placed into the greater trochanter and adjusted under fluoroscopic guidance until it is in appropriate position. The guidepin is overreamed using a 9 mm entry reamer. A ball-tipped guide rod is placed through this hole and down the femoral shaft. Guidepins are placed transversely proximally and distally to guide rotational alignment. Next, a longitudinal incision is made over the midshaft of the femur and dissection is carried through the subcutaneous tissue, through the iliotibial band, and through the vastus lateralis to the lateral femur. Circumferential subperiosteal dissection is performed. The ball-tipped guide rod is withdrawn and a transverse osteotomy is made using a saw. A second osteotomy is made to remove 2 cm of bone from the femoral shaft. The ball-tipped guide rod is then placed across the osteotomy site into the distal femur. The femur is compressed and shortened. The canal is reamed, beginning with a 7 mm starter reamer, and progressing up to a 12.5 mm reamer. A single locking screw is placed distally. A proximal nail is back-slapped to further close the osteotomy site. A single oblique proximal locking screw is placed. Final check of implant placement and osteotomy position is confirmed on multiplane fluoroscopy and found to be adequate. All wounds are copiously irrigated. The muscles and soft tissues over the femur are repaired. The skin is closed in layers and all wounds are infiltrated with a local anesthetic.

Description of Post-Service Work:
Facility:
Apply sterile dressings; remove drapes; assess limb alignment compared to the opposite extremity; asses limb perfusion and pulses; wait for reversal of anesthesia and extubation; assist in transfer of the patient from the OR table to a stretcher or bed; assist in transport of patient from operating room to recovery room; monitor patient stabilization in the recovery room; complete a careful neurologic and vascular examination of the extremity; discuss postoperative recovery care with anesthesia and nursing staff, including regional blocks; enter a brief operative note and a full operative report in the medical record; call referring physician and/or send a copy of the operative note; write comprehensive orders for PACU and floor care; complete medication reconciliation; order and review postoperative radiographs; enter procedure data, including implant details, into longitudinal outcome registries (eg, NSQIP, local registry); and discuss procedure and outcome with patient and family. Later the same day: Examine the patient and perform a vascular assessment of the operated limb; assess pain scores and adequacy of analgesia; review nursing/other staff patient chart notes; write orders for ambulation; answer patient and family questions; answer nursing/other staff questions; and chart patient progress notes. On the next day and any subsequent visits before discharge: Examine the patient and perform a neurovascular assessment of the operated limb; assess pain scores and adequacy of analgesia; review nursing/other staff patient chart notes; write orders for ambulation; write orders for therapy; write orders for imaging and review imaging; answer patient and family questions; answer nursing/other staff questions; and chart patient progress notes. Discharge day management: The patient is discharged when there is adequate pain control with oral analgesics, adequate solid and liquid intake, normal voiding of urine, and independent ambulation. Reconcile medications and write orders for medications needed after discharge. Home restrictions (ie, diet, activity, bathing) are discussed with the patient / family and the discharging nurse. All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Office:
The first postoperative office visit occurs 5-7 days after surgery. The patient / family is interviewed and data obtained by clinical staff is reviewed. The findings at surgery and details of the procedure are reviewed with the patient/family. The postoperative radiograph taken after surgery is reviewed with the patient/family. The postoperative dressings are removed and assessment performed of wound status, drainage, hematoma, and signs of infection. The circulation, sensation, and motor function status is assessed. The wounds are cleaned and redressed. Adequacy of analgesia is assessed, the PDMP is checked and orders are made for narcotic and nonnarcotic pain medication as needed. The patient/family will be counseled on appropriate multi-modal pain management (ie, narcotic, nonnarcotic). The patient/family will be counseled on expectations of pain and swelling and techniques for mitigation. Imaging will be ordered and reviewed. A physical therapy plan will be developed and ordered. Activity limitations (ambulation, bathing, etc.) are discussed with the patient/family. Patient/family questions are answered. Medical record progress notes are dictated, reviewed, and signed. An update is provided to the PCP and/or referring provider. At subsequent postoperative office visits, the patient / family is interviewed and data obtained by clinical staff is reviewed. Interval chart notes, including calls from the patient/family and physical therapy notes are reviewed. The postoperative dressings are removed and assessment performed of wound status, drainage, hematoma, and signs of infection. The circulation, sensation, and motor function status is assessed. Sutures are removed when appropriate. Wounds are cleaned and redressed as needed. Adequacy of analgesia is assessed, the PDMP is checked and orders are made for narcotic and nonnarcotic pain medication as needed. The patient/family will be counseled on appropriate multi-modal pain management (ie, narcotic, nonnarcotic). The patient/family will be counseled on expectations of pain and swelling and techniques for mitigation. Imaging will be ordered and reviewed. PT progress is assessed and orders revised as needed. Management of the patient and updates to the care plan is discussed with the PT. Activity limitations are reinforced with the patient. Patient/family questions are answered. Medical record progress notes are dictated, reviewed, and signed. An update is provided to the PCP and/or referring provider.

Note that patient care will continue after the 90-day global period to follow the bone consolidation phase and bone hardening phase which can take 6 to 12 months.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	William Creevy MD, Hussein Elkousy MD, Kevin Neal MD					
Specialty Society(ies):	Orthopaedic surgery (general, pediatric, trauma)					
CPT Code:	27465					
Sample Size:	2803	**Resp N:**	38			
Description of Sample:	602 (Entire vendor list for surgeons familiar with new codes 27458, 27713) 2201 (random selection of orthopaedic surgeons self identified as general, pediatric, and trauma orthopaedic)					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**1.00**	2.00	25.00
Survey RVW:	17.45	20.00	**21.13**	22.88	37.50
Pre-Service Evaluation Time:			**48.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	90.00	120.00	**143.00**	150.00	240.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**109.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **1.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	27465	**Recommended Physician Work RVU: 21.13**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**33.00**	**7.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**143.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	60.00	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	109.00	99211x **0.00** 12x **0.00** 13x **3.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
27244	090	18.18	**RUC Time**

CPT Descriptor Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22630	090	22.09	**RUC Time**

CPT Descriptor Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;

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
35301	090	21.16	**RUC Time**	23,542

CPT Descriptor 1 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22630	090	22.09	**RUC Time**	4,665

CPT Descriptor 2 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 11 **% of respondents:** 28.9 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 18.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 27465	Top Key Reference CPT Code: 27244	2nd Key Reference CPT Code: **22630**
Median Pre-Service Time	65.00	90.00	75.00
Median Intra-Service Time	143.00	75.00	150.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	60.0	120.00	100.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	109.0	85.00	86.00
Median Total Time	**445.00**	**438.00**	**479.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	18%	36%	36%	9%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	9%	82%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	9%	64%	27%
Physical effort required	0%	55%	45%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	9%	36%	55%

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	71%	14%	14%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	43%	57%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	14%	57%	29%
Physical effort required	0%	43%	57%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	43%	43%	14%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the May 2024 CPT meeting, the Editorial Panel approved a new code 27458 for reporting femur lengthening using with insertion of an externally controlled intramedullary lengthening device. Although not included in the CPT application, codes 27465, 27466, and 27468 were added as family codes for review.

Compelling Evidence – 27465

Flawed mechanism or methodology used in the previous valuation:

When code 27465 was reviewed during the third 5 year review in 2005 with other orthopaedic trauma codes, only orthopaedic trauma surgeons (OTA) and general orthopaedic surgeons (AAOS) were included in the survey sample and the typical patient was a post-trauma patient. In addition, the valuation of 27465 was based on a comparison to a code for open treatment of a femoral fracture. The procedure represented by code 27465 may also be performed on children by pediatric orthopaedic surgeons for congenital leg length discrepancies, but this group of surgeons was not included in the prior review. The current survey includes orthopaedic pediatric surgeons, along with general and trauma orthopaedic surgeons who are all experienced in orthopaedic reconstructive surgery and experienced in performing this very low volume procedure.

Recommendation – 27465

We recommend the survey median work RVU of 21.13. This value takes into account the increase in intraoperative time, increased total time, and increased intensity of postoperative work.

Pre-time

Package 3 is selected with the following modifications:

Evaluation time: Total of 40 minutes that includes an additional 7 minutes above the standard package time to account for: additional time to reexamined the patient to make sure that physical findings have not changed, including range of motion of the hip and knee, neurovascular status, and length and rotation of the limb –this information is used to re-review the extensive preoperative imaging and confirm prior measurements and planned bone cuts to shorten the limb. Precise preoperative marking is required for all incisions and planned femur resection. Additional time is also required to ensure that hardware (reamers, drills, saws, rods, nails, plates, screws) and intraoperative imaging equipment are available. The additional preoperative time is consistent with other reconstructive device intensive operations. Note that when this procedure is performed on a child, additional time not described above is required for review of the procedure and recovery with both the parents and the child prior to consent.

Positioning time: Total of 15 minutes that includes 12 additional minutes above the standard package time to account for padding of bony prominences, positing and bolstering patient leg to allow for surgical exposure and manipulation of the limb and imaging equipment during surgery. A total of 15 minutes is consistent with other femur procedures (eg, 27236, 27269, 27511-27514)

Scrub, dress, wait time: Package time of 15 minutes is consistent with survey median.

Immediate Post-time through discharge from recovery

Package 9b: Subtract 3 minutes to be consistent with the survey median.

Postoperative visits after discharge from recovery

27465 Summary of Postop E/M	Selected Visit Level CPT Code	Estimate of Visit Minutes	MDM			
			Problem	Data	Treatment / Risk	Overall
HV later same day	**99231**	26 to 34	Mod	Low	Mod	Mod[1]
HV (POD1)	**99232**	24 to 34	Mod	Low	Mod	Mod
Discharge (POD2)	**99238**	< 30	n/a	n/a	n/a	n/a
OV #1	**99214**	27 to 32	Mod	Mod	Mod	Mod
OV #2	**99213**	27 to 32	Mod	Low	Mod	Mod[2]
OVs #3 to #4	**99213**	23 to 26	Mod	Mod	Low	Mod[2]

1. Although MDM supports 99232; code 99231 selected to be consistent with survey data
2. Although MDM supports 99214; code 99213 selected to be consistent with survey data

Hospital Visit Later Same Day (99231): Review nursing notes; discuss status and progress with nursing staff. Review vital signs, I/O, labs and other related data. Review operative findings, radiographs and outcome with patient and/or family; answers questions. Assess pain control and response to current medications; modify orders accordingly. Assess urinary and GI function. Exam surgical site; reinforce/change dressing as needed. Assess limb position and alignment; repositioning the limb as needed. Check neurovascular status. Counsel patient and/or family regarding therapy protocol. Counsel patient and/or family regarding OOB/ambulation, incentive spirometry, upright position in bed and use of sequential compressive devices. Counsel patient and/or family regarding discharge planning. Communicate and coordinate care with medical nurses, other physicians and PT/OT. Communicate and coordinate pain control with anesthesia, including status of current modalities. Update orders. Write “postoperative check” progress note. Enter CPT and ICD-10 codes in billing system.

Hospital Visit, Day 1 (99232): Review nursing notes; discuss status and progress with nursing staff. Review vital signs, I/O, labs and other related data. Assess pain control and response to current medications; modify orders accordingly. Assess urinary and GI function. Examine surgical site; reinforce/change dressing as needed. Assess limb position and alignment; repositioning the limb as needed. Check neurovascular status. Counsel patient and/or family regarding therapy protocol. Counsel patient and/or family regarding OOB/ambulation, incentive spirometry, upright position in bed and use of sequential compressive devices. Counsel patient and/or family regarding discharge planning. Communicate and coordinate care with nurses, other physicians, PT/OT and case management. Communicate and coordinate pain control with anesthesia, including status of current modalities. Update orders. Write progress note. Enter CPT and ICD-10 codes in billing system.

Discharge Management, Day 2 (99238): Review nursing notes; discuss status and progress with nursing staff. Review PT/OT notes; discuss status and progress with PT/OT staff. Review case manager discharge plan notes; discuss status and progress with case management. Review notes from other physicians and discussing as appropriate. Review vital signs, I/O, labs and other related data. Interview patient and obtaining interval history. Assess pain control and response to current medications. Assess gastrointestinal and urinary function. Examine surgical site; changing dressing as needed. Assess limb position and ROM; repositioning limb as needed. Check neurovascular status. Finalize and confirm discharge plans with patient and/or family. Counsel patient and/or family regarding therapy protocol and activity limitations after discharge. Review postoperative instructions (eg wound care, pain medications, VTE prophylaxis). Complete daily progress note. Complete discharge summary and associated forms and documents. Write prescriptions for medications and devices / equipment. Check narcotic prescription registries. Complete medication reconciliation. Write order for discharge. Coordinate postoperative appointment with patient and/or family and office staff. Communicate and coordinate follow-up care with other physicians and/or PT/OT. Enter postoperative data into longitudinal outcome databases or registries (eg, NSQIP).

Office Visit #1 (99214): Discuss findings at surgery and review procedure details; answer questions. Review post-operative radiographs with patient and/or family. Interview patient and obtain history and/or review data obtained by clinical staff. Assess pain control, response to current medications and side-effects. Assess function, mobility and progress with ambulation. Assess gastrointestinal and urinary function to assess for medication side effects. Remove dressing; examine surgical site. Apply sterile dressing and compressive wrap or stockings. Assess limb alignment, swelling, strength and ROM. Check neurovascular status. Counsel patient and/or family regarding wound care, therapy protocol and activity (e.g. driving, bathing, leg elevation). Counsel patient and/or family regarding planned or emergent invasive procedures (e.g. dental, GI) about need for prophylactic antibiotics; review instruction sheet. Counsel patient/family regarding multi-modal pain management and use of narcotic pain medication with tapering. Check narcotic prescription registries. Write order for narcotic prescription; re-fill or new medication. Write order for nonnarcotic prescription as appropriate (e.g. NSAIDs). Discussion of need for VTE prophylaxis based on patient risk assessment and mobilization; re-fill or new medication. Complete medication reconciliation. Counsel patient/family regarding timing of next office visit and communicate interval care plan based on synthesis of interval history, physical exam, wound assessment, pain control and therapy progression . Complete forms/referrals for continued PT/OT and/or home care services (e.g. VNA). Complete disability, FMLA, out of/return to work/school and/or other related forms. Communicate and coordinate care with other physicians and health care providers (e.g. PT/OT, PCP). Enter diagnosis code(s) and office visit codes in the EHR or other similar system. Write or dictate and sign progress note.

Office Visit #2 (99213): Review PT/OT and/or VNA notes to assess progress with therapy. Interview patient and obtain history and/or review data obtained by clinical staff. Assess pain control, response to current medications and side-effects. Assess function, mobility and progress with ambulation. Remove dressing; examine surgical site. Remove

sutures or staples; apply steri-strips. Apply compressive wrap or stockings. Assess limb alignment, swelling, strength and ROM. Check neurovascular status. Counsel patient and/or family regarding wound care, therapy protocol and activity (e.g. driving, bathing, leg elevation). Counsel patient and/or family regarding planned or emergent invasive procedures (e.g. dental, GI) about need for prophylactic antibiotics; review instruction sheet. Counsel patient/family regarding multi-modal pain management and use of narcotic pain medication with tapering. Order, review and personally interpret radiographs; review with patient and/or family. Check narcotic prescription registries. Write order for narcotic prescription; refill or new medication. Write order for nonnarcotic prescription as appropriate (e.g. NSAIDs). Discussion of need for VTE prophylaxis based on patient risk assessment and mobilization; re-fill or new medication. Complete medication reconciliation. Counsel patient/family regarding timing of next office visit and communicate interval care plan based on synthesis of interval history, physical exam, wound assessment, pain control and therapy progression . Complete forms/referrals for continued PT/OT and/or home care services. As required, complete disability, FMLA, out of/return to work/school and/or other related forms. Communicate and coordinate care with other physicians and health care providers (e.g. PT/OT, PCP). Enter diagnosis code(s) and office visit codes in the EHR or other similar system. Write or dictate and sign progress note.

Office Visits #3-4 (99213): Review PT/OT and/or VNA notes to assess progress with therapy. Interview patient and obtain history and/or review data obtained by clinical staff. Assess pain control, response to current medications and side-effects. Assess function, mobility and progress with ambulation. Examine surgical site; remove and replace dressing as needed. Assess limb alignment, swelling, strength and ROM. Check neurovascular status. Counsel patient and/or family regarding wound care, therapy protocol and activity (e.g. driving, bathing, leg elevation). Counsel patient and/or family regarding planned or emergent invasive procedures (e.g. dental, GI) about need for prophylactic antibiotics; review instruction sheet. Counsel patient/family regarding multi-modal pain management and narcotic pain medication cessation. Order, review and personally interpret radiographs; review with patient and/or family. Write order for nonnarcotic prescription as appropriate (e.g. NSAIDs). Complete forms/referrals for continued PT/OT and/or home care services. As required, complete disability, FMLA, out of/return to work/school and/or other related forms. Communicate and coordinate care with other physicians and health care providers (e.g. PT/OT, PCP). Enter diagnosis code(s) and office visit codes in the EHR or other similar system. Write or dictate and sign progress note.

Key Reference Code Comparison

For both reference codes, the respondents indicated the intensity and complexity of the procedure to be similar/more than the survey code.

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99232	99231	99238	99214	99213	99212
27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	18.18	0.091	438	90	75	30	2	2	1		3	1
27465	Osteoplasty, femur; shortening (excluding 64876)	21.13	0.079	450	70	143	30	1	1	1	1	3	
27630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;	22.00	0.086	470	66	150	30	2	1	1	1	2	

MPC Code Comparison

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99233	99232	99231	99238	99214	99213
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	21.16	0.104	404	75	120	30	1	1		1		2
27465	Osteoplasty, femur; shortening (excluding 64876)	21.13	0.079	450	70	143	30		1	1	1	1	3
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;	22.09	0.078	479	75	150	30		2	1	1	1	2

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) 27465

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic surgery How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not availble

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? 34 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 (2022 utilization)

Specialty orthopaedic surgery Frequency 34 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 27465

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:27466 Tracking Number F3 Original Specialty Recommended RVU: **22.65**
Presented Recommended RVU: **22.65**
Global Period: 090 Current Work RVU: **17.28** RUC Recommended RVU: **22.65**

CPT Descriptor: Osteoplasty, femur; lengthening

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 7-year-old female has a congenital short right femur. She undergoes osteoplasty with intraoperative distraction, application of a graft and internal fixation to lengthen the short femur.

Percentage of Survey Respondents who found Vignette to be Typical: 63%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 37% , Overnight stay-more than 24 hours 63%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 90%

Description of Pre-Service Work: The appropriate antibiotic(s) are selected and ordered, and timing and administration are confirmed. Results of preadmission testing are reviewed, including laboratory tests, X rays, CT scans, and/or MRIs, with special attention to imaging used to determine the amount of femoral lengthening needed to correct the leg length discrepancy and planned osteotomies. The patient is re-examined to make sure that physical findings have not changed, including range of motion of the hip and knee, neurovascular status, and length and rotation of the limb. The history and physical are updated. The planned procedure and postoperative management are reviewed with the patient /parents. Informed consent is reviewed and consent obtained. It is verified that all required instruments and supplies are available, including intraoperative imaging/fluoroscopy for guidance and documentation. Availability of an array of plates and screws that may be required is confirmed. The patient is positioned supine with care to pad bony prominences. Thermal regulation drapes are applied. The position of the extremities and head are assessed and adjusted as needed. The patient's leg is placed properly on the table and positioned with proper bolstering to aid surgical exposure, including the site for harvesting the autograft. Areas of skin to be prepared are indicated, and surgical incisions are marked. A surgical "time out" is performed with the operating surgical team.

Description of Intra-Service Work: A longitudinal incision is made on the lateral aspect of the leg overlying the distal femoral metaphysis with dissection carried through to the subcutaneous tissue. The iliotibial band is identified and split transversely in order to release it in its most distal aspect. Blunt dissection is then performed into the extraperiosteal and submuscular space. An osteotomy is performed at this level by making multiple drill holes and then using an osteotome. The femur segments are distracted to the desired distraction length. Autologous bone graft (eg, iliac crest) is harvested and packed into the osteotomy gap to fill any defects and enhance bone healing. After grafting, a submuscular plate is then slid submuscularly along the lateral aspect of the femur. This is locked with a single nonlocking screw into the most distal hole of the plate in the femoral metaphysis. Fluoroscopy is used to confirm alignment of bone and plate placement. It is revised if necessary and at least 5 more locking or nonlocking screws are placed to secure the construct. Final check of screws and plate is confirmed on multiplane fluoroscopy and found to be adequate. The wounds are copiously irrigated. The muscles and soft tissues over the femur are repaired. The skin is closed in layers and wounds are infiltrated with a local anesthetic.

Description of Post-Service Work:
Facility:

Apply sterile dressings; remove drapes; fashion and place well padded leg splint; assess limb alignment compared to the opposite extremity; asses limb perfusion and pulses; wait for reversal of anesthesia and extubation; assist in transfer of the patient from the OR table to a stretcher or bed; assist in transport of patient from operating room to recovery room; monitor patient stabilization in the recovery room; complete a careful neurologic and vascular examination of the extremity; discuss postoperative recovery care with anesthesia and nursing staff, including regional blocks; enter a brief operative note and a full operative report in the medical record; call referring physician and/or send a copy of the operative note; write comprehensive orders for PACU and floor care; complete medication reconciliation; order and review postoperative radiographs; enter procedure data, including implant details, into longitudinal outcome registries (eg, NSQIP, local registry); and discuss procedure and outcome with patient and family. Later the same day: Examine the patient and perform a vascular assessment of the operated limb; assess pain scores and adequacy of analgesia; review nursing/other staff patient chart notes; write orders for ambulation; answer patient and family questions; answer nursing/other staff questions; and chart patient progress notes. On the next day and any subsequent visits before discharge: Examine the patient and perform a neurovascular assessment of the operated limb; assess pain scores and adequacy of analgesia; review nursing/other staff patient chart notes; write orders for ambulation; write orders for therapy; write orders for imaging and review imaging; answer patient and family questions; answer nursing/other staff questions; and chart patient progress notes. Discharge day management: The patient is discharged when there is adequate pain control with oral analgesics, adequate solid and liquid intake, normal voiding of urine, and independent ambulation. Reconcile medications and write orders for medications needed after discharge. Home restrictions (ie, diet, activity, bathing) are discussed with the patient / family and the discharging nurse. All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Office:
The first postoperative office visit occurs 5-7 days after surgery. The patient / family is interviewed and data obtained by clinical staff is reviewed. The findings at surgery and details of the procedure are reviewed with the patient/family. The postoperative radiograph taken after surgery is reviewed with the patient/family. The postoperative splint and dressings are removed and assessment performed of wound status, drainage, hematoma, and signs of infection. The circulation, sensation, and motor function status is assessed. The wounds are cleaned and redressed. Adequacy of analgesia is assessed, the PDMP is checked and orders are made for narcotic and nonnarcotic pain medication as needed. The patient/family will be counseled on appropriate multi-modal pain management (ie, narcotic, nonnarcotic). The patient/family will be counseled on expectations of pain and swelling and techniques for mitigation. Imaging will be ordered and reviewed. A physical therapy plan will be developed and ordered. Activity limitations (ambulation, bathing, etc.) are discussed with the patient/family. Patient/family questions are answered. Medical record progress notes are dictated, reviewed, and signed. An update is provided to the PCP and/or referring provider. At subsequent postoperative office visits, the patient / family is interviewed and data obtained by clinical staff is reviewed. Interval chart notes, including calls from the patient/family and physical therapy notes are reviewed. The postoperative dressings are removed and assessment performed of wound status, drainage, hematoma, and signs of infection. The circulation, sensation, and motor function status is assessed. Sutures are removed when appropriate. Wounds are cleaned and redressed as needed. Adequacy of analgesia is assessed, the PDMP is checked and orders are made for narcotic and nonnarcotic pain medication as needed. The patient/family will be counseled on appropriate multi-modal pain management (ie, narcotic, nonnarcotic). The patient/family will be counseled on expectations of pain and swelling and techniques for mitigation. Imaging will be ordered and reviewed. PT progress is assessed and orders revised as needed. Management of the patient and updates to the care plan is discussed with the PT. Activity limitations are reinforced with the patient. Patient/family questions are answered. Medical record progress notes are dictated, reviewed, and signed. An update is provided to the PCP and/or referring provider.

Note that patient care will continue after the 90-day global period to follow the bone consolidation phase and bone hardening phase which can take 6 to 12 months.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	William Creevy MD, Hussein Elkousy MD, Kevin Neal MD					
Specialty Society(ies):	Orthopaedic surgery (general, pediatric, trauma)					
CPT Code:	27466					
Sample Size:	2803	**Resp N:**	30			
Description of Sample:	602 (Entire vendor list for surgeons familiar with new codes 27458, 27713) 2201 (random selection of orthopaedic surgeons self identified as general, pediatric, and trauma orthopaedic)					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	4.00	36.00
Survey RVW:	17.50	20.05	**22.65**	24.98	37.50
Pre-Service Evaluation Time:			**50.00**		
Pre-Service Positioning Time:			**17.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	90.00	134.00	**150.00**	180.00	240.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**109.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **1.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	27466	**Recommended Physician Work RVU: 22.65**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**33.00**	**7.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**150.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	60.00	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	109.00	99211x **0.00** 12x **0.00** 13x **3.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
27280	090	20.00	**RUC Time**

CPT Descriptor Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22630	090	22.09	**RUC Time**

CPT Descriptor Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;

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
22630	090	22.09	**RUC Time**	4,665

CPT Descriptor 1 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34705	090	29.58	**RUC Time**	9807

CPT Descriptor 2 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 7 **% of respondents:** 23.3 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 20.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 27466	Top Key Reference CPT Code: 27280	2nd Key Reference CPT Code: **22630**
Median Pre-Service Time	70.00	73.00	75.00
Median Intra-Service Time	150.00	120.00	150.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	60.0	60.00	100.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	109.0	62.00	86.00
Median Total Time	**457.00**	**383.00**	**479.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	43%	29%	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	0%	46%	57%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	46%	57%
Physical effort required	0%	43%	54%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	43%	43%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	50%	50%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	17%	83%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	67%	33%
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	50%	33%	17%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the May 2024 CPT meeting, the Editorial Panel approved a new code 27458 for reporting femur lengthening using with insertion of an externally controlled intramedullary lengthening device. Although not included in the CPT application, codes 27465, 27466, and 27468 were added as family codes for review.

Compelling Evidence – 27466

Flawed mechanism or methodology used in the previous valuation:

The value for code 27466 is based on a survey of intraoperative time estimate from 5 general orthopaedic surgeons in 1989 – pediatric surgeons (the typical provider) were not included in the study. In addition, pre- and post-work/time were not surveyed, but were instead imputed using an algorithm. There was no positioning time assigned which was consistent with the assignment of 0 minutes for positioning time for office procedures in this study. This is a rarely performed intense and complex operation, typically performed on children with congenital limb length discrepancy. We do not believe that 5 general orthopaedic surgeons could adequately respond to a work estimate reflective of the level of intensity/complexity of this procedure using magnitude estimation and the resulting relative work value was underestimated.

Recommendation – 27466

We recommend the survey median work RVU of 22.65. This value takes into account the correct intensity of all components of work using the relative current work RVUs for postoperative facility and office visits, complete accounting for preservice evaluation, positioning, and scrub/dress/wait time, and fairly compares the intraoperative intensity to other surgical procedures based on magnitude estimation.

Pre-time

Package 3 is selected with the following modifications:

Evaluation time: Total of 40 minutes that includes an additional 7 minutes above the standard package time to account for: additional time to reexamine the patient to make sure that physical findings have not changed, including range of motion of the hip and knee, neurovascular status, and length and rotation of the limb –this information is used to re-review the extensive preoperative imaging and confirm prior measurements and planned bone cuts to lengthen the limb. Precise preoperative marking is required for all incisions, including confirmation of the harvest location of bone graft. Additional time is also required to ensure that hardware (reamers, drills, saws, rods, nails, plates, screws) and intraoperative imaging equipment are available. The additional preoperative time is consistent with other reconstructive device intensive operations. Note that when this procedure is performed on a child, additional time not described above is required for review of the procedure and recovery with both the parents and the child prior to consent.

Positioning time: Total of 15 minutes that includes 12 additional minutes above the standard package time to account for padding of bony prominences, positing and bolstering patient leg to allow for surgical exposure and manipulation of the limb and imaging equipment during surgery. A total of 15 minutes is consistent with other femur procedures (eg, 27236, 27269, 27511-27514)

Scrub, dress, wait time: Package time of 15 minutes is consistent with survey median.

Immediate Post-time through discharge from recovery

Package 9b: Subtract 3 minutes to be consistent with the survey median.

Postoperative visits after discharge from recovery

27466 Summary of Postop E/M	Selected Visit Level CPT Code	Estimate of Visit Minutes	MDM			
			Problem	Data	Treatment / Risk	Overall
HV later same day	**99231**	26 to 34	Mod	Low	Mod	Mod[1]
HV (POD1)	**99232**	24 to 34	Mod	Low	Mod	Mod
Discharge (POD2)	**99238**	< 30	n/a	n/a	n/a	n/a
OV #1	**99214**	27 to 32	Mod	Mod	Mod	Mod

OV #2	**99213**	27 to 32	Mod	Low	Mod	Mod[2]
OVs #3 to #4	**99213**	23 to 26	Mod	Mod	Low	Mod[2]

1. Although MDM supports 99232; code 99231 selected to be consistent with survey data
2. Although MDM supports 99214; code 99213 selected to be consistent with survey data

Hospital Visit Later Same Day (99231): Review nursing notes; discuss status and progress with nursing staff. Review vital signs, I/O, labs and other related data. Review operative findings, radiographs and outcome with patient and/or family; answers questions. Assess pain control and response to current medications; modify orders accordingly. Assess urinary and GI function. Exam surgical site; reinforce/change dressing as needed. Assess limb position and alignment; repositioning the limb as needed. Check neurovascular status. Counsel patient and/or family regarding therapy protocol. Counsel patient and/or family regarding OOB/ambulation, incentive spirometry, upright position in bed and use of sequential compressive devices. Counsel patient and/or family regarding discharge planning. Communicate and coordinate care with medical nurses, other physicians and PT/OT. Communicate and coordinate pain control with anesthesia, including status of current modalities. Update orders. Write "postoperative check" progress note. Enter CPT and ICD-10 codes in billing system.

Hospital Visit, Day 1 (99232): Review nursing notes; discuss status and progress with nursing staff. Review vital signs, I/O, labs and other related data. Assess pain control and response to current medications; modify orders accordingly. Assess urinary and GI function. Examine surgical site; reinforce/change dressing as needed. Assess limb position and alignment; repositioning the limb as needed. Check neurovascular status. Counsel patient and/or family regarding therapy protocol. Counsel patient and/or family regarding OOB/ambulation, incentive spirometry, upright position in bed and use of sequential compressive devices. Counsel patient and/or family regarding discharge planning. Communicate and coordinate care with nurses, other physicians, PT/OT and case management. Communicate and coordinate pain control with anesthesia, including status of current modalities. Update orders. Write progress note. Enter CPT and ICD-10 codes in billing system.

Discharge Management, Day 2 (99238): Review nursing notes; discuss status and progress with nursing staff. Review PT/OT notes; discuss status and progress with PT/OT staff. Review case manager discharge plan notes; discuss status and progress with case management. Review notes from other physicians and discussing as appropriate. Review vital signs, I/O, labs and other related data. Interview patient and obtaining interval history. Assess pain control and response to current medications. Assess gastrointestinal and urinary function. Examine surgical site; changing dressing as needed. Assess limb position and ROM; repositioning limb as needed. Check neurovascular status. Finalize and confirm discharge plans with patient and/or family. Counsel patient and/or family regarding therapy protocol and activity limitations after discharge. Review postoperative instructions (eg wound care, pain medications, VTE prophylaxis). Complete daily progress note. Complete discharge summary and associated forms and documents. Write prescriptions for medications and devices / equipment. Check narcotic prescription registries. Complete medication reconciliation. Write order for discharge. Coordinate postoperative appointment with patient and/or family and office staff. Communicate and coordinate follow-up care with other physicians and/or PT/OT. Enter postoperative data into longitudinal outcome databases or registries (eg, NSQIP).

Office Visit #1 (99214): Discuss findings at surgery and review procedure details; answer questions. Review post-operative radiographs with patient and/or family. Interview patient and obtain history and/or review data obtained by clinical staff. Assess pain control, response to current medications and side-effects. Assess function, mobility and progress with ambulation. Assess gastrointestinal and urinary function to assess for medication side effects. Remove dressing; examine surgical site. Apply sterile dressing and compressive wrap or stockings. Assess limb alignment, swelling, strength and ROM. Check neurovascular status. Counsel patient and/or family regarding wound care, therapy protocol and activity (e.g. driving, bathing, leg elevation). Counsel patient and/or family regarding planned or emergent invasive procedures (e.g. dental, GI) about need for prophylactic antibiotics; review instruction sheet. Counsel patient/family regarding multi-modal pain management and use of narcotic pain medication with tapering. Check narcotic prescription registries. Write order for narcotic prescription; refill or new medication. Write order for nonnarcotic prescription as appropriate (e.g. NSAIDs). Complete medication reconciliation. Counsel patient/family regarding timing of next office visit and communicate interval care plan based on synthesis of interval history, physical exam, wound assessment, pain control and therapy progression . Complete forms/referrals for continued PT/OT and/or home care services (e.g. VNA). Complete disability, FMLA, out of/return to work/school and other related forms. Communicate and coordinate care with other physicians and health care providers (e.g. PT/OT, PCP). Enter diagnosis code(s) and office visit codes in the EHR or other similar system. Write or dictate and sign progress note.

Office Visit #2 (99213): Review PT/OT and/or VNA notes to assess progress with therapy. Interview patient and obtain history and/or review data obtained by clinical staff. Assess pain control, response to current medications and side-effects. Assess function, mobility and progress with ambulation. Remove dressing; examine surgical site. Remove sutures or staples; apply steri-strips. Apply compressive wrap or stockings. Assess limb alignment, swelling, strength and ROM. Check neurovascular status. Counsel patient and/or family regarding wound care, therapy protocol and activity (e.g. driving, bathing, leg elevation). Counsel patient and/or family regarding planned or emergent invasive procedures (e.g. dental, GI) about need for prophylactic antibiotics; review instruction sheet. Counsel patient/family regarding multi-modal pain management and use of narcotic pain medication with tapering. Order, review and personally interpret radiographs; review with patient and/or family. Check narcotic prescription registries. Write order for narcotic prescription; re-fill or new medication. Write order for nonnarcotic prescription as appropriate (e.g. NSAIDs). Complete medication reconciliation. Counsel patient/family regarding timing of next office visit and communicate interval care plan based on synthesis of interval history, physical exam, wound assessment, pain control and therapy progression . Complete forms/referrals for continued PT/OT and/or home care services. As required, complete disability, FMLA, out of/return to work/school and/or other related forms. Communicate and coordinate care with other physicians and health care providers (e.g. PT/OT, PCP). Enter diagnosis code(s) and office visit codes in the EHR or other similar system. Write or dictate and sign progress note.

Office Visits #3-4 (99213): Review PT/OT and/or VNA notes to assess progress with therapy. Interview patient and obtain history and/or review data obtained by clinical staff. Assess pain control, response to current medications and side-effects. Assess function, mobility and progress with ambulation. Examine surgical site; remove and replace dressing as needed. Assess limb alignment, swelling, strength and ROM. Check neurovascular status. Counsel patient and/or family regarding wound care, therapy protocol and activity (e.g. driving, bathing, leg elevation). Counsel patient and/or family regarding planned or emergent invasive procedures (e.g. dental, GI) about need for prophylactic antibiotics; review instruction sheet. Counsel patient/family regarding multi-modal pain management and narcotic pain medication cessation. Order, review and personally interpret radiographs; review with patient and/or family. Write order for nonnarcotic prescription as appropriate (e.g. NSAIDs). Complete forms/referrals for continued PT/OT and/or home care services. As required, complete disability, FMLA, out of/return to work/school and/or other related forms. Communicate and coordinate care with other physicians and health care providers (e.g. PT/OT, PCP). Enter diagnosis code(s) and office visit codes in the EHR or other similar system. Write or dictate and sign progress note.

Key Reference Code Comparison

For both reference codes, the respondents indicated the intensity and complexity of the procedure to be similar/more than the survey code.

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99232	99231	99238	99215	99214	99213	99212
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;	22.09	0.078	479	75	150	30	2	1	1		1	2	
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	20.00	0.100	383	73	120	30	1	1	1			2	1
27466	Osteoplasty, femur; lengthening	22.65	0.085	457	70	150	30	1	1	1		1	3	

MPC Code Comparison

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99233	99232	99231	99238	99215	99214	99213	99212
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;	22.09	0.078	479	75	150	30		2	1	1		1	2	
27466	Osteoplasty, femur; lengthening	22.65	0.085	457	70	150	30		1	1	1		1	3	
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,	29.58	0.130	512	150	150	40	1	1		1			1	1

	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)														

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) 27466

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic surgery How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. National utilization is not availble

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? 22 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 (2022 utilization)

Specialty orthopaedic surgery Frequency 22 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 27466

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: Limb Lengthening/Shortening-Femur

TAB: 4

SOURCE	CPT	DESC	global	Review Year	Resp	IWPUT	WPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	POST P-SD	POST 32	POST 31	POST 38	POST 39	POST-OFFICE 15	POST-OFFICE 14	POST-OFFICE 13	POST-OFFICE 12	12 Month Svy Experience MIN	12 Month Svy Experience 25th	12 Month Svy Experience MED	12 Month Svy Experience 75th	12 Month Svy Experience MAX	TYP?
REF1	**22633**	Arthrodesis, combined posterior or	**90**	**2021**	13	**0.091**	**0.053**			**26.80**			509	40	20	15			180			30	2	1	1			1	2								
REF2	**27284**	Arthrodesis, hip joint (including	**90**	**2000**	8	**0.082**	**0.050**			**25.06**			497	80					180			30	1	3	1				3								
NEW	**NEW**	NEW	**90**			-	-			-			-																						
SVY	**27458**	Osteotomy(ies), femur, unilateral,	**90**	**2024**	**46**	**0.063**	**0.042**	**19.21**	**24.89**	**26.65**	**28.38**	**45.00**	**631**	**60**	**15**	**15**	**120**	**150**	**180**	**198**	**240**	**30**	1	1	1		1	1	6		**0**	**2**	**4**	**8**	**48**	**85%**
		Random	90		18	0.064	0.043	19.21	25.04	26.90	30.00	40.00	633	58	19	15	120	171	180	231	240	30	1	1	1		1	1	6		0	1	3	4	15	89%
		Vendor	90		28	0.062	0.042	19.62	24.64	26.46	27.29	45.00	631	60	15	15	120	148	180	180	240	30	1	1	1		1	1	6		0	2	5	9	48	82%
REC	**27458**	**Osteotomy(ies), femur, unilateral, with insertion of an externally**	**90**			**0.064**	**0.043**			**26.65**			**621**	**50**	**15**	**15**			**180**			**30**	**1**	**1**	**1**		**1**	**1**	**6**							
REF1	**27244**	Treatment of intertrochanteric,	**90**	**2008**	11	**0.091**	**0.042**			**18.18**			438	40	30	20			75			30	2	2	1				3	1						
REF2	**22630**	Arthrodesis, posterior interbody	**90**	**2021**	7	**0.078**	**0.046**			**22.09**			479	40	20	15			150			30	2	1	1			1	2						
current	**27465**	Osteoplasty, femur; shortening	**90**	**2005**		0.086	0.049			18.60			384	33	20	13			120			23		3.0	1				2	2					
SVY	**27465**	Osteoplasty, femur; shortening	**90**	**2024**	**38**	**0.078**	**0.046**	**17.45**	**20.00**	**21.13**	**22.88**	**37.50**	**457**	**48**	**15**	**15**	**90**	**120**	**143**	**150**	**240**	**30**	1	1	1			1	3		**0**	**1**	**1**	**2**	**25**	**87%**
		Random	90		12	0.079	0.047	18.89	20.00	22.00	22.13	30.00	472	43	20	15	102	120	150	165	200	38	1	1	1			1	3		0	1	1	2	2	75%
		Vendor	90		26	0.071	0.044	17.45	19.33	20.09	23.15	37.50	460	55	15	15	90	120	140	150	240	28	1	1	1			1	3		0	1	2	4	25	92%
REC	**27465**	**Osteoplasty, femur; shortening (excluding 64876)**	**90**			**0.079**	**0.047**			**21.13**			**450**	**40**	**15**	**15**			**143**			**30**	**1**	**1**	**1**			**1**	**3**						
REF1	**27280**	Arthrodesis, sacroiliac joint, open,	**90**	**2014**	7	**0.100**	**0.052**			**20.00**			383	40	18	15			120			30	1	1	1				2	1					
REF2	**22630**	Arthrodesis, posterior interbody	**90**	**2021**	6	**0.078**	**0.046**			**22.09**			479	40	20	15			150			30	2	1	1			1	2						
HVD	**27466**	Osteoplasty, femur; lengthening	**90**	**HVD**		0.051	0.037			17.28			467	30	0	25			147			27		6.0	1					5					
SVY	**27466**	Osteoplasty, femur; lengthening	**90**	**2024**	**30**	**0.084**	**0.048**	**17.50**	**20.05**	**22.65**	**24.98**	**37.50**	**469**	**50**	**17**	**15**	**90**	**134**	**150**	**180**	**240**	**30**	1	1	1			1	3		**0**	**1**	**2**	**4**	**36**	**63%**
		Random	90		10	0.076	0.046	20.00	22.00	23.95	25.05	30.00	523	48	20	15	120	150	165	195	240	45	1	1	1			1	4		0	1	2	2	9	90%
		Vendor	90		20	0.081	0.047	17.50	20.00	22.25	24.21	37.50	470	53	15	15	90	120	150	180	240	30	1	1	1			1	3		0	1	2	4	36	50%
REC	**27466**	**Osteoplasty, femur; lengthening**	**90**			**0.085**	**0.050**			**22.65**			**457**	**40**	**15**	**15**			**150**			**30**	**1**	**1**	**1**			**1**	**3**						
REF1	**23210**	Radical resection of tumor;	**90**	**2009**	4	**0.078**	**0.049**			**27.21**			560	40	20	20			210			30	2	1	1			1	2	1					
REF2	**27284**	Arthrodesis, hip joint (including	**90**	**2000**	2	**0.082**	**0.050**			**25.06**			497	80					180			30	1	3	1				3						
HVD	**27468**	Osteoplasty, femur; combined,	**90**	**HVD**		0.055	0.039			19.97			515	33	5	25			175			29		6.5	1					5					
SVY	**27468**	Osteoplasty, femur; combined,	**90**		**10**	**0.063**	**0.044**	**24.00**	**26.00**	**28.80**	**34.25**	**37.50**	**662**	**80**	**20**	**15**	**150**	**210**	**240**	**255**	**300**	**38**	1	1	1		1	5			**0**	**1**	**1**	**5**	**25**	**90%**
		Random	90		2	0.042	0.035	26.00	27.50	29.00	30.50	32.00	837	93	45	30	150	188	225	263	300	38	1	1	1		5	4			1	1	1	1	1	100%
		Vendor	90		8	0.060	0.042	24.00	25.75	28.80	35.00	37.50	682	78	17	13	150	210	240	245	300	45	1	2	1		1	5			0	1	2	7	25	88%
REC	**27468**	**Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer**	**90**							**CP**																										

FACILITY DIRECT PE INPUTS

CPT CODE(S): 27458, 27465. 27466, 27468
SPECIALTY SOCIETY(IES): AAOS
PRESENTER(S): William Creevy MD, Hussein Elkousy MD , Kevin Neal MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 09/2024

CPT Code	Long Descriptor	Global Period
27458	Osteotomy(ies), femur, unilateral, with insertion of an externally controlled intramedullary lengthening device, including iliotibial band release when performed, imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	90
27465	Osteoplasty, femur; shortening (excluding 64876)	90
27466	Osteoplasty, femur; lengthening	90
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer	90

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
27458	A 16-year-old male presents with a congenitally short right femur. At skeletal maturity, he continues to have a limb length discrepancy of 6 cm. He walks with a limp and has activity-related pain in the right hip and low back.
27465	A 45-year-old female has a leg length discrepancy of 2.5 cm. She undergoes a shortening osteoplasty with internal fixation to equalize limb lengths.
27466	A 7-year-old female has a congenital short right femur. She undergoes osteoplasty with intraoperative distraction, application of a graft and internal fixation to lengthen the short femur.
27468	A 25-year-old male has a 10 cm segmental bone loss and a bone defect of the femur after an open fracture. Osteoplasty with resection of a 5 cm segment of bone and shortening of the contralateral longer femur is performed with internal fixation for stabilization. The 5 cm resected segment of bone is then transferred to the shorter femur spanning the bone defect with internal fixation thereby equalizing limb lengths.

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:
   Society advisors and content experts reviewed the PE details for current codes.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   Current codes used current code PE details as reference. New code 27458 used the survey key reference code 22633 which includes standard 90-day global PE inputs.
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   no
   See the *Billed Together* tab in the RUC Database.

CPT CODE(S): 27458, 27465. 27466, 27468
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

The increase over current cost is due solely to changes in number/level of postop office visits per the survey.

See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

no

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

n/a

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

n/a

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Clinical Staff Work Clinical staff reviews all forms with patient and family to ensure all relevant history and diagnostic information is included. Staff coordinates collection and documentation of imaging/lab results, patient specific information and other relevant patient information for a surgical procedure including conducting requisite pre-surgery assessment with anesthesiologist. Enter and record all clinical updates in EHR. Staff interacts with facility to schedule space, supplies, equipment, and review checklists. Staff reviews procedure, complication risk, process of recovery, and answers patient/family questions. Staff reviews preoperative medication changes, preop diet restrictions, reviews patient medical status and answers final pre-admission questions.

   b. Service period (includes pre, intra and post):

Prior to discharge, office clinical staff will assist with necessary post-discharge care coordination, such as: Responding to patient/family questions about home activity restrictions. Confirmation of discharge antibiotics if needed, and pain medication. Coordination with other physicians and QHPs involved in the care of the patient for transfer of records. Transitioning discharge information to the surgeon office

medical record, including medication list, correspondence and imaging or lab results pending at discharge.

c. Post-service period:

The clinical staff work includes the standard activities involved in any E/M visit including ensuring the appropriate supplies are available in the room, ensuring imaging and lab reports are available, rooming and gowning the patient, reviewing current medications/allergies in EHR, obtaining vital signs, assisting with positioning, wound care, coordination of care, and cleaning of the room.

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

n/a

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

n/a

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

n/a

14. Are you recommending a PE supply pack for this recommendation? **Yes** or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

SA048	pack, minimum multi-specialty visit
SA054	pack, post-op incision care (suture)

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7

gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

DESCRIPTION	**Code**	**Unit**	**Item Qty**
pack, post-op incision care (suture)	**SA054**	**pack**	
kit, suture removal *metal Littauer (hook-tipped) scissors* *Posi-Grip plastic forceps* *3" x 3" gauze sponge* *tray*		kit	1
povidone soln (Betadine)		ml	10
gauze, sterile 4in x 4in		item	2
gloves, sterile		pair	1
steri-strip (6 strip uou)		item	2
swab-pad, alcohol		item	2
tape, surgical paper 1in (Micropore)		inch	12
tincture of benzoin, swab		item	1

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

n/a

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

n/a

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

n/a

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

EF031	table, power	office visits

PE-ONLY CODES ADDITIONAL INFORMATION

FACILITY DIRECT PE INPUTS

CPT CODE(S): 27458, 27465. 27466, 27468
SPECIALTY SOCIETY(IES): AAOS
PRESENTER(S): William Creevy MD, Hussein Elkousy MD , Kevin Neal MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

n/a

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

n/a

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

We are recommending no PE inputs for code 27468. There were insufficient surveys received for this rarely performed service. The recommendation is to have contractor price this code until it can be deleted through a CPT code application.

FACILITY DIRECT PE INPUTS

CPT CODE(S): 27458, 27465. 27466, 27468
SPECIALTY SOCIETY(IES): AAOS
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2						22633		27458		27465		27465		27466		27466		27468		27468	
3	Clinical Activity Code	Meeting Date: 09/2024 Revision Date (if applicable): Tab: 4 Specialty: AAOS	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Arthrodesis, combined posterior or posterolateral technique with posterior interbody		Osteotomy(ies), femur, unilateral, with insertion of an externally controlled intramedullary		Osteoplasty, femur; shortening (excluding 64876)		Osteoplasty, femur; shortening (excluding 64876)		Osteoplasty, femur; lengthening		Osteoplasty, femur; lengthening		Osteoplasty, femur; combined, lengthening and shortening with femoral segment		Osteoplasty, femur; combined, lengthening and shortening with femoral segment	
4		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5		GLOBAL PERIOD				90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
6		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				N/A	$ 120.60	N/A	$ 251.18	N/A	$ 125.67	N/A	$ 143.26	N/A	$ 135.34	N/A	$ 143.26	N/A	$ 135.34	N/A	CP
7		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	0.0	197.0	0.0	404.0	0.0	198.0	0.0	233.0	0.0	207.0	0.0	233.0	0.0	207.0	0.0	0.0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	0.0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	0.0	12.0	0.0	12.0	0.0	12.0	0.0	12.0	0.0	12.0	0.0	12.0	0.0	12.0	0.0	0.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	0.0	125.0	0.0	332.0	0.0	126.0	0.0	161.0	0.0	135.0	0.0	161.0	0.0	135.0	0.0	0.0
11		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				$ -	$ 98.11	$ -	$ 201.19	$ -	$ 98.60	$ -	$ 116.03	$ -	$ 103.09	$ -	$ 116.03	$ -	$ 103.09	$ -	$ -
12		PRE-SERVICE PERIOD																			
13		Start: Following visit when decision for surgery/procedure made																			
14	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.498		5		5		5		5		5		5		5		
15	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.498		20		20		20		20		20		20		20		
16	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.498		8		8		8		8		8		8		8		
17	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.498		20		20		20		20		20		20		20		
18	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.498		7		7		7		7		7		7		7		
28		End: When patient enters office/facility for surgery/procedure																			
29		SERVICE PERIOD																			
30		Start: When patient enters office/facility for surgery/procedure:																			
31		Pre-Service (of service period)																			
73	CA036	Discharge day management	L037D	RN/LPN/MTA	0.498	n/a	12	n/a	12	n/a	12	n/a	12	n/a	12	n/a	12	n/a	12	n/a	
80		End: Patient leaves office/facility																			
81		POST-SERVICE PERIOD																			
82		Start: Patient leaves office/facility																			
85		*Office visits: List Number and Level of Office Visits*	MINUTE			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
86		99211 16 minutes	16																		
87		99212 27 minutes	27								2				5				5		
88		99213 36 minutes	36				2		6		2		3				3				
89		99214 53 minutes	53				1		1				1				1				
90		99215 63 minutes	63						1												
91	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.498	0.0	125.0	0.0	332.0	0.0	126.0	0.0	161.0	0.0	135.0	0.0	161.0	0.0	135.0	0.0	0.0
98		End: with last office visit before end of global period																			
99	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT																	
100		TOTAL COST OF SUPPLY QUANTITY x PRICE				$ -	$ 20.53	$ -	$ 44.78	$ -	$ 24.70	$ -	$ 24.70	$ -	$ 29.72	$ -	$ 24.70	$ -	$ 29.72	$ -	$ -
101	SA048	pack, minimum multi-specialty visit	5.02	pack			3		8		4		4		5		4		5		
102	SA054	pack, post-op incision care (suture)	4.62	pack					1		1		1		1		1		1		
103	SA053	pack, post-op incision care (suture & staple)	5.47	pack			1														
104																					
105																					
106	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute																
107		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				$ -	$ 1.96	$ -	$ 5.20	$ -	$ 2.36	$ -	$ 2.52	$ -	$ 2.53	$ -	$ 2.52	$ -	$ 2.53	$ -	$ -
108	EF031	table, power	5906.76	Office Visits	0.015674926		125		332		126		161		135		161		135		
109	EQ081	cast cutter	1160.62		0.003079968						126				135				135		
110																					
111																					

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2024

Limb Lengthening/Shortening-Tibia – Tab 5

In May 2024, the CPT Editorial Panel created a new Category I code, 27713, for reporting tibia lengthening using the insertion of an externally controlled intramedullary lengthening device, including imaging. Though lengthening of long bones is a well-established treatment for clinically significant limb inequalities, the emergence of this new technology has fundamentally changed the preoperative planning, intraoperative technical requirements, and postoperative management for these lengthening procedures. CPT code 27713 and the other code within this code family 27715, were surveyed for the September 2024 RUC Meeting.

Compelling Evidence
The RUC agreed with the specialty society that there is compelling evidence to support a change in physician work for CPT code 27715 based on the argument that there was a flawed methodology used in the previous evaluation. In their summary of recommendation, the specialty society articulated that pediatric orthopaedic surgeons (who typically perform the service on children with congenital limb length discrepancies) were not involved nor was their input included in the original valuation of this service. The RUC recognized that the survey conducted for the September 2024 RUC meeting included orthopaedic pediatric surgeons, along with general and trauma orthopaedic surgeons who are all experienced in orthopaedic reconstructive surgery and experienced in performing these low-volume procedures. **The RUC agrees with the compelling evidence presented that the physician work for these services has changed based on evidence that incorrect assumptions were made in the previous valuation of these services.**

27713 ***Osteotomy(ies), tibia, including fibula when performed, unilateral, with insertion of an externally controlled intramedullary lengthening device, including imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device***
The RUC reviewed survey results from 45 orthopaedic surgeons and determined the survey median work RVU of 28.00 appropriately accounted for the physician work required to perform this service. The RUC recommends 50 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 15 minutes scrub/dress/wait time, 200 minutes intra-service time, 30 minutes immediate post-service time, 1-99231, 1-99232, 1-99238, 6-99213, 1-99214 and 1-99215 visits for this service, which equals 641 minutes of total time.

The specialty society selected pre-service time package *3 FAC Straightforward Patient/Difficult Procedure* and post-service time package *9B General Anes or Complex Regional Blk/Cmplx Proc*. The selected time packages were modified to more accurately reflect pre-and post-service time involved with this service. The additional 17 minutes of pre-service evaluation time above the standard pre-time package time of 33 minutes accounts for the additional time necessary for tasks including preoperative discussion with the patient's parents regarding the surgery and review/obtain informed consent; reexamination of the patient to ensure that physical findings have not changed to review imaging and confirm prior measurements related to device selection; sterile setup of the intramedullary lengthening device and sterile testing of the remote controller magnetic field generator for proper function before implantation; and verification that other hardware required for this service or available. The

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specialty society confirmed that 17 additional minutes of pre-service evaluation time is consistent with other device-intensive codes and operations on children. An additional 12 minutes of pre-service positioning time is required above the standard package time of 3 minutes to account for padding of bony prominences, positioning and bolstering the patient's leg to allow for surgical exposure and manipulation of the limb and imaging equipment during surgery. The specialty society confirmed that 12 additional minutes of pre-service positioning time is consistent with femur procedures.

The RUC agreed with the surveying society that the post-operative office visits typically involve assessing the progress of ambulation and counseling the family regarding wound care, therapy protocol, and review of narcotic pain medication. For CPT code 27713, the physician will also interpret the radiographs and confirm the calculation for the planned lengthening protocols, as well as update the external remote controller (ERC) device programming.

To justify a work RVU value of 28.00, the RUC compared CPT code 27713 to top key reference service and MPC code 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;* (work RVU = 26.80, 180 minutes intra-service time and 509 minutes total time) and the second highest key reference service and MPC code 27284 *Arthrodesis, hip joint (including obtaining graft);* (work RVU = 25.06, 180 minutes intra-service time and 497 minutes total time). The RUC recognizes that the surveyed code is an appropriate comparator relative to the two key reference services, bracketing the survey median work RVU, as well as in terms of intra-service time and intraoperative intensity. For additional support, the RUC referenced MPC codes 55845 *Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes* (work RVU = 25.18, 198 minutes intra-service time and 466 minutes total time) and 33426 *Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring* (work RVU = 43.28, 205 minutes intra-service time and 776 minutes total time), noting that together these two codes also bracket the survey median work RVU and have identical intra-service time as the surveyed code. **The RUC recommends a work RVU of 28.00 for CPT code 27713.**

27715 ***Osteoplasty, tibia and fibula, lengthening or shortening***
The RUC reviewed survey results from 45 orthopaedic surgeons and determined the survey median work RVU of 22.50 appropriately accounted for the physician work required to perform this service. The RUC recommends 40 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 15 minutes scrub/dress/wait time, 150 minutes intra-service time, 30 minutes immediate post-service time, 1-99231, 1-99232, 1-99238, 3-99213 and 1-99214 visits for this service, which equals 457 minutes of total time.

The specialty society selected pre-service time package 3 *FAC Straightforward Patient/Difficult Procedure* and post-service time package *9B General Anes or Complex Regional Blk/Cmplx Proc*. The selected time packages were modified to more accurately reflect pre-and post-service time involved with this service. The additional 7 minutes of pre-service evaluation time above the standard pre-time package time of 33 minutes accounts for the additional time necessary for tasks including reexamination of the patient to ensure that the physical findings have not changed (range of motion of the hip and knee, neurovascular status, length and rotation of the limb); precise pre-operative marking, including confirmation of the harvest location of bone graft; and verification that other hardware required for this service are available. Less pre-service evaluation time is required for this service compared to CPT code 27713 because this service does not require the preliminary steps required for using the externally

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controlled intramedullary lengthening nails device, including sterile testing of the device. The additional 12 minutes of pre-service positioning time is required above the standard package time of 3 minutes to account for padding of bony prominences, positing and bolstering the patient's leg to allow for surgical exposure and manipulation of the limb and imaging equipment during surgery. The specialty society confirmed that 12 additional minutes of pre-service positioning time is consistent with femur procedures.

The RUC agreed with the surveying society that these follow-up office visits typically involve standard procedures such as assessing the progress of ambulation and counseling the family regarding wound care, therapy protocol, and review of narcotic pain medication. Fewer office visits are required for CPT code 27715 than 27713 because there is no reprogramming of the device and controller.

To justify a work RVU value of 22.50, the RUC compared CPT code 27715 to top key reference service 27269 *Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed* (work RVU = 18.89, 125 minutes intra-service time and 404 minutes total time) and the second highest key reference service and MPC code 22630 *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;* (work RVU = 22.09, 150 minutes intra-service time and 479 minutes total time). The RUC recognizes that the surveyed code is an appropriate comparator relative to the two key reference services, bracketing the survey median work RVU, as well as in terms of intra-service time and intraoperative intensity. For additional support, the RUC referenced MPC code 32669 *Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)* (work RVU = 23.53, 150 minutes intra-service time and 502 minutes total time), noting that this reference code requires similar intra-service time and has similar physician work as the surveyed code. **The RUC recommends a work RVU of 22.50 for CPT code 27715.**

Practice Expense
The Practice Expense (PE) Subcommittee concurred that there is compelling evidence to support an increase over the aggregate current cost for clinical staff time, supplies and equipment for the code family based on changes in physician time due to changes in the number/level of post-operative visits, per the survey, and consequent increases in equipment time.

The PE Subcommittee reviewed the direct practice expense inputs and made no modifications to the standard 090-day global inputs. The PE Subcommittee noted that the use of the 12-minute standard for CA036 *Discharge day management* is appropriate. **The RUC recommends the direct practice expense inputs as submitted by the specialty society.**

New Technology
CPT code 27713 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.

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CPT Code		Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
	Musculoskeletal System **Leg (Tibia and Fibula) and Ankle Joint** **Repair, Revision, and/or Reconstruction** *27705* *Osteotomy; tibia* *27707* *fibula* *27709* *tibia and fibula* *27712* *multiple, with realignment on intramedullary rod (eg, Sofield type procedure)* *(For osteotomy to correct genu varus [bowleg] or genu valgus [knock-knee], see 27455-27457)*				
#●27713		G1	Osteotomy(ies), tibia, including fibula when performed, unilateral, with insertion of an externally controlled intramedullary lengthening device, including imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device (Do not report 27713 in conjunction with 27705, 27709, 27712, 27715, 27720, 27722, 27724, 27759)	090	28.00
(f)27715		G2	Osteoplasty, tibia and fibula, lengthening or shortening	090	22.50 (2024 Work RVU = 15.50)
	27720 *Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)* *27722* *with sliding graft* *27724* *with iliac or other autograft (includes obtaining graft)* *27725* *by synostosis, with fibula, any method* *27759* *Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage*				

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:27713 Tracking Number G1 Original Specialty Recommended RVU: **28.00**
Presented Recommended RVU: **28.00**
Global Period: 090 Current Work RVU: **n/a** RUC Recommended RVU: **28.00**

CPT Descriptor: Osteotomy(ies), tibia, including fibula when performed, unilateral, with insertion of an externally controlled intramedullary lengthening device, including imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 15-year-old presents with a congenital right fibular hemimelia. At skeletal maturity, she continues to have a limb length discrepancy of 4 cm. She walks with a limp and has activity-related pain in the right hip and low back.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 33% , Overnight stay-more than 24 hours 67%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 91%

Description of Pre-Service Work: The appropriate antibiotic(s) are selected and ordered, and timing and administration are confirmed. Results of preadmission testing are reviewed, including laboratory tests, X rays, CT scans, and/or MRIs, with special attention to radiographs and scaled radiographs used to determine an appropriate intramedullary lengthening device diameter and length, the appropriate osteotomy location, and to determine the amount of lengthening required. The patient is re-examined to make sure that physical findings have not changed, including range of motion of the hip and knee, neurovascular status, and length and rotation of the limb. The history and physical are updated. The planned procedure and postoperative management are reviewed with the patient and parents; questions and concerns are addressed with the family; and parent informed consent for the minor is reviewed and consent obtained. It is verified that all required instruments and supplies are available, including intraoperative imaging/fluoroscopy for guidance and documentation. The intramedullary lengthening device and external remote controller magnetic field generator are tested for proper functioning. It is ensured that an array of plates and screws are available for possible use. An estimate of the appropriate-size component is determined by templating with radiographs. The patient is positioned, bony prominences are padded, and thermal regulation drapes are applied. The position of the extremities and head are assessed and adjusted as needed. The patient's leg is placed properly on the table and positioned with proper bolstering to aid surgical exposure. A tourniquet is placed on the proximal thigh. Areas of skin to be prepared are indicated, and surgical incisions are marked. A surgical "time out" is performed with the operating surgical team.

Description of Intra-Service Work: A longitudinal incision is made in the midline over the patellar tendon and dissection is carried through the subcutaneous tissue. The patellar tendon is split sharply in its midline. A guidepin is placed in the midline at the anterior crest of the tibia. The guidepin is adjusted on multiplane fluoroscopy and driven into the proximal metaphysis. The guidepin is overreamed with a starter reamer. A ball-tipped guide rod is placed down the canal of the tibia to the distal metaphysis. Next, a longitudinal incision is made laterally at the junction of the middle and distal one third of the fibula and dissection is carried through the subcutaneous tissue. Blunt dissection is performed through the lateral compartment to the fibula. Circumferential subperiosteal dissection is performed. Next, an osteotomy of the fibula is performed under direct visualization using a saw. Fluoroscopy confirms adequate osteotomy. Next, a longitudinal incision

is made medially over the subcutaneous border of the tibia and dissection is carried through the subcutaneous tissue. Circumferential subperiosteal dissection is performed. Multiple holes are drilled transversely across the tibia at the osteotomy site to provide ventilation for reaming. The ball-tipped guide rod is then overreamed, beginning with a starter reamer and progressing to a reamer diameter that is 1.5 mm to 2.0 mm greater than the chosen device. The guide rod is then withdrawn proximally. An osteotome is used to complete the tibial osteotomy. Fluoroscopy confirms adequate osteotomy. An externally controlled intramedullary lengthen device is then placed down the canal in the tibia, across the osteotomy site, and gently advanced to the distal tibia. Neutral rotation is confirmed. Two proximal locking pegs and two distal medial to lateral locking pegs are placed through small incisions. An incision is made over the distal fibula. A guidepin is placed transversely across the distal syndesmosis, through four cortices. The guidepin is overreamed. A fully threaded cannulated screw is placed over the guidepin across the distal syndesmosis. An incision is made proximally over the fibular head, taking care to remain anterior to avoid the peroneal nerve. A guidepin is placed transversely across the proximal syndesmosis, through four cortices. The guidepin is overreamed. A fully threaded cannulated screw is placed over the guidewire across the proximal syndesmosis. A 3-cut percutaneous Achilles tendon lengthening is performed using a scalpel. The first cut is just proximal to the calcaneal insertion of the tendon and directed medially. The second cut is 1 cm proximal and directed laterally. The 3rd cut is 1 cm further proximal and again directed medially. Maximum dorsiflexion is placed through the ankle to achieve Achilles tendon lengthening. Final check of all implants on multiplane fluoroscopy is found to be adequate. Acute distraction of 1 to 2 mm of the device is performed intraoperatively with the external remote controller magnetic field generator to document proper functioning of the magnetic lengthening mechanism. The wounds are copiously irrigated. The patellar tendon is repaired. All wounds are closed in layers. The internal magnet is identified using fluoroscopy and is marked with a permanent surgical skin marker. The skin incisions are infiltrated with local anesthetic.

Description of Post-Service Work:
Facility:
Apply sterile dressings; remove drapes; assess limb alignment compared to the opposite extremity; asses limb perfusion and pulses; wait for reversal of anesthesia and extubation; assist in transfer of the patient from the OR table to a stretcher or bed; assist in transport of patient from operating room to recovery room; monitor patient stabilization in the recovery room; complete a careful neurologic and vascular examination of the extremity; discuss postoperative recovery care with anesthesia and nursing staff, including regional blocks; enter a brief operative note and a full operative report in the medical record; call referring physician and/or send a copy of the operative note; write comprehensive orders for PACU and floor care; complete medication reconciliation; order and review postoperative radiographs; enter procedure data, including implant details, into longitudinal outcome registries (eg, NSQIP, local registry); and discuss procedure and outcome with patient and family. Later the same day: Examine the patient and perform a vascular assessment of the operated limb; assess pain scores and adequacy of analgesia; review nursing/other staff patient chart notes; adjust orders for pain control, DVT prophylaxis, diet, and ambulation; answer patient and family questions; answer nursing/other staff questions; and chart patient progress notes. On the next day and any subsequent visits before discharge: Examine the patient and perform a neurovascular assessment of the operated limb; assess pain scores and adequacy of analgesia; review nursing/other staff patient chart notes; adjust orders as needed; answer patient and family questions; answer nursing/other staff questions; and chart patient progress notes. Counsel the patient/family on expectations of pain, swelling, signs of compartment syndrome, and techniques for mitigation. Discharge day management: The patient is discharged when there is adequate pain control with oral analgesics, adequate solid and liquid intake, normal voiding of urine, and independent ambulation. Reconcile medications and write orders for medications needed after discharge. Home restrictions (ie, diet, activity, bathing) are discussed with the patient / family and the discharging nurse. All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Office:
The first postoperative office visit occurs 5-10 days after surgery. The patient / family is interviewed and data obtained by clinical staff is reviewed. The findings at surgery and details of the procedure are reviewed with the patient/family. A new postoperative radiograph is ordered and taken, then interpreted by the surgeon. The postoperative dressings are removed and assessment performed of wound status, drainage, hematoma, and signs of infection. The circulation, sensation, and motor function status is assessed. The wounds are cleaned and redressed. Adequacy of analgesia is assessed, the PDMP is checked and orders are made for narcotic and nonnarcotic pain medication as needed. The patient/family will be counseled on appropriate multi-modal pain management (ie, narcotic, nonnarcotic). The patient/family will be counseled on expectations of pain, swelling, signs of compartment syndrome, and techniques for mitigation. The patient/family will be counseled on the findings of the radiograph. Imaging for the next visit will be ordered. The initial alignment computations for the planned adjustment schedule will be reviewed and modified if needed based on patient exam and imaging. The patient/family will be trained on the use of the external remote controller (ERC) magnetic field generator and provided written specific instructions. A physical therapy plan will be developed and ordered. Activity limitations (ambulation,

bathing, etc.) are discussed with the patient/family. Patient/family questions are answered. Medical record progress notes are dictated, reviewed, and signed. An update is provided to the PCP and/or referring provider. The second postoperative office visit occurs 10-21 days after surgery. The patient / family is interviewed and data obtained by clinical staff is reviewed. Interval chart notes, including calls from the patient/family and physical therapy notes are reviewed. The postoperative dressings are removed and assessment performed of wound status, drainage, hematoma, and signs of infection. The circulation, sensation, and motor function status is assessed. Sutures are removed and wounds are cleaned and redressed as needed. Adequacy of analgesia is assessed, the PDMP is checked and orders are made for narcotic and nonnarcotic pain medication as needed. The patient/family will be counseled on appropriate multi-modal pain management (ie, narcotic, nonnarcotic). The patient/family will be counseled on expectations of pain and swelling and techniques for mitigation. Imaging will be reviewed. Imaging for the next visit will be ordered. The alignment computations for the planned adjustment schedule will be reviewed and modified if needed based on patient exam and imaging. PT progress is assessed and orders revised as needed. Management of the patient and updates to the care plan is discussed with the PT. Activity limitations are reinforced with the patient. Patient/family questions are answered. Medical record progress notes are dictated, reviewed, and signed. An update is provided to the PCP and/or referring provider. At subsequent postoperative office visits, the patient / family is interviewed and data obtained by clinical staff is reviewed. Interval chart notes, including calls from the patient/family and physical therapy notes are reviewed. The circulation, sensation, and motor function status is assessed. Adequacy of analgesia is assessed, the PDMP is checked and orders are written for pain medication if needed. Imaging will be reviewed and ordered for the next visit. The alignment computations for the planned adjustment schedule will be reviewed and modified if needed based on patient exam and imaging. PT progress is assessed and orders revised as needed. Management of the patient and updates to the care plan is discussed with the PT as needed. Activity limitations are reinforced with the patient. Patient/family questions are answered. Medical record progress notes are dictated, reviewed, and signed. An update is provided to the PCP and/or referring provider.

Note that patient care will continue after the 90-day global period to follow the bone consolidation phase and bone hardening phase which can take 6 to 12 months.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	William Creevy MD, Hussein Elkousy MD, Kevin Neal MD					
Specialty Society(ies):	Orthopaedic surgery (general, pediatric, trauma)					
CPT Code:	27713					
Sample Size:	2803	**Resp N:**	45			
Description of Sample:	602 (Entire vendor list for surgeons familiar with new codes 27458, 27713) 2201 (random selection of orthopaedic surgeons self identified as general, pediatric, and trauma orthopaedic)					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**3.00**	7.00	48.00
Survey RVW:	19.00	25.50	**28.00**	30.00	45.00
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	120.00	180.00	**200.00**	210.00	360.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**233.00**	99211x **0.00** 12x **0.00** 13x **6.00** 14x **1.00** 15x **1.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	27713	**Recommended Physician Work RVU: 28.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**50.00**	**33.00**	**17.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**200.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	60.00	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	233.00	99211x **0.00** 12x **0.00** 13x **6.00** 14x **1.00** 15x **1.00**

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
22633	090	26.80	**RUC Time**

CPT Descriptor 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;

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
27284	090	25.06	**RUC Time**

CPT Descriptor Arthrodesis, hip joint (including obtaining graft);

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
55845	090	25.18	**RUC Time**	497

CPT Descriptor 1 Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33426	090	43.23	**RUC Time**	2,109

CPT Descriptor 2 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring

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:** 22.2 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 20.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 27713	Top Key Reference CPT Code: 22633	2nd Key Reference CPT Code: **27284**
Median Pre-Service Time	80.00	75.00	80.00
Median Intra-Service Time	200.00	180.00	180.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	60.0	100.00	100.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	233.0	86.00	69.00
Median Total Time	**641.00**	**509.00**	**497.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	10%	60%	30%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	20%	80%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	40%	60%
Physical effort required	0%	30%	70%

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	20%	20%	60%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	78%	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%	11%	89%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	33%	67%
Physical effort required	11%	44%	44%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	11%	89%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Lengthening of long bones is a well-established treatment for clinically significant limb length inequalities. The advent of new technology—externally-controlled intramedullary lengthening nails—has fundamentally changed the preoperative planning, intraoperative technical requirements, and postoperative management for these lengthening procedures. At the May 2024 CPT meeting, the Editorial Panel approved a new code 27713 for reporting tibia/fibula lengthening using with insertion of an externally controlled intramedullary lengthening device. The new global code includes all alignment assessments, computations and lengthening adjustment schedules, and management of the device. Although not included in the CPT application, code 27715 was added as family codes for review.

Recommendation – 27713

We recommend the survey median work RVU of 28.00, although the relative comparison to reference codes suggests this value underestimates the total work that includes significant postoperative office work.

Pre-time

Package 3 is selected with the following modifications:

Evaluation time: Total of 50 minutes that includes an additional 17 minutes above the standard package time to account for: (1) Additional time to set up (using sterile technique) the intramedullary lengthening device and use the external remote controller magnetic field generator to test for proper function for the expected range of lengthening prior to implantation; (2) Additional time related to preoperative discussion with both the minor patient and patient's parents to review the possible complications, the expected outcome, the postoperative lengthening process, and to review consent. This discussion importantly reemphasizes the amount of postoperative management that this procedure entails; (3) Additional time to reexamined the patient to make sure that physical findings have not changed, including range of motion of the hip and knee, neurovascular status, and length and rotation of the limb–this information is used to review imaging and confirm prior measurements related to device selection; and (4) Additional time is also required to ensure that hardware (reamers, drills, saws, rods, nails, plates, screws) and intraoperative imaging equipment are available. The additional preoperative time is consistent with other reconstructive device intensive operations.

Positioning time: Total of 15 minutes that includes 12 additional minutes above the standard package time to account for padding of bony prominences, positing and bolstering patient leg to allow for surgical exposure and manipulation of the limb and imaging equipment during surgery. A total of 15 minutes is consistent with other femur procedures (eg, 27236, 27269, 27511-27514)

Scrub, dress, wait time: Subtract 5 minutes (total time = 15 minutes) to be consistent with survey median.

Immediate Post-time through discharge from recovery

Package 9b: Subtract 3 minutes to be consistent with the survey median.

Postoperative visits after discharge from recovery

It is important to note that for most procedures, the intraoperative work is the treatment and the postoperative work is related to recovery. However, for 27458, the intraoperative work is only the beginning of treatment with continued treatment (lengthening) during the postoperative period. Thus, the need for many / intense visits with significant MDM to prevent treatment failure—lengthen too slow leads to premature consolidation, lengthen too fast leads to poor regenerate.

27713 Summary of Postop E/M	Visit CPT	Estimate of Visit Minutes	MDM			
			Problem	Data	Treatment / Risk	Overall
HV later same day	**99231**	26 to 34	Mod	Low	Mod	Mod[1]
HV (POD1)	**99232**	24 to 34	Mod	Low	Mod	Mod
Discharge (POD2)	**99238**	< 30	n/a	n/a	n/a	n/a
OV #1	**99215**	42 to 49	Mod	Mod	Mod	Mod
OV #2	**99214**	30 to 37	Mod	Mod	Mod	Mod

OVs #3 to #8	**99213**	28 to 33	Mod	Mod	Low	Mod[2]

1. Although MDM supports 99232; code 99231 selected to be consistent with survey data
2. Although MDM supports 99214; code 99213 selected to be consistent with survey data

Hospital Visit Later Same Day (99231): Review nursing notes; discuss status and progress with nursing staff. Review vital signs, I/O, labs and other related data. Review operative findings, radiographs and outcome with patient and/or family; answers questions. Assess pain control and response to current medications; modify orders accordingly. Assess urinary and GI function. Exam surgical site; reinforce/change dressing as needed. Assess limb position and alignment; repositioning the limb as needed. Check neurovascular status. Counsel patient and/or family regarding therapy protocol. Counsel patient and/or family regarding OOB/ambulation, incentive spirometry, upright position in bed and use of sequential compressive devices. Counsel patient and/or family regarding discharge planning. Communicate and coordinate care with medical nurses, other physicians and PT/OT. Communicate and coordinate pain control with anesthesia, including status of current modalities. Update orders. Write "postoperative check" progress note. Enter CPT and ICD-10 codes in billing system.

Hospital Visit, Day 1 (99232): Review nursing notes; discuss status and progress with nursing staff. Review vital signs, I/O, labs and other related data. Assess pain control and response to current medications; modify orders accordingly. Assess urinary and GI function. Examine surgical site; reinforce/change dressing as needed. Assess limb position and alignment; repositioning the limb as needed. Check neurovascular status. Counsel patient and/or family regarding therapy protocol. Counsel patient and/or family regarding OOB/ambulation, incentive spirometry, upright position in bed and use of sequential compressive devices. Counsel patient and/or family regarding discharge planning. Communicate and coordinate care with nurses, other physicians, PT/OT and case management. Communicate and coordinate pain control with anesthesia, including status of current modalities. Update orders. Write progress note. Enter CPT and ICD-10 codes in billing system.

Discharge Management, Day 2 (99238): Review nursing notes; discuss status and progress with nursing staff. Review PT/OT notes; discuss status and progress with PT/OT staff. Review case manager discharge plan notes; discuss status and progress with case management. Review notes from other physicians and discussing as appropriate. Review vital signs, I/O, labs and other related data. Interview patient and obtaining interval history. Assess pain control and response to current medications. Assess gastrointestinal and urinary function. Examine surgical site; changing dressing as needed. Assess limb position and ROM; repositioning limb as needed. Check neurovascular status. Finalize and confirm discharge plans with patient and/or family. Counsel patient and/or family regarding therapy protocol and activity limitations after discharge. Review postoperative instructions (eg wound care, pain medications, VTE prophylaxis). Complete daily progress note. Complete discharge summary and associated forms and documents. Write prescriptions for medications and devices / equipment. Check narcotic prescription registries. Complete medication reconciliation. Write order for discharge. Coordinate postoperative appointment with patient and/or family and office staff. Communicate and coordinate follow-up care with other physicians and/or PT/OT. Enter postoperative data into longitudinal outcome databases or registries (eg, NSQIP).

Office Visit #1 (99215): Discuss findings at surgery and review procedure details; answer questions. Review post-operative radiographs with patient and/or family. Interview patient and obtain history and/or review data obtained by clinical staff. Assess pain control, response to current medications and side-effects. Assess function, mobility and progress with ambulation. Assess gastrointestinal and urinary function to assess for medication side effects. Remove dressing; examine surgical site. Apply sterile dressing and compressive wrap or stockings. Assess limb alignment, swelling, strength and ROM. Check neurovascular status. Counsel patient and/or family regarding wound care, therapy protocol and activity (eg, driving, bathing, leg elevation). Counsel patient and/or family regarding planned or emergent invasive procedures (eg, dental, GI) about need for prophylactic antibiotics; review instruction sheet. Counsel patient/family regarding multi-modal pain management and use of narcotic pain medication with tapering. Fit and apply walker boot and/or AFO. Review and confirm calculations for planned lengthening protocol; program ERC device. Counsel patient and family on use of external remote control (ERC). Monitor while family and patient perform initial lengthening with ERC to confirm instructions are clear and answer any questions. Assess neurovascular status, motor function, limb alignment and pain status after lengthening. Order, review and personally interpret radiographs; review with patient and/or family. Check narcotic prescription registries. Write order for narcotic prescription; re-fill or new medication. Write order for nonnarcotic prescription as appropriate (e.g. NSAIDs). Discussion of need for VTE prophylaxis based on patient risk assessment and mobilization; refill or new medication. Complete medication reconciliation. Counsel patient/family regarding timing of next office visit and communicate interval care plan based on synthesis of interval history, physical exam, wound assessment, pain control and therapy progression . Complete forms/referrals for continued PT/OT and/or home care services (e.g. VNA). Complete disability, FMLA, out of/return to

work/school and other related forms. Communicate and coordinate care with other physicians and health care providers (e.g. PT/OT, PCP). Enter diagnosis code(s) and office visit codes in the EHR or other similar system. Write or dictate and sign progress note.

Office Visit #2 (99214): Review PT/OT and/or VNA notes to assess progress with therapy. Interview patient and obtain history and/or review data obtained by clinical staff. Assess pain control, response to current medications and side-effects. Assess function, mobility and progress with ambulation. Remove dressing; examine surgical site. Remove sutures; apply steri-strips. Apply compressive wrap or stockings. Assess limb alignment, swelling, strength and ROM. Assess walker boot and/or AFO. Check neurovascular status. Counsel patient and/or family regarding wound care, therapy protocol and activity (eg, driving, bathing, leg elevation). Counsel patient and/or family regarding planned or emergent invasive procedures (e.g, dental, GI) about need for prophylactic antibiotics; review instruction sheet. Counsel patient/family regarding multi-modal pain management and use of narcotic pain medication with tapering. Order, review and personally interpret radiographs; review with patient and/or family. Based upon radiographs, review and confirm calculations for planned lengthening protocol; update ERC device program. Check narcotic prescription registries. Write order for narcotic prescription; re-fill or new medication. Write order for nonnarcotic prescription as appropriate (e.g. NSAIDs). Discussion of need for VTE prophylaxis based on patient risk assessment and mobilization; re-fill or new medication. Complete medication reconciliation. Counsel patient/family regarding timing of next office visit and communicate interval care plan based on synthesis of interval history, physical exam, wound assessment, pain control and therapy progression . Complete forms/referrals for continued PT/OT and/or home care services (e.g. VNA). As required, complete disability, FMLA, out of/return to work/school and/or other related forms. Communicate and coordinate care with other physicians and health care providers (e.g. PT/OT, PCP). Enter diagnosis code(s) and office visit codes in the EHR or other similar system. Write or dictate and sign progress note

Office Visits #3-#8 (99213): Review PT/OT and/or VNA notes to assess progress with therapy. Interview patient and obtain history and/or review data obtained by clinical staff. Assess pain control, response to current medications and side-effects. Assess function, mobility and progress with ambulation. Examine surgical site; remove and replace dressing as needed. Assess limb alignment, swelling, strength and ROM. Check neurovascular status. Assess walker boot and/or AFO. Counsel patient and/or family regarding wound care, therapy protocol and activity (e.g. driving, bathing, leg elevation). Counsel patient and/or family regarding planned or emergent invasive procedures (e.g. dental, GI) about need for prophylactic antibiotics; review instruction sheet. Counsel patient/family regarding multi-modal pain management and narcotic pain medication cessation. Order, review and personally interpret radiographs; review with patient and/or family. Based upon radiographs, review and confirm calculations for planned lengthening protocol; update ERC device program. Write order for nonnarcotic prescription as appropriate (e.g. NSAIDs). Complete forms/referrals for continued PT/OT and/or home care services (e.g. VNA). As required, complete disability, FMLA, out of/return to work/school and/or other related forms. Communicate and coordinate care with other physicians and health care providers (e.g., PT/OT, PCP). Enter diagnosis code(s) and office visit codes in the EHR or other similar system. Write or dictate and sign progress note.

Note that patient care will continue after the 90-day global period to follow the bone consolidation phase and bone hardening phase which can take 6 to 12 months.

Key Reference Code Comparison

For both reference codes, the respondents indicated the intensity and complexity of the procedure to be more than the survey code. Unfortunately, when estimating the total work for the survey code, the respondents underestimated the work related to the many postoperative office visits. The survey reference list was hindered by a lack of available codes with an intraoperative time that is 3 hours and that include significant postoperative office work.

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99232	99231	99238	99215	99214	99213
27284	Arthrodesis, hip joint (including obtaining graft);	25.06	0.082	497	80	180	30	1	3	1			3
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;	26.80	0.091	509	75	180	30	2	1	1		1	2

27713	Osteotomy(ies), tibia, including fibula when performed, unilateral, with insertion of an externally controlled intramedullary lengthening device, including imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	28.00	0.064	641	80	200	30	1	1	1	1	1	6

MPC Code Comparison

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99233	99232	99231	99238	99215	99214	99213
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	25.18	0.084	466	51	198	33		1	1	1		1	2
27713	Osteotomy(ies), tibia, including fibula when performed, unilateral, with insertion of an externally controlled intramedullary lengthening device, including imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	28.00	0.064	641	80	200	30		1	1	1	1	1	6
33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	43.28	0.111	776	95	205	40	3*	2	1	1		1	1

*plus 1 x 99291

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) 27899 Unlisted procedure, leg or ankle

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 722
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 50% of 2022 data for all ages based on device company sales

Specialty orthopaedic surgery Frequency 722 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 73 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. specialty estimate of 10% of national estimated utilization

Specialty orthopaedic surgery Frequency 73 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 27468

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:27715 Tracking Number G2 Original Specialty Recommended RVU: **22.50**
Presented Recommended RVU: **22.50**
Global Period: 090 Current Work RVU: **15.50** RUC Recommended RVU: **22.50**

CPT Descriptor: Osteoplasty tibia and fibula, lengthening or shortening

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 15-year-old male with adolescent Blount's disease has shortening and deformity of the tibia. Osteoplasty with internal fixation is performed to correct the angular deformity and length of the affected limb.

Percentage of Survey Respondents who found Vignette to be Typical: 80%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 44% , Overnight stay-more than 24 hours 56%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 93%

Description of Pre-Service Work: The appropriate antibiotic(s) are selected and ordered, and timing and administration are confirmed. Results of preadmission testing are reviewed, including laboratory tests, X rays, CT scans, and/or MRIs, with special attention to imaging used to determine the amount of tibial lengthening needed to correct the leg length discrepancy and planned osteotomies. The patient is re-examined to make sure that physical findings have not changed, including range of motion of the hip and knee, neurovascular status, and length and rotation of the limb. The history and physical are updated. The planned procedure and postoperative management are reviewed with the patient /parents. Informed consent is reviewed and consent obtained. It is verified that all required instruments and supplies are available, including intraoperative imaging/fluoroscopy for guidance and documentation. Availability of an array of plates and screws that may be needed is confirmed. The patient is positioned supine with care to pad bony prominences. Thermal regulation drapes are applied. The position of the extremities and head are assessed and adjusted as needed. The patient's leg is placed properly on the table and positioned with proper bolstering to aid surgical exposure. A tourniquet is placed on the proximal thigh. Areas of skin to be prepared are indicated, and surgical incisions are marked. A surgical "time out" is performed with the operating surgical team.

Description of Intra-Service Work: Longitudinal incisions are made at the medial and lateral borders of the tibia proximally, with dissection carried through to the subcutaneous tissue and deep fascia. Circumferential subperiosteal dissection is performed a this level. A Gigli saw is passed behind the tibial metaphysis. Intraoperative ultrasound of the dorsalis pedi pulse confirms adequate pulses. Upward pressure is placed on the saw and the patient maintained an adequate pulse. While protecting the skin, a transverse osteotomy is performed on the proximal tibial metaphysis using the Gigli saw. Intraoperative ultrasound of the dorsalis pedis following the osteotomy confirms normal pulse. The bone ends are distracted to create a gap equal to the desired amount of lengthening. Wedges of bone are removed as needed from the lateral side to correct the varus deformity. If required. autologous bone graft (eg, iliac crest) is harvested and packed into the osteotomy gap to fill any defects and enhance bone healing. The tibia is realigned into the correct position. A submuscular plate is then placed along the medial aspect of the tibia and locked with a single nonlocking screw into the most distal hole of the plate. Fluoroscopy is used to confirm alignment of bone and plate placement. It is revised if necessary and at least 5 more locking or nonlocking screws are placed to secure the construct. Final check of screws and plate is confirmed on multiplane fluoroscopy and found to be adequate. The wounds are copiously irrigated. The muscles and soft tissues over are repaired. The skin is closed in layers and wounds are infiltrated with a local anesthetic.

Description of Post-Service Work:
Facility:
Apply sterile dressings; remove drapes; fashion and place well padded leg splint; assess limb alignment compared to the opposite extremity; asses limb perfusion and pulses; wait for reversal of anesthesia and extubation; assist in transfer of the patient from the OR table to a stretcher or bed; assist in transport of patient from operating room to recovery room; monitor patient stabilization in the recovery room; complete a careful neurologic and vascular examination of the extremity; discuss postoperative recovery care with anesthesia and nursing staff, including regional blocks; enter a brief operative note and a full operative report in the medical record; call referring physician and/or send a copy of the operative note; write comprehensive orders for PACU and floor care; complete medication reconciliation; order and review postoperative radiographs; enter procedure data, including implant details, into longitudinal outcome registries (eg, NSQIP, local registry); and discuss procedure and outcome with patient and family. Later the same day: Examine the patient and perform a vascular assessment of the operated limb; assess pain scores and adequacy of analgesia; review nursing/other staff patient chart notes; write orders for ambulation; answer patient and family questions; answer nursing/other staff questions; and chart patient progress notes. On the next day and any subsequent visits before discharge: Examine the patient and perform a neurovascular assessment of the operated limb; assess pain scores and adequacy of analgesia; review nursing/other staff patient chart notes; write orders for ambulation; write orders for therapy; write orders for imaging and review imaging; answer patient and family questions; answer nursing/other staff questions; and chart patient progress notes. Discharge day management: The patient is discharged when there is adequate pain control with oral analgesics, adequate solid and liquid intake, normal voiding of urine, and independent ambulation. Reconcile medications and write orders for medications needed after discharge. Home restrictions (ie, diet, activity, bathing) are discussed with the patient / family and the discharging nurse. All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Office:
The first postoperative office visit occurs 5-7 days after surgery. The patient / family is interviewed and data obtained by clinical staff is reviewed. The findings at surgery and details of the procedure are reviewed with the patient/family. The postoperative radiograph taken after surgery is reviewed with the patient/family. The postoperative splint and dressings are removed and assessment performed of wound status, drainage, hematoma, and signs of infection. The circulation, sensation, and motor function status is assessed. The wounds are cleaned and redressed. Adequacy of analgesia is assessed, the PDMP is checked and orders are made for narcotic and nonnarcotic pain medication as needed. The patient/family will be counseled on appropriate multi-modal pain management (ie, narcotic, nonnarcotic). The patient/family will be counseled on expectations of pain and swelling and techniques for mitigation. Imaging will be ordered and reviewed. A physical therapy plan will be developed and ordered. Activity limitations (ambulation, bathing, etc.) are discussed with the patient/family. Patient/family questions are answered. Medical record progress notes are dictated, reviewed, and signed. An update is provided to the PCP and/or referring provider. At subsequent postoperative office visits, the patient / family is interviewed and data obtained by clinical staff is reviewed. Interval chart notes, including calls from the patient/family and physical therapy notes are reviewed. The postoperative dressings are removed and assessment performed of wound status, drainage, hematoma, and signs of infection. The circulation, sensation, and motor function status is assessed. Sutures are removed when appropriate. Wounds are cleaned and redressed as needed. Adequacy of analgesia is assessed, the PDMP is checked and orders are made for narcotic and nonnarcotic pain medication as needed. The patient/family will be counseled on appropriate multi-modal pain management (ie, narcotic, nonnarcotic). The patient/family will be counseled on expectations of pain and swelling and techniques for mitigation. Imaging will be ordered and reviewed. PT progress is assessed and orders revised as needed. Management of the patient and updates to the care plan is discussed with the PT. Activity limitations are reinforced with the patient. Patient/family questions are answered. Medical record progress notes are dictated, reviewed, and signed. An update is provided to the PCP and/or referring provider.

Note that patient care will continue after the 90-day global period to follow the bone consolidation phase and bone hardening phase which can take 6 to 12 months.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	William Creevy MD, Hussein Elkousy MD, Kevin Neal MD					
Specialty Society(ies):	Orthopaedic surgery (general, pediatric, trauma)					
CPT Code:	27715					
Sample Size:	2803	**Resp N:**	45			
Description of Sample:	602 (Entire vendor list for surgeons familiar with new codes 27458, 27713) 2201 (random selection of orthopaedic surgeons self identified as general, pediatric, and trauma orthopaedic)					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	9.00	42.00
Survey RVW:	17.55	20.50	**22.50**	25.06	37.50
Pre-Service Evaluation Time:			**50.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	90.00	120.00	**150.00**	180.00	360.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**109.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **1.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	27715	**Recommended Physician Work RVU: 22.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**33.00**	**7.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**150.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**109.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
27269	090	18.89	**RUC Time**

CPT Descriptor Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22630	090	22.09	**RUC Time**

CPT Descriptor Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;

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
22630	090	22.09	**RUC Time**	4,665

CPT Descriptor 1 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
32669	090	23.53	**RUC Time**	2,393

CPT Descriptor 2 Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 7 **% of respondents:** 15.5 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 13.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 27715	Top Key Reference CPT Code: 27269	2nd Key Reference CPT Code: **22630**
Median Pre-Service Time	70.00	60.00	75.00
Median Intra-Service Time	150.00	125.00	150.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	60.0	80.00	100.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	109.0	71.00	86.00
Median Total Time	**457.00**	**404.00**	**479.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	14%	29%	43%	14%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	14%	86%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	29%	0%	71%
Physical effort required	29%	14%	57%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with	0%	14%	86%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	50%	33%	17%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	33%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	17%	50%	33%
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	33%	50%	17%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the May 2024 CPT meeting, the Editorial Panel approved a new code 27713 for reporting tibia/fibula lengthening using with insertion of an externally controlled intramedullary lengthening device. Although not included in the CPT application, code 27715 was added as family codes for review.

Compelling Evidence – 27715

Flawed mechanism or methodology used in the previous valuation:

The value for code 27715 is based on a survey of intraoperative time estimate from 6 general orthopaedic surgeons in 1989 – pediatric surgeons (the typical provider) were not included in the study. In addition, pre- and post-work/time were not surveyed, but were instead imputed using an algorithm. There was no positioning time assigned which was consistent with the assignment of 0 minutes for positioning time for office procedures in this study. This is a rarely performed intense and complex operation, typically performed on children with congenital limb length discrepancy/deformity. We do not believe that 6 general orthopaedic surgeons could adequately respond to a work estimate reflective of the level of intensity/complexity of this procedure using magnitude estimation, resulting in both time and a relative work value that was underestimated.

Recommendation – 27715

We recommend the survey median work RVU of 22.50. This value takes into account the correct intensity of all components of work using the relative current work RVUs for postoperative facility and office visits, complete accounting for preservice evaluation, positioning, and scrub/dress/wait time, and fairly compares the intraoperative intensity to other surgical procedures based on magnitude estimation.

Pre-time

Package 3 is selected with the following modifications:

Evaluation time: Total of 40 minutes that includes an additional 7 minutes above the standard package time to account for: additional time to reexamined the patient to make sure that physical findings have not changed, including range of motion of the hip and knee, neurovascular status, and length and rotation of the limb –this information is used to re-review the extensive preoperative imaging and confirm prior measurements and planned bone cuts to lengthen the limb. Precise preoperative marking is required for all incisions, including confirmation of the harvest location of bone graft. Additional time is also required to ensure that hardware (reamers, drills, saws, rods, nails, plates, screws) and intraoperative imaging equipment are available. The additional preoperative time is consistent with other reconstructive device intensive operations. Note that when this procedure is performed on a child, additional time not described above is required for review of the procedure and recovery with both the parents and the child prior to consent.

Positioning time: Total of 15 minutes that includes 12 additional minutes above the standard package time to account for padding of bony prominences, positing and bolstering patient leg to allow for surgical exposure and manipulation of the limb and imaging equipment during surgery. A total of 15 minutes is consistent with other femur procedures (eg, 27236, 27269, 27511-27514)

Scrub, dress, wait time: Package time of 15 minutes is consistent with survey median.

Immediate Post-time through discharge from recovery

Package 9b: Subtract 3 minutes to be consistent with the survey median.

Postoperative visits after discharge from recovery

27465 Summary of Postop E/M	Selected Visit Level CPT Code	Estimate of Visit Minutes	MDM			
			Problem	Data	Treatment / Risk	Overall
HV later same day	**99231**	26 to 34	Mod	Low	Mod	Mod[1]
HV (POD1)	**99232**	24 to 34	Mod	Low	Mod	Mod
Discharge (POD2)	**99238**	< 30	n/a	n/a	n/a	n/a

OV #1	**99214**	27 to 32	Mod	Mod	Mod	Mod
OV #2	**99213**	27 to 32	Mod	Low	Mod	Mod[2]
OVs #3 to #4	**99213**	23 to 26	Mod	Mod	Low	Mod[2]

1. Although MDM supports 99232; code 99231 selected to be consistent with survey data
2. Although MDM supports 99214; code 99213 selected to be consistent with survey data

Hospital Visit Later Same Day (99231): Review nursing notes; discuss status and progress with nursing staff. Review vital signs, I/O, labs and other related data. Review operative findings, radiographs and outcome with patient and/or family; answers questions. Assess pain control and response to current medications; modify orders accordingly. Assess urinary and GI function. Exam surgical site; reinforce/change dressing as needed. Assess limb position and alignment; repositioning the limb as needed. Check neurovascular status. Counsel patient and/or family regarding therapy protocol. Counsel patient and/or family regarding OOB/ambulation, incentive spirometry, upright position in bed and use of sequential compressive devices. Counsel patient and/or family regarding discharge planning. Communicate and coordinate care with medical nurses, other physicians and PT/OT. Communicate and coordinate pain control with anesthesia, including status of current modalities. Update orders. Write “postoperative check” progress note. Enter CPT and ICD-10 codes in billing system.

Hospital Visit, Day 1 (99232): Review nursing notes; discuss status and progress with nursing staff. Review vital signs, I/O, labs and other related data. Assess pain control and response to current medications; modify orders accordingly. Assess urinary and GI function. Examine surgical site; reinforce/change dressing as needed. Assess limb position and alignment; repositioning the limb as needed. Check neurovascular status. Counsel patient and/or family regarding therapy protocol. Counsel patient and/or family regarding OOB/ambulation, incentive spirometry, upright position in bed and use of sequential compressive devices. Counsel patient and/or family regarding discharge planning. Communicate and coordinate care with nurses, other physicians, PT/OT and case management. Communicate and coordinate pain control with anesthesia, including status of current modalities. Update orders. Write progress note. Enter CPT and ICD-10 codes in billing system.

Discharge Management, Day 2 (99238): Review nursing notes; discuss status and progress with nursing staff. Review PT/OT notes; discuss status and progress with PT/OT staff. Review case manager discharge plan notes; discuss status and progress with case management. Review notes from other physicians and discussing as appropriate. Review vital signs, I/O, labs and other related data. Interview patient and obtaining interval history. Assess pain control and response to current medications. Assess gastrointestinal and urinary function. Examine surgical site; changing dressing as needed. Assess limb position and ROM; repositioning limb as needed. Check neurovascular status. Finalize and confirm discharge plans with patient and/or family. Counsel patient and/or family regarding therapy protocol and activity limitations after discharge. Review postoperative instructions (eg wound care, pain medications, VTE prophylaxis). Complete daily progress note. Complete discharge summary and associated forms and documents. Write prescriptions for medications and devices / equipment. Check narcotic prescription registries. Complete medication reconciliation. Write order for discharge. Coordinate postoperative appointment with patient and/or family and office staff. Communicate and coordinate follow-up care with other physicians and/or PT/OT. Enter postoperative data into longitudinal outcome databases or registries (eg, NSQIP).

Office Visit #1 (99214): Discuss findings at surgery and review procedure details; answer questions. Review post-operative radiographs with patient and/or family. Interview patient and obtain history and/or review data obtained by clinical staff. Assess pain control, response to current medications and side-effects. Assess function, mobility and progress with ambulation. Assess gastrointestinal and urinary function to assess for medication side effects. Remove dressing; examine surgical site. Apply sterile dressing and compressive wrap or stockings. Assess limb alignment, swelling, strength and ROM. Check neurovascular status. Counsel patient and/or family regarding wound care, therapy protocol and activity (e.g. driving, bathing, leg elevation). Counsel patient and/or family regarding planned or emergent invasive procedures (e.g. dental, GI) about need for prophylactic antibiotics; review instruction sheet. Counsel patient/family regarding multi-modal pain management and use of narcotic pain medication with tapering. Check narcotic prescription registries. Write order for narcotic prescription; re-fill or new medication. Write order for nonnarcotic prescription as appropriate (e.g. NSAIDs). Discussion of need for VTE prophylaxis based on patient risk assessment and mobilization; re-fill or new medication. Complete medication reconciliation. Counsel patient/family regarding timing of next office visit and communicate interval care plan based on synthesis of interval history, physical exam, wound assessment, pain control and therapy progression . Complete forms/referrals for continued PT/OT and/or home care services (e.g. VNA). Complete disability, FMLA, out of/return to work/school and other related forms.

Communicate and coordinate care with other physicians and health care providers (e.g. PT/OT, PCP). Enter diagnosis code(s) and office visit codes in the EHR or other similar system. Write or dictate and sign progress note.

Office Visit #2 (99213): Review PT/OT and/or VNA notes to assess progress with therapy. Interview patient and obtain history and/or review data obtained by clinical staff. Assess pain control, response to current medications and side-effects. Assess function, mobility and progress with ambulation. Remove dressing; examine surgical site. Remove sutures or staples; apply steri-strips. Apply compressive wrap or stockings. Assess limb alignment, swelling, strength and ROM. Check neurovascular status. Counsel patient and/or family regarding wound care, therapy protocol and activity (e.g. driving, bathing, leg elevation). Counsel patient and/or family regarding planned or emergent invasive procedures (e.g. dental, GI) about need for prophylactic antibiotics; review instruction sheet. Counsel patient/family regarding multi-modal pain management and use of narcotic pain medication with tapering. Order, review and personally interpret radiographs; review with patient and/or family. Check narcotic prescription registries. Write order for narcotic prescription; re-fill or new medication. Write order for nonnarcotic prescription as appropriate (e.g. NSAIDs). Discussion of need for VTE prophylaxis based on patient risk assessment and mobilization; re-fill or new medication. Complete medication reconciliation. Counsel patient/family regarding timing of next office visit and communicate interval care plan based on synthesis of interval history, physical exam, wound assessment, pain control and therapy progression . Complete forms/referrals for continued PT/OT and/or home care services. As required, complete disability, FMLA, out of/return to work/school and/or other related forms. Communicate and coordinate care with other physicians and health care providers (e.g. PT/OT, PCP). Enter diagnosis code(s) and office visit codes in the EHR or other similar system. Write or dictate and sign progress note.

Office Visits #3-4 (99213): Review PT/OT and/or VNA notes to assess progress with therapy. Interview patient and obtain history and/or review data obtained by clinical staff. Assess pain control, response to current medications and side-effects. Assess function, mobility and progress with ambulation. Examine surgical site; remove and replace dressing as needed. Assess limb alignment, swelling, strength and ROM. Check neurovascular status. Counsel patient and/or family regarding wound care, therapy protocol and activity (e.g. driving, bathing, leg elevation). Counsel patient and/or family regarding planned or emergent invasive procedures (e.g. dental, GI) about need for prophylactic antibiotics; review instruction sheet. Counsel patient/family regarding multi-modal pain management and narcotic pain medication cessation. Order, review and personally interpret radiographs; review with patient and/or family. Write order for nonnarcotic prescription as appropriate (e.g. NSAIDs). Complete forms/referrals for continued PT/OT and/or home care services. As required, complete disability, FMLA, out of/return to work/school and/or other related forms. Communicate and coordinate care with other physicians and health care providers (e.g. PT/OT, PCP). Enter diagnosis code(s) and office visit codes in the EHR or other similar system. Write or dictate and sign progress note.

Key Reference Code Comparison

For both reference codes, the respondents indicated the intensity and complexity of the procedure to be similar/more than the survey code.

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99232	99231	99238	99214	99213	99212
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;	22.09	0.078	479	75	150	30	2	1	1	1	2	
27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed	18.89	0.084	404	60	120	30	1	2	1		1	3
27715	Osteoplasty tibia and fibula, lengthening or shortening	22.50	0.084	457	70	150	30	1	1	1	1	3	

MPC Code Comparison

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99233	99232	99231	99238	99214	99213	99212
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace,	22.09	0.078	479	75	150	30		2	1	1	1	2	

	lumbar;													
27715	Osteoplasty tibia and fibula, lengthening or shortening	22.50	0.084	457	70	150	30		1	1	1	1	3	
32669	Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)	23.53	0.084	502	75	150	30	2	1	1	1		1	1

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) 27715

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. National utilization is not availble

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? 39 If this is a recommendation from multiple specialties please estimate frequency <u>and percentage</u> for each specialty. Please explain the rationale for this estimate. RUC database (2022 utilization)

Specialty orthopaedic surgery Frequency 39 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 27715

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: Limb Lengthening/Shortening-Tibia

TAB: 5

SOURCE	CPT	DESC	global	Review Year	Resp	IWPUT	WPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	POST P-SD	POST 32	POST 31	POST 38	POST 39	POST-OFFICE 15	POST-OFFICE 14	POST-OFFICE 13	POST-OFFICE 12	12 Month Svy Experience MIN	12 Month Svy Experience 25th	12 Month Svy Experience MED	12 Month Svy Experience 75th	12 Month Svy Experience MAX	TYP?
REF1	**22633**	Arthrodesis, combined posterior or posterolateral technique with posterior	**90**	**2021**	10	**0.091**	**0.053**			**26.80**			509	40	20	15			180			30	2	1	1			1	2								
REF2	**27284**	Arthrodesis, hip joint (including obtaining graft);	**90**	**2000**	9	**0.082**	**0.050**			**25.06**			497	80					180			30	1	3	1				3							
current	**NEW**	N/A	**90**			-	-			-			-																							
SVY	**27XX1**	Osteotomy(ies), tibia, including fibula when performed, unilateral, with	**90**		**45**	**0.063**	**0.043**	**19.00**	**25.50**	**28.00**	**30.00**	**45.00**	**651**	**60**	**15**	**15**	**120**	**180**	**200**	**210**	**360**	**30**	1	1	1		1	1	6		**0**	**2**	**3**	**7**	**48**	**84%**
		Random	90		15	0.063	0.042	19.21	25.71	28.00	32.50	40.00	664	60	20	15	120	180	193	240	240	45	1	1	1		1	1	6		0	2	3	6	18	93%
		Vendor	90		30	0.061	0.042	19.00	25.63	27.61	28.58	45.00	651	60	15	15	120	180	200	210	360	30	1	1	1		1	1	6		0	2	3	9	48	80%
REC	**27713**	**Osteotomy(ies), tibia, including fibula when performed, unilateral, with insertion of an externally**				**0.064**	**0.044**			**28.00**			**641**	**50**	**15**	**15**			**200**			**30**	**1**	**1**	**1**		**1**	**1**	**6**							

SOURCE	CPT	DESC	global	Review Year	Resp	IWPUT	WPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	POST P-SD	POST 32	POST 31	POST 38	POST 39	POST-OFFICE 15	POST-OFFICE 14	POST-OFFICE 13	POST-OFFICE 12	12 Month Svy Experience MIN	12 Month Svy Experience 25th	12 Month Svy Experience MED	12 Month Svy Experience 75th	12 Month Svy Experience MAX	TYP?
REF1	**27269**	Open treatment of femoral fracture, proximal end, head, includes internal	**90**	**2007**	7	**0.084**	**0.047**			**18.89**			404	25	15	20			125			30	1	2	1				1	3						
REF2	**22630**	Arthrodesis, posterior interbody technique, including laminectomy	**90**	**2021**	6	**0.078**	**0.046**			**22.09**			479	40	20	15			150			30	2	1	1			1	2							
HVD	**27715**	Osteoplasty, tibia and fibula,	**90**	**HVD**		0.042	0.034			15.50			457	27	0	25			119			26		7.5	1					4.5					
SVY	**27715**	Osteoplasty tibia and fibula, lengthening or shortening	**90**		**45**	**0.083**	**0.048**	**17.55**	**20.50**	**22.50**	**25.06**	**37.50**	**467**	**50**	**15**	**15**	**90**	**120**	**150**	**180**	**360**	**30**	1	1	1			1	3		**0**	**2**	**5**	**9**	**42**	**80%**
		Random	90		15	0.082	0.048	19.50	20.38	22.50	26.08	30.00	472	45	20	20	120	142	150	180	240	30	1	1	1			1	3		0	2	4	5	42	80%
		Vendor	90		30	0.075	0.046	17.55	21.06	22.75	25.00	37.50	498	53	15	15	90	120	155	195	360	30	1	1	1			1	4		0	2	5	10	25	80%
REC	**27715**	**Osteoplasty tibia and fibula, lengthening or shortening**				**0.084**	**0.049**			**22.50**			**457**	**40**	**15**	**15**			**150**			**30**	**1**	**1**	**1**			**1**	**3**							

FACILITY DIRECT PE INPUTS

CPT CODE(S): 27713, 27715
SPECIALTY SOCIETY(IES): AAOS
PRESENTER(S): William Creevy MD, Hussein Elkousy MD , Kevin Neal MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 09/2024

CPT Code	Long Descriptor	Global Period
27713	Osteotomy(ies), tibia, including fibula when performed, unilateral, with insertion of an externally controlled intramedullary lengthening device, including imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	90
27715	Osteoplasty tibia and fibula, lengthening or shortening	90

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
27713	A 15-year-old presents with a congenital right fibular hemimelia. At skeletal maturity, she continues to have a limb length discrepancy of 4 cm. She walks with a limp and has activity-related pain in the right hip and low back.
27715	A 15-year-old male with adolescent Blount's disease has shortening and deformity of the tibia. Osteoplasty with internal fixation is performed to correct the angular deformity and length of the affected limb.

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:
   Society advisors and content experts reviewed the PE details for current codes.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   Current codes used current code PE details as reference. New code 27713 used the survey key reference code 22633 which includes standard 90-day global PE inputs.
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   no
   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:
   The increase over current cost is due solely to changes in number/level of postop office visits per the survey.
   See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

CPT CODE(S): 27713, 27715
SPECIALTY SOCIETY(IES): AAOS
PRESENTER(S): William Creevy MD, Hussein Elkousy MD , Kevin Neal MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

no

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

n/a

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

n/a

8. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

Clinical Staff Work Clinical staff reviews all forms with patient and family to ensure all relevant history and diagnostic information is included. Staff coordinates collection and documentation of imaging/lab results, patient specific information and other relevant patient information for a surgical procedure including conducting requisite pre-surgery assessment with anesthesiologist. Enter and record all clinical updates in EHR. Staff interacts with facility to schedule space, supplies, equipment, and review checklists. Staff reviews procedure, complication risk, process of recovery, and answers patient/family questions. Staff reviews preoperative medication changes, preop diet restrictions, reviews patient medical status and answers final pre-admission questions.

    b. Service period (includes pre, intra and post):

Prior to discharge, office clinical staff will assist with necessary post-discharge care coordination, such as: Responding to patient/family questions about home activity restrictions. Confirmation of discharge antibiotics if needed, and pain medication. Coordination with other physicians and QHPs involved in the care of the patient for transfer of records. Transitioning discharge information to the surgeon office medical record, including medication list, correspondence and imaging or lab results pending at discharge.

    c. Post-service period:

The clinical staff work includes the standard activities involved in any E/M visit including ensuring the appropriate supplies are available in the room, ensuring imaging and lab reports are available, rooming and gowning the patient, reviewing current medications/allergies in EHR, obtaining vital signs, assisting with positioning, wound care, coordination of care, and cleaning of the room.

FACILITY DIRECT PE INPUTS

CPT CODE(S): 27713, 27715
SPECIALTY SOCIETY(IES): AAOS
PRESENTER(S): William Creevy MD, Hussein Elkousy MD , Kevin Neal MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

n/a

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

n/a

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

n/a

14. Are you recommending a PE supply pack for this recommendation? **Yes** or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

SA048	pack, minimum multi-specialty visit
SA054	pack, post-op incision care (suture)

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

DESCRIPTION	Code	Unit	Item Qty

FACILITY DIRECT PE INPUTS

CPT CODE(S): 27713, 27715
SPECIALTY SOCIETY(IES): AAOS
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

pack, post-op incision care (suture)	SA054	pack	
kit, suture removal *metal Littauer (hook-tipped) scissors* *Posi-Grip plastic forceps* *3" x 3" gauze sponge* *tray*		kit	1
povidone soln (Betadine)		ml	10
gauze, sterile 4in x 4in		item	2
gloves, sterile		pair	1
steri-strip (6 strip uou)		item	2
swab-pad, alcohol		item	2
tape, surgical paper 1in (Micropore)		inch	12
tincture of benzoin, swab		item	1

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

n/a

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

n/a

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

n/a

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

EF031	table, power	office visits

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

n/a

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

n/a

CPT CODE(S): 27713, 27715
SPECIALTY SOCIETY(IES): AAOS
PRESENTER(S): William Creevy MD, Hussein Elkousy MD , Kevin Neal MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

FACILITY DIRECT PE INPUTS

CPT CODE(S): 27713, 27715
SPECIALTY SOCIETY(IES): AAOS
PRESENTER(S): William Creevy MD, Hussein Elkousy MD , Kevin Neal MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2						**22633**		**27713**		**27715**		**27715**	
3	**Clinical Activity Code**	**Meeting Date: 09/2024** **Revision Date (if applicable):** **Tab: 5** **Specialty: AAOS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Arthrodesis, combined posterior or posterolateral technique with posterior interbody		Osteotomy(ies), tibia, including fibula when performed, unilateral, with insertion of an externally controlled		Osteoplasty tibia and fibula, lengthening or shortening		Osteoplasty tibia and fibula, lengthening or shortening	
4		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5		**GLOBAL PERIOD**				**90**	**90**	**90**	**90**	**90**	**90**	**90**	**90**
6		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**N/A**	**$ 120.60**	**N/A**	**$ 251.18**	**N/A**	**$ 128.80**	**N/A**	**$ 143.26**
7		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**197.0**	**0.0**	**404.0**	**0.0**	**194.0**	**0.0**	**233.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**12.0**	**0.0**	**12.0**	**0.0**	**12.0**	**0.0**	**12.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**125.0**	**0.0**	**332.0**	**0.0**	**122.0**	**0.0**	**161.0**
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 98.11**	**$ -**	**$ 201.19**	**$ -**	**$ 96.61**	**$ -**	**$ 116.03**
12		**PRE-SERVICE PERIOD**											
13		**Start: Following visit when decision for surgery/procedure made**											
14	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.498		5		5		5		5
15	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.498		20		20		20		20
16	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.498		8		8		8		8
17	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.498		20		20		20		20
18	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.498		7		7		7		7
28		**End: When patient enters office/facility for surgery/procedure**											
29		**SERVICE PERIOD**											
30		**Start: When patient enters office/facility for surgery/procedure:**											
31		**Pre-Service (of service period)**											
73	CA036	Discharge day management	L037D	RN/LPN/MTA	0.498	**n/a**	**12**	**n/a**	**12**	**n/a**	**12**	**n/a**	**12**
80		**End: Patient leaves office/facility**											
81		**POST-SERVICE PERIOD**											
82		**Start: Patient leaves office/facility**											
85		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
86		99211 16 minutes	16										
87		99212 27 minutes	27								4.5		
88		99213 36 minutes	36				2		6				3
89		99214 53 minutes	53				1		1				1
90		99215 63 minutes	63						1				
91	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.498	**0**	**125**	**0**	**332**	**0**	**122**	**0**	**161**
98		**End: with last office visit before end of global period**											
99	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**									
100		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 20.53**	**$ -**	**$ 44.78**	**$ -**	**$ 29.90**	**$ -**	**$ 24.70**
101	SA048	pack, minimum multi-specialty visit	5.02	pack			3		8		5		4
102	SA054	pack, post-op incision care (suture)	4.62	pack					1				1
103	SA053	pack, post-op incision care (suture & staple)	5.47	pack			1						
104	SA052	pack, post-op incision care (staple)	4.8	pack							1		
105													
106	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**								
107		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 1.96**	**$ -**	**$ 5.20**	**$ -**	**$ 2.29**	**$ -**	**$ 2.52**
108	EF031	table, power	5906.76	Office Visits	0.015674926		125		332		122		161
109	EQ081	cast cutter	1160.62		0.003079968						122		
110													
111													

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2024

Laparoscopic Prostatectomy – Tab 06

In April 2023, the Relativity Assessment Workgroup identified CPT codes 38571 and 55866 as typically reported together 75% or more based on 2021 Medicare claims data. In September 2023, the RUC recommended that 38571 and 55866 be referred to the CPT Editorial Panel to possibly develop a code bundling solution. In May 2024, the CPT Editorial Panel created two new codes to report laparoscopic prostatectomy with lymph node biopsy(ies) (limited pelvic lymphadenectomy) and with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes, respectively. The societies surveyed codes 55840-55845, 55846-55847 and 55868-55869 for the September 2024 RUC meeting.

Prostatectomy for prostate cancer requires complete removal of the prostate and seminal vesicles. Careful dissection and preservation of the neurovascular bundles coursing along the contour of the prostate in an attempt to limit post-operative side effects, including urinary incontinence and erectile dysfunction and careful posterior dissection, to prevent rectal injury in a narrow anatomic space. Following excision of the prostate, the bladder and urethra are reconstructed to allow appropriate passage of urine through the urethra without urinary extravasation into the abdomen. Lymphadenectomy requires removal of all lymph tissue distal to the bifurcation of the common iliac and extending into the obturator fossa surrounding the obturator nerve and extending to the pubic bone.

Code Family

The specialty societies indicated that CPT codes 38570, 38571, 38572, and 38573 are predominately performed by gynecological oncology and obstetrics/gynecology, with the exception of CPT code 38571. While CPT code 38571 is currently reported by urologists 85% of the time, 82% of these claims are reported together with 55866. CPT code 38571 will switch to a code rarely reported by urologists due to the creation of bundled codes 55868 and 55869. The RUC discussed whether CPT codes 38570-38573 should be affirmed or whether they should be considered separately from codes 55840-55847, 55868 and 55869. **The RUC agreed that 38570-38573 should not be reviewed with this family of services and instead should be flagged for review by the RAW in April 2028, when 2026 utilization data are available.**

Pre-operative and Post-operative care

Each service in this code family (55840-55847; 55868-55869) typically requires 15 minutes of pre-service positioning time. This time is warranted to prepare and drape abdomen and genitalia, pad the patient's wrists, elbows, shoulders, and legs, the place, test sequential compression devices, tuck the patient's arms under sheets place the patient in a slightly hyperextended supine position and pad all pressure points.

Further, each procedure described in this code family except for 55867 typically requires two 99214 post-operative office visits. During both post-operative office visits, moderate medical decision making takes place. At each visit, the evaluation of undiagnosed new problems with uncertain prognoses and the management of chronic illness with progression or side effects of treatment are addressed. During the first visit, pathology results and next steps for prostate cancer management are discussed. Furthermore, interventions of moderate risk of morbidity take place during both post-operative visits, including prescription and drug management. The risks, benefits, and potential side effects of medications are discussed

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for penile rehabilitation for post-operative erectile dysfunction and potential medication management for urinary incontinence. The option of pelvic floor physical therapy for urinary incontinence is also discussed. During the second post-op office visit, results of a prostate-specific antigen (PSA) test are typically evaluated to determine the successful nature of the cancer operation.

55840 ***Prostatectomy, retropubic radical, with or without nerve sparing;***
The RUC reviewed the survey results from 33 urologists and determined that the current work RVU of 21.36, which falls below the survey 25th percentile, appropriately accounts for the physician work to perform this service. The RUC recommends 30 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 180 minutes intra-service time, 25 minutes immediate post-service time, 1 x 99232 post-operative hospital visit, 1x 99238 discharge visit and 2x 99214 post-operative office visits. The RUC noted that although the number of post-operative visits slightly decreased, the level of respective post-operative visits increased. Even though the total time decreased, the average intensity of that post-operative care increased; therefore, maintaining the current value would be appropriate.

To support the recommended work RVU, the RUC compared the surveyed code to CPT code 43279 *Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed* (work RVU= 22.10, intra-service time of 150 and total time of 404) and noted that the surveyed code includes more intra-service time and total time. The RUC also compared the surveyed code to CPT code 42420 *Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve* (work RVU= 19.53, intra-service time of 180 minutes and total time of 383 minutes) and noted that although both services typically involve the same amount of intra-service time, the surveyed code typically involves 35 more minutes of total time. The RUC recommended times and values for the surveyed code would assign it a work intensity that is identical to code 42420. **The RUC recommends a work RVU of 21.36 for CPT code 55840.**

55842 ***Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)***The RUC reviewed the survey results from 33 urologists and determined that the current work RVU of 21.36, which falls below the survey 25th percentile, appropriately accounts for the physician work required to perform this service. The RUC recommends 30 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 200 minutes intra-service time, 25 minutes immediate post-service time, 1 x 99232 post-operative hospital visit, 1 x 99238 discharge visit and 2 x 99214 post-operative office visits.

Although this service also includes a limited lymphadenectomy (unlike 55840), the specialties noted that CMS has maintained the same value for this code relative to 55840 for over a decade and noted that the additional work required for performing a limited lymphadenectomy is relatively negligible for this low volume code. Therefore, the specialty proposed, and the RUC agreed, that it would be appropriate to maintain the current value for this service.

To support the recommended work RVU, the RUC compared the surveyed code to CPT code 43279 *Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed* (work RVU= 22.10, intra-service time of 150 and total time of 404) and noted that the surveyed code includes more intra-service time and total time. **The RUC recommends a work RVU of 21.36 for CPT code 55842.**

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55845 ***Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes***
The RUC reviewed the survey results from 34 urologists and determined that the current work RVU of 25.18, which falls below the survey 25th percentile, appropriately accounts for the physician work required to perform this service. The RUC recommends 34 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 210 minutes intra-service time, 25 minutes immediate post-service time, 1 x 99232 post-operative hospital visit, 1 x 99238 discharge visit and 2 x 99214 post-operative office visits.

The specialty noted that the utilization of 55845 has decreased significantly over the past ten years from 2,296 claims in 2012 to 497 claims in 2022. This change in utilization has been driven by the wide adoption of robotic surgical instruments for pelvic surgery over the past decade. This decrease in utilization has led to increased complexity and intensity when performing the open procedure, due to the decreasing frequency with which the open procedure is performed. This change in utilization helps explain the increase in intra-service time identified in the survey.

To support the recommended work RVU, the RUC compared the surveyed code to CPT code 43281 *Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh* (work RVU= 26.60, intra-service time of 180 minutes, total time of 424) and noted that the surveyed code involves more intra-service time and total time and that both major surgical procedures are typically performed in the inpatient setting. The RUC acknowledged the limited number of potential reference codes that are major surgical procedures with similar service period times and physician work, limiting the pool of potential reference codes. **The RUC recommends a work RVU of 25.18 for CPT code 55845.**

55866 ***Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed;***
The RUC reviewed the survey results from 72 urologists and determined that the current work RVU of 22.46, which falls below the survey 25th percentile, appropriately accounts for the physician work required to perform this service. The RUC recommends 35 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 200 minutes intra-service time, 45 minutes immediate post-service time, 0.5 x 99238 discharge visit and 2 x 99214 post-operative office visits. Survey respondents indicated, and the RUC concurred, that an overnight stay and same-day post-operative hospital visit are typical. The RUC noted that, due to the code structure change, a majority of the former volume for 55866 will instead be reported with new bundled codes 55868 and 55869 going forward.

To support the recommended work RVU, the RUC compared the surveyed code to CPT code 43335 *Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis* (work RVU= 23.97, intra-service time of 200 minutes, total time of 569 minutes) and noted that both services involve the same amount of intra-service time, whereas the reference code involves more total time. The RUC also compared the surveyed code to CPT code 42420 *Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve* (work RVU= 19.53, intra-service time of 180 minutes and total time of 383 minutes) and noted that the surveyed code is appropriately valued higher as it typically involves more intra-service and total time. **The RUC recommends a work RVU of 22.46 for CPT code 55846.**

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55868 ***Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with lymph node biopsy(ies) (limited pelvic lymphadenectomy)***
The RUC reviewed the survey results from 69 urologists and determined that the current work RVU of 22.46 from 55866 (the primary code bundled into 55868), which falls below the survey 25th percentile, appropriately accounts for the physician work required to perform this service. The specialty noted and the RUC concurred that the increase in work to biopsy the pelvic nodes without complete dissection, is a minimal increase in work and intensity relative to 55866. The specialty noted and the RUC concurred that 55868 is significantly less intense than the full lymph node dissection code 55869, which requires complete circumferential mobilization of the external iliac vessels and complete identification and mobilization of the obturator nerve. Therefore, the specialty proposed and the RUC agreed that it would be appropriate to use the current value for 55866, which is being bundled into 55868, as the new value for the new code as well.

The RUC recommends 35 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 210 minutes intra-service time, 45 minutes immediate post-service time, 0.5 x 99238 discharge visit and 2 x 99214 post-operative office visits. Survey respondents indicated, and the RUC concurred, that an overnight stay and same-day post-operative hospital visit are typical.

To support the recommended work RVU, the RUC compared the surveyed code to CPT code 43335 *Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis* (work RVU= 23.97, intra-service time of 200 minutes, total time of 569 minutes) and noted that although the surveyed code typically involves 10 more minutes of intra-service time, the reference code involves more total time and is appropriately valued more. The RUC also compared the surveyed code to CPT code 42420 *Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve* (work RVU= 19.53, intra-service time of 180 minutes and total time of 383 minutes) and noted that the surveyed code is appropriately valued higher as it typically involves more intra-service and total time. **The RUC recommends a work RVU of 22.46 for CPT code 55868.**

55869 ***Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes***
The RUC reviewed the survey results from 71 urologists and determined a direct work RVU crosswalk to CPT code 27059 *Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater* (work RVU= 29.35, intra-service time of 220 minutes) appropriately accounts for the work required to perform this service. Both services typically involve a similar amount of intra-service time and the same overall amount of physician work. The RUC recommends 35 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 230 minutes intra-service time, 50 minutes immediate post-service time, 0.5x 99238 discharge visit and 2x 99214 post-operative office visits. Survey respondents indicated, and the RUC concurred, that an overnight stay and same-day post-operative hospital visit are typical.

The specialty noted and the RUC concurred that CPT code 55869 is significantly more intense than the partial lymph node dissection code 55868, as a complete extended bilateral pelvic lymph node dissection adds significant technical complexity and intensity to robotic prostatectomy as nodes must be carefully removed from the external iliac vessels, the area surrounding the obturator nerve, and proximally to the bifurcation of the common iliac. This dissection requires significant care and explains the increase in intra-service time for this procedure compared to 55868.

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The RUC noted that the current value for 55869 would be the full value of 55866 and half the value of 38572 due to a surgical multiple procedure payment reduction (a total of 28.46). The RUC noted that the intra-service time of this bundled code is higher, and the average intensity of the post-operative care has increased.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference code 58575 *Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed* (work RVU= 32.60, intra-service time of 240 minutes, total time of 510 minutes) and noted that the reference code is appropriately valued somewhat higher due to it involving somewhat more intra-service time and more total time. The RUC also compared the surveyed code to CPT code 43282 *Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh* (work RVU= 30.10, intra-service time of 210 minutes, total time of 454 minutes) and noted that although the surveyed code typically involves more intra-service time, the reference code involves somewhat more total time. **The RUC recommends a work RVU of 29.35 for CPT code 55869.**

55867 ***Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed***
The RUC reviewed the survey results from 61 urologists and determined that the current work RVU of 19.53, which falls below the survey 25th percentile, appropriately accounts for the physician work required to perform this service. The RUC recommends 35 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 180 minutes intra-service time, 50 minutes immediate post-service time, 0.5 x 99238 discharge visit, 1 x 99214 and 1 x 99213 post-operative office visit. Survey respondents indicated, and the RUC concurred, that an overnight stay and same-day post-operative hospital visit are typical.

To support the recommended work RVU, the RUC compared the surveyed code to CPT code 43279 *Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed* (work RVU= 22.10, intra-service time of 150 and total time of 404) and noted that the surveyed code includes more intra-service time and total time, though is somewhat less intense to perform. The RUC also compared the surveyed code to CPT code 42420 *Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve* (work RVU= 19.53, intra-service time of 180 minutes and total time of 383 minutes) and noted that although both services typically involve the same amount of intra-service time and a similar amount of total time. The RUC recommended times and values for the surveyed code would assign it a work intensity that is identical to code 42420. **The RUC recommends a work RVU of 19.53 for CPT code 55867.**

RAW Flag
The RUC recommends that CPT codes 38570, 38571, 38572 and 38573 be reviewed by the Relativity Assessment Workgroup in April 2028 when 2026 Medicare utilization data is available to review new claims data. This will follow the implementation of bundled codes 55868 and 55869 and determine which specialties are reporting 38570-38573, the patient population, and typical diagnoses for each code.

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Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made no modifications to the standard 090-day global inputs. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Hemic and Lymphatic Systems** **Lymph Nodes and Lymphatic Channels** **Laparoscopy** *Surgical laparoscopy always includes diagnostic laparoscopy. To report a diagnostic laparoscopy (peritoneoscopy) (separate procedure), use 49320.*				
(f)38570	H1	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	010	Refer to RAW for April 2028 (2024 Work RVU = 8.49)
(f)38571	H2	with bilateral total pelvic lymphadenectomy	010	Refer to RAW for April 2028 (2024 Work RVU = 12.00)
(f)38572	H3	with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple (For drainage of lymphocele to peritoneal cavity, use 49323)	010	Refer to RAW for April 2028 (2024 Work RVU = 15.60)
(f)38573	H4	with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed	010	Refer to RAW for April 2028 (2024 Work RVU = 20.00)

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		(Do not report 38573 in conjunction with 38562, 38564, 38570, 38571, 38572, 38589, 38770, 38780, 49255, 49320, 49326, 58541, 58542, 58543, 58544, 58548, 58550, 58552, 58553, 58554) (Do not report 38570, 38571, 38572, 38573 in conjunction with 55866, 55868, 55869)		
Male Genital System **Prostate** **Excision**				
(f)55840	H5	Prostatectomy, retropubic radical, with or without nerve sparing;	090	21.36 (No Change)
(f)55842	H6	with lymph node biopsy(s) (limited pelvic lymphadenectomy)	090	21.36 (No Change)
(f)55845	H7	with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (Do not report 55840, 55842, 55845 in conjunction with 55866, 55868, 55869) (If 55845 is carried out on separate days, use 38770 with modifier 50 and 55840) (For laparoscopic retropubic radical prostatectomy, use 55866) (For laparoscopic prostatectomy, retropubic radical, with lymph node biopsy[ies] [limited pelvic lymphadenectomy], use 55868) (For laparoscopic prostatectomy, retropubic radical, with bilateral pelvic lymphadenectomy, use 55869)	090	25.18 (No Change)
Laparoscopy				

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Surgical laparoscopy always includes diagnostic laparoscopy. To report a diagnostic laparoscopy (peritoneoscopy) (separate procedure), use 49320.				
▲55866	H8	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; (Do not report 55866 in conjunction with 38571 if performed at the same session) (For open procedure, ~~use~~ see 55840, 55842, 55845) (For laparoscopy, surgical prostatectomy, simple subtotal, use 55867)	090	22.46 (No Change)
●55868	H9	with lymph node biopsy(ies) (limited pelvic lymphadenectomy)	090	22.46
●55869	H10	with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	090	29.35
(f)55867	H11	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed (For open subtotal prostatectomy, see 55821, 55831)	090	19.53 (No Change)

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August 27, 2024

Ezequiel Silva III, MD
Chair, AMA / Specialty Society Relative Value Update Committee
AMA Department of Physician Payment Policy and Systems
330 North Wabash, Office 45-372
Chicago, IL 60611

Attention: Sherry Smith and Michael Morrow

Dear Ms. Smith and Mr. Morrow,

Thank you for meeting with our American Urological Association (AUA) RUC advisors and staff to discuss surveys the AUA will be conducting in preparation for the September 2024 RUC meeting. Tab 6 Laparoscopic Prostatectomy includes CPT codes 38570, 38571, 38572, and 38573. While 38571 is currently reported by urologists over 80% of the time, 81.6% of these claims are billed together with 55866. This issue is being resolved with the creation of new bundled codes 558X1 and 558X2. The AUA expects urology utilization of 38571 to decrease substantially with the creation of new codes. Historically, 38571 was used by urologists for prostate cancer staging but this procedure is no longer typically performed for staging as it has been replaced by modern imaging techniques to evaluate the pelvic lymph nodes.

Code 38570 is currently billed by gynecology 83% of the time, 38572 is billed by gynecology 70.5% of the time, and 38573 is billed by gynecology 95.2% of the time. While we appreciate that it is general practice to survey all codes in a family, attempting to survey these lymph node dissection codes in a tab for laparoscopic prostatectomy will lead to significant confusion as the specialty utilization of 38571 will be changing with the addition of 558X1 and 558X2 and gynecologists do not perform prostatectomy services.

As recommended, we are writing to request that CPT codes 38570, 38571, 38572, and 38573 be removed from the survey for Tab 6 Laparoscopic Prostatectomy. The AUA and ACOG recommend three actions for this set of codes; 1) affirm the values, 2) remove the codes from the survey for laparoscopic prostatectomy, and 3) refer the codes to the RAW in three years to review the utilization. With the bundling of the procedures captured in the revision of the laparoscopic prostatectomy, it is expected that the volume for the other services in the code family will decrease.

Thank you for your consideration of this request. We look forward to collaborating with you on these important issues.

Jonathan Kiechle, MD

RUC Advisor and Presenter for the American Urological Association

MD/PhD

RUC Advisor for the American College of Obstetricians and Gynecologists

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:55840 Tracking Number H5 Original Specialty Recommended RVU: **23.00**
Presented Recommended RVU: **21.36**
Global Period: 090 Current Work RVU: **21.36** RUC Recommended RVU: **21.36**

CPT Descriptor: Prostatectomy, retropubic radical, with or without nerve sparing;

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male with elevated prostate-specific antigen (PSA) levels undergoes biopsy, which shows a Gleason score of 3 + 3, low-risk prostate cancer. After counseling about treatment options, the patient undergoes open radical retropubic prostatectomy.

Percentage of Survey Respondents who found Vignette to be Typical: 52%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 97% , In the ASC 3%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 44% , Overnight stay-more than 24 hours 56%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 90%

Description of Pre-Service Work: On the day before the surgery, review patient's medical record, preoperative lab results, transrectal ultrasound images, and pathology reports. Write preoperative orders and send electronically to the hospital. Dictate a preoperative H&P. On the day of surgery, review the surgical procedure and postoperative recovery in and out of the hospital with the patient and/or family. Answer questions from the patient and/or family and obtain informed consent. Discuss the expected duration of the procedure and any special concerns about this particular patient (eg, teeth, positioning, unusual medical problems) with the anesthesiologist. Verify the availability of all necessary instruments. Speak to anesthesiologist about expected length of procedure and any special concerns about this particular patient (eg, teeth, positioning, unusual medical problems). Verify all necessary instruments are available. Prepare and drape abdomen and genitalia in standard fashion. General anesthesia is induced. Pad patient's wrists, elbows, shoulders, and legs and place and test sequential compression devices. Tuck patient's arms under sheets. Place patient in slightly hyperextended supine position and pad all pressure points and adjust as needed. The surgeon scrubs and gowns.

Description of Intra-Service Work: Place a Foley catheter into the bladder and inflate the ballon. Make a lower midline incision. Develop the retropubic space and place a retractor. Incise the endopelvic fascia bilaterally. Develop the puboprostatic ligaments and divide close to the pubis. Pinch the tissue anterior to the urethra and posterior to the pubis between the thumb and forefinger of the left hand to develop the dorsal vein complex distal to the prostatic apex. Pass a right-angled clamp anterior to the urethra and ligate the previously developed dorsal vein complex. Perform suture ligation on the bundle at the prostatic apex with polyglactin 910, taking care to avoid the neurovascular posterior and lateral to the prostate. Perform suture ligation on the dorsal vein complex with polyglactin 910 on a 5/8th circle taper needle in a figure of eight. Divide the dorsal vein complex. Perform a suture ligation on it again until hemostasis is obtained. Develop the plane between the neurovascular bundles and the apex of the prostate and urethra. Pass a McDougal clamp over the neurovascular bundle under the urethra and over the neurovascular bundle, grasp an umbilical tape, and withdraw the clamp with the tape to elevate the urethra. Avoid the rectum. Dissect the urethra for up to a centimeter into the prostate. Divide the urethra just enough to expose the Foley catheter, which is about half way across the urethra. Lubricate the Foley catheter at the urethral meatus and pass a right-angled clamp under the Foley catheter at the level of the incised urethra and draw the Foley catheter into the field. Clamp the Foley catheter with a Kocher clamp and cut the Foley catheter so the clamp is on the bladder end of the catheter, keeping the Foley balloon inflated within the bladder, taking care not to stretch

the neurovascular bundles. Divide the rest of the urethra. Release the rest of the neurovascular bundles from the posterior lateral aspect of the prostate. Rotate the prostate supero-anteriorly and divide the recto-urethralis muscles. With a combination of blunt and sharp dissection, release the prostate from the anterior layer of the rectum until the seminal vesicles and ampullae of the vasa are encountered. Dissect laterally to free the prostatic fascia and neurovascular bundles up to the lateral pedicles. Ligate and divide the vessels on the lateral surface of the seminal vesicles near the base of the prostate. Rotate the prostate inferiorly and identify the bladder neck by palpating the Foley balloon within the bladder. Dissect the bladder neck into the prostate circumferentially. Divide the anterior bladder neck, release the water from the Foley balloon, pull the catheter and clamp both ends to use it for anterior traction on the prostate. Dissect the posterior bladder neck off the prostate if this has not already been done. Find and dissect the ampulla of the vas on one side and dissect it proximally till the tip of the seminal vesicle has been reached. Clip and divide the vas deferens. Starting at the junction of the seminal vesicle and the prostate dissect the former off of the latter. Clip the end of the seminal vesicle and divide it, assure that the seminal vesicular artery is secure. Repeat the process for the other side. Remove the specimen and assure hemostasis. Close any rectal laceration if necessary, with polyglactin 910, in a two layered interrupted fashion. Tailor the bladder neck with interrupted or running polyglactin 910, if necessary, in a tennis racquet or fish-mouth fashion, assuring that the ureteral orifices are not incorporated in the closure. Insert a Greenwald sound into the urethra until it is visualized at the cut urethral edge within the pelvis. Place six double-armed 3-0 purple monocryl sutures, from inside to the outside of the urethra, taking care to encompass the urethral mucosa. A straight mosquito clamp can be used to label the passed needle. Create the anastomosis by passing the three posteriorly placed needles through the posterior bladder neck. Remove the Greenwald sound. Pass a 20 French Foley catheter with a 30-ml balloon into the bladder and leave the balloon deflated for now. Pass the three anteriorly placed 3-0 monocryl sutures through the anterior bladder neck incorporating the bladder mucosa, for a mucosal to mucosal anastomosis. Inflate the Foley balloon to 30 ml. Place a long Allis clamp just proximal to the bladder neck. Tie the sutures starting posteriorly, push the bladder with the Allis clamp, and pull the bladder with traction on the Foley catheter while tying the knots. Exit a drain through a separate stab wound incision. Close the incision with a looped polydioxanone suture for the fascia. Close the skin with a subcutaneous running 4-0 absorbable suture. Place sterile dressings over the incision and around the drain. Secure the catheter to the thigh with a catheter strap.

Description of Post-Service Work: Apply dressings. Transfer the patient from the operating table to the postoperative stretcher. Accompany patient to the recovery area and transfer to the recovery area bed. Write postoperative orders and review recovery area care and medications with recovery staff. Discuss results of the procedure, expected outcome, and planned postoperative care in and out of the hospital with patient's family. After patient is awake, discuss the outcome of the surgery with the patient. Notify the referring physician of the outcome of the procedure and of any unusual aspects of postoperative care (eg, cardiac disease, diabetes management). Dictate a detailed operative report for the patient's medical record. After discharge from recovery, examine the patient and check the wound and patient's progress. Review hospital notes (ie, nursing, pharmacy, dietary, discharge planner). Answer questions from patient, patient's family, and nursing and other staff. Write orders as necessary. Write a progress note for patient's medical record. During the patient's stay in the hospital, examine the patient and check laboratory results and vital signs. Check urine output and output from the drain and remove the drain if appropriate. Check wounds and dressings and discuss patient's progress with the patient and/or family. Review patient's hospital medical records. Discuss postoperative care of the wound at home. Answer questions from patient, patient's family, and nursing and other staff. Write orders as necessary. Write progress notes for the patient's medical record. On day of discharge, examine the patient. Check the wounds and patient's progress. Review all patient hospital medical records and answer questions from patient and/or family. Write orders for postdischarge care and prescriptions for postoperative medications. Discuss postoperative care of the wound with patient and/or family. Dictate a detailed hospital discharge summary.

During the initial post-operative office visit, examine the patient. Check vital signs and inspect all surgical incisions. Prior to removal of the Foley catheter, fill the bladder with 250 ml of sterile saline with a Toomey syringe. then remove the urinary catheter. Review in detail the final pathology report, implications, follow-up plan, and the possible need for additional prostate cancer therapy. Review usage of pain medications, including discontinuance of narcotic analgesic medications and focusing discussion on utilization of non-narcotic analgesic medications as additional options for any persistent discomfort. Discuss expectations for the return of bladder control following the removal of the catheter and proper performance of Kegel exercises. Discuss penile rehabilitation therapy, including timing, options of oral therapies, injections, and vacuum pump, and write prescriptions for chosen medications, inclusive of phosphodiesterase 5 (PDE5) inhibitors. Answer questions from the patient and/or family. Schedule the next office visit. Mark the appropriate diagnosis and CPT code on the encounter form (superbill). Dictate patient progress notes for the office medical record and a letter to the referring physician.

At the second post-operative office visit, review bladder control and continence. Review bladder control exercises and additional therapies, inclusive of writing a referral for pelvic floor physical therapy. Review erectile function and determine

if additional alterations should be made to the previously prescribed therapies; consider changing PDE5 inhibitor prescription medication and/or dosage. Discuss utility of obtaining PSA blood tests in monitoring the prostate cancer disease state, inclusive of writing a referral for a PSA blood test be obtained just prior to the next scheduled visit. Schedule the next office visit. Mark the appropriate diagnosis and CPT code on the encounter form (superbill). Dictate patient progress notes for the office medical record and a letter to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Dr. Jonathan Kiechle, Dr. Seth Cohen					
Specialty Society(ies):	AUA					
CPT Code:	55840					
Sample Size:	5002	**Resp N:**	33			
Description of Sample:	AUA surveyed a total of 5002 of its members.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**0.00**	5.00	50.00	
Survey RVW:	15.00	23.00	**29.00**	32.00	60.00	
Pre-Service Evaluation Time:			**30.00**			
Pre-Service Positioning Time:			**15.00**			
Pre-Service Scrub, Dress, Wait Time:			**10.00**			
Intra-Service Time:	60.00	130.00	**180.00**	210.00	300.00	
Immediate Post Service-Time:	**25.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**80.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **2.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	55840	**Recommended Physician Work RVU: 21.36**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**33.00**	**-3.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**180.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**25.00**	**33.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	40.00	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	80.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **2.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58548	090	31.63	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
50543	090	25.50	**RUC Time**

CPT Descriptor Laparoscopy, surgical; partial nephrectomy

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
53440	090	13.36	**RUC Time**	1,029

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55845	090	24.40	**RUC Time**	497

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 7 **% of respondents:** 21.2 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 18.18 **%**

TIME ESTIMATES (Median)

	CPT Code: 55840	Top Key Reference CPT Code: 58548	2nd Key Reference CPT Code: **50543**
Median Pre-Service Time	55.00	75.00	60.00
Median Intra-Service Time	7180.00	240.00	240.00
Median Immediate Post-service Time	25.00	45.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	40.0	118.00	118.00
Median Discharge Day Management Time	38.0	0.00	0.00
Median Office Visit Time	80.0	86.00	109.00
Median Total Time	**418.00**	**564.00**	**557.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	14%	14%	72%

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%	14%	86%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	14%	0%	86%
Physical effort required	0%	14%	86%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	14%	86%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	17%	67%	16%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	33%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	50%	50%
Physical effort required	0%	33%	67%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	17%	83%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
55840 was recommended for survey as part of the family of prostatectomy codes. Survey of this family of codes was required due to 55866 (laparoscopic radical prostatectomy) and 35871 (pelvic lymph node dissection) being billed together greater than 75% of the time.

Prostate cancer at the time of intervention has undergone a migration towards a more aggressive, advanced disease-state. This is multi-factorial, inclusive of decreased PSA-screening and higher utilization of active surveillance for low-risk disease (i.e., Gleason 3+3=6 prostate cancer). National treatment guidelines no longer support radical prostatectomy or radiation therapy for patients with low-risk prostate cancer as first line therapy due to multiple studies demonstrating the safety of active surveillance protocols. The urologic community has accepted this change in treatment algorithm as demonstrated by a 2023 article in JAMA demonstrating an increase in active surveillance utilization from 26.5% in 2014 to 59.6% in 2021 (Cooperberg, et al). While urologists are appropriately moving away from surgical intervention for low-risk disease, in parallel, the decrease in PSA-screening has also yielded more patients presenting for prostatectomy with

advanced disease states. Data published in 2019 and 2020 found a decline in the incidence of localized prostate cancer and an increase in the incidence of de novo metastatic disease (Butler, et al and Sheng, et al). In 2021, a study examined 528 patients who underwent radical prostatectomy for prostate cancer, noting a significant decrease in the proportion of low-risk disease and a trend toward a higher proportion of intermediate-risk disease (Hoeh, et al). Another 2021 study looked at 447 patients undergoing radical prostatectomy, finding a shift in these patients from years prior, inclusive of unfavorable disease characteristics such as higher PSA and tumor grade at the time of surgical intervention (Garg, et al). Similarly, a 2021 JAMA article examined 5700 radical prostatectomy patients treated at the VA from 2000 to 2017, demonstrating that the proportion of low-risk tumors decreased by 44%, while intermediate risk tumors increased by 29%, and high-risk tumors increased by 15% (Vaculik, et al). Surgery for intermediate and high-risk prostate cancer is significantly more intense and technically challenging secondary to the increased tumor burden, with goals of obtaining negative margins, while also maintaining potency and continence.

Citations:
Cooperberg MR, Meeks W, Fang R, Gaylis FD, Catalona WJ, Makarov DV. Time Trends and Variation in the Use of Active Surveillance for Management of Low-risk Prostate Cancer in the US. JAMA Netw Open. 2023 Mar 1;6(3):e231439. doi: 10.1001/jamanetworkopen.2023.1439. PMID: 36862409; PMCID: PMC9982696.

Sheng IY, Wei W, Chen YW, Gilligan TD, Barata PC, Ornstein MC, Rini BI, Garcia JA. Implications of the United States Preventive Services Task Force Recommendations on Prostate Cancer Stage Migration. Clin Genitourin Cancer. 2021 Feb;19(1):e12-e16. doi: 10.1016/j.clgc.2020.06.006. Epub 2020 Jul 11. PMID: 32800474.

Butler SS, Muralidhar V, Zhao SG, Sanford NN, Franco I, Fullerton ZH, Chavez J, D'Amico AV, Feng FY, Rebbeck TR, Nguyen PL, Mahal BA. Prostate cancer incidence across stage, NCCN risk groups, and age before and after USPSTF Grade D recommendations against prostate-specific antigen screening in 2012. Cancer. 2020 Feb 15;126(4):717-724. doi: 10.1002/cncr.32604. Epub 2019 Dec 3. PMID: 31794057.

Hoeh B, Preisser F, Mandel P, Wenzel M, Humke C, Welte MN, Müller M, Köllermann J, Wild P, Kluth LA, Roos FC, Chun FKH, Becker A. Inverse Stage Migration in Radical Prostatectomy-A Sustaining Phenomenon. Front Surg. 2021 Mar 1;8:612813. doi: 10.3389/fsurg.2021.612813. PMID: 33732728; PMCID: PMC7956997.

Garg H, Seth A, Singh P, Kumar R. Changing trends in robot-assisted radical prostatectomy: Inverse stage migration-A retrospective analysis. Prostate Int. 2021 Sep;9(3):157-162. doi: 10.1016/j.prnil.2021.04.002. Epub 2021 Apr 28. PMID: 34692589; PMCID: PMC8498691.

Vaculik K, Luu M, Howard LE, Aronson W, Terris M, Kane C, Amling C, Cooperberg M, Freedland SJ, Daskivich TJ. Time Trends in Use of Radical Prostatectomy by Tumor Risk and Life Expectancy in a National Veterans Affairs Cohort. JAMA Netw Open. 2021 Jun 1;4(6):e2112214. doi: 10.1001/jamanetworkopen.2021.12214. PMID: 34081138; PMCID: PMC8176332.

Recommendation:
We recommend maintaining the current RVW of 21.36. We had a strong survey with 33 respondents. Median survey experience was 0, with a maximum procedure number of 50. This survey experience data makes sense given the decreasing utilization of this code over the past twelve years. With increasing utilization of robotic prostatectomy, the open procedure has become less commonly performed and is now typically only performed for patients who are not candidates for robotic surgery. The most common KRS selected was 58548. 72% of survey respondents selecting this KRS felt 55840 was much more intense and complex than the KRS.

Utilization of 55840 has decreased by about 50% over the past ten years from 2,095 claims in 2012 to 1,119 claims in 2022. This change in utilization has been driven by the wide adoption of robotic surgical instruments for pelvic surgery over the past decade. This decrease in utilization has led to increased complexity and intensity when performing the open procedure, due to the decreasing frequency with which the open procedure is performed.

Median intraservice time from the survey was 180 minutes, a total time of 418 minutes, with one 99232, and one discharge day 99238. The 90 day global period includes two level four office visits. A RUC database search of RUC reveiwed 090 day global codes since 2014 reveals 16 codes with an intraservice time between 170 and 190 minutes. The RVW range for these codes is 16.03-45.00. The highest utilization code within this set is 22633 with a RVW of 26.80, intraservice time of 180 minutes and total time of 509 minutes. 55840 continues to fit well within the fee schedule with a maintained value of 21.36.

Pre-time package 3 and Post-time package 9B are selected. Times are adjusted to not exceed median survey values. Positioning time is increased due to dorsal lithotomy positioning.

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) 55840

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 Urology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Urology Frequency Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 645
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty urology Frequency Percentage 100 %

Specialty	Frequency	Percentage	%
Specialty	Frequency 0	Percentage	%

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 55840

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:55842 Tracking Number H6 Original Specialty Recommended RVU: **27.41**
Presented Recommended RVU: **21.36**
Global Period: 090 Current Work RVU: **21.36** RUC Recommended RVU: **21.36**

CPT Descriptor: Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: : A 65-year-old male with elevated prostate-specific antigen (PSA) levels undergoes biopsy that shows Gleason score of 3 + 4, intermediate-risk prostate cancer. After counseling about treatment options, he undergoes open radical retropubic prostatectomy with limited pelvic lymph node dissection

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 39% , Overnight stay-more than 24 hours 61%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 91%

Description of Pre-Service Work: On the day before the surgery, review patient's medical record, preoperative lab results, transrectal ultrasound images, and pathology reports. Write preoperative orders and send electronically to the hospital. Dictate a preoperative H&P. On the day of surgery, review the surgical procedure and postoperative recovery in and out of the hospital with the patient and/or family. Answer questions from the patient and/or family and obtain informed consent. Discuss the expected duration of the procedure and any special concerns about this particular patient (eg, teeth, positioning, unusual medical problems) with the anesthesiologist. Verify the availability of all necessary instruments. Speak to anesthesiologist about expected length of procedure and any special concerns about this particular patient (eg, teeth, positioning, unusual medical problems). Verify all necessary instruments are available. General anesthesia is induced. Prepare and drape abdomen and genitalia in standard fashion. Pad patient's wrists, elbows, shoulders, and legs and place and test sequential compression devices. Tuck patient's arms under sheets. Place patient in slightly hyperextended supine position and pad all pressure points and adjust as needed. The surgeon scrubs and gowns.

Description of Intra-Service Work: Place a Foley catheter into the bladder and inflate the ballon. Make a lower midline incision. Develop the retropubic space and place a retractor. Develop a space between the bladder and develop the iliac vessels. Using a combination of blunt and sharp dissection, dissect the peritoneum from the internal inguinal ring, the iliopsoas region, and the anterior abdominal wall and sweep superiorly. Isolate the spermatic cord to the point where the vas courses medially. The vas may or may not be ligated and divided. Place retractors to hold the bladder medially and the peritoneum superiorly. Divide the fibrofatty tissue surrounding the iliac vein anteriorly from the bifurcaton to the node of Cloquet residing near the inguineal canal. Separate the tissue between the iliac artery and vein exposing the iliac artery along its medial and anterior surfaces. Pass this tissue behind the iliac vein. Using a combination of blunt and sharp dissection, dissect the nodal packet to the obturator nerve. Ligate the lymphatics coming from the leg and divide the distal edge of the nodal packet. Rotate the packet superiorly and then divide at the bifurcation of the iliac artery. Reposition the retractor blades from this side and place on the other side for a bilateral limited pelvic node dissection. Attention is then turned to the radical retropubic prostatectomy. Place the retractor to facilitate the removal of the prostate. Incise the endopelvic fascia bilaterally. Develop the puboprostatic ligaments and divide close to the pubis. Pinch the tissue anterior to the urethra and posterior to the pubis between the thumb and forefinger of the left hand to develop the dorsal vein complex

distal to the prostatic apex. Pass a right-angled clamp anterior to the urethra and ligate the previously developed dorsal vein complex. Perform a suture ligation on the bundle at the prostatic apex with polyglactin 910, taking care to avoid the neurovascular posterior and lateral to the prostate. Perform a suture ligation on the dorsal vein complex with polyglactin 910 on a 5/8th circle taper needle in a figure of eight. Divide the dorsal vein complex. Perform a suture ligation on it again until hemostasis is obtained. Develop the plane between the neurovascular bundles and the apex of the prostate and urethra. Pass a McDougal clamp over the neurovascular bundle under the urethra and over the neurovascular bundle, grasp an umbilical tape and withdraw the clamp with the tape to elevate the urethra. Avoid the rectum. Dissect the urethra for up to a centimeter into the prostate. Divide the urethra just enough to expose the Foley catheter, which is about half way across the urethra. Lubricate the Foley catheter at the urethral meatus and pass a right-angled clamp under the Foley catheter at the level of the incised urethra and draw the Foley catheter into the field. Clamp the Foley catheter with a Kocher clamp and cut it so the clamp is on the bladder end of the catheter, keeping the Foley balloon inflated within the bladder, taking care not to stretch the neurovascular bundles. Divide the rest of the urethra. Release the rest of the neurovascular bundles from the posterior lateral aspect of the prostate. Rotate the prostate supero-anteriorly and divide the recto-urethralis muscles. With a combination of blunt and sharp dissection, release the prostate from the anterior layer of the rectum until the seminal vesicles and ampullae of the vasa are encountered. Dissect laterally to free the prostatic fascia and neurovascular bundles up to the lateral pedicles. Ligate and divide the vessels on the lateral surface of the seminal vesicles near the base of the prostate. Rotate the prostate inferiorly and identify the bladder neck by palpating the Foley balloon within the bladder. Dissect the bladder neck into the prostate circumferentially. Divide the anterior bladder neck, release the water from the Foley balloon, pull the catheter, and clamp both ends to use it for anterior traction on the prostate. Dissect the posterior bladder neck off the prostate if this has not already been done. Find and dissect the ampulla of the vas on one side and dissect it proximally until the tip of the seminal vesicle has been reached. Clip and divide the vas deferens. Starting at the junction of the seminal vesicle and the prostate, dissect the former off of the latter. Clip the end of the seminal vesicle and divide it, assure that the seminal vesicular artery is secure. Repeat the process for the other side. Remove the specimen. Assure hemostasis. Close any rectal laceration if necessary, with 2-0 Vicryl, in a two layered interrupted fashion. Tailor the bladder neck with interrupted or running polyglactin 910 suture, if necessary, in a tennis racquet or fish-mouth fashion, assuring that the ureteral orifices are not incorporated in the closure. Insert a Greenwald sound into the urethra until it is visualized at the cut urethral edge within the pelvis. Place six double-armed 3-0 purple monocryl sutures from inside to the outside of the urethra, taking care to encompass the urethral mucosa. A straight mosquito clamp can be used to label the passed needle. Create the anastomosis by passing the three posteriorly placed needles through the posterior bladder neck. Remove the Greenwald sound. Pass a 20 French Foley catheter with a 30-ml balloon into the bladder and leave the balloon deflated for now. Pass the three anteriorly placed 3-0 monocryl sutures through the anterior bladder neck incorporating the bladder mucosa for a mucosal to mucosal anastomosis. Inflate the Foley balloon to 30 ml. Place a long Allis clamp just proximal to the bladder neck. Tie the sutures starting posteriorly, push the bladder with the Allis clamp, and pull the bladder with traction on the Foley catheter while tying the knots. Exit a drain through a separate stab wound incision. Close the incision with a looped polydioxanone for the fascia. Close the skin with a subcutaneous running 4-0 absorbable suture. Place sterile dressings over the incision and around the drain. Secure the catheter to the thigh with a catheter strap.

Description of Post-Service Work: Apply dressings. Transfer the patient from the operating table to the postoperative stretcher. Accompany patient to the recovery area and transfer to the recovery area bed. Write postoperative orders and review recovery area care and medications with recovery staff. Discuss results of the procedure, expected outcome, and planned postoperative care in and out of the hospital with patient's family. After patient is awake, discuss the outcome of the surgery with the patient. Notify the referring physician of the outcome of the procedure and of any unusual aspects of postoperative care (eg, cardiac disease, diabetes management). Dictate a detailed operative report for the patient's medical record. After discharge from recovery, examine the patient and check the wound and patient's progress. Review hospital notes (ie, nursing, pharmacy, dietary, discharge planner). Answer questions from patient, patient's family, and nursing and other staff. Write orders as necessary. Write a progress note for patient's medical record. During the patient's stay in the hospital, examine the patient and check laboratory results and vital signs. Check urine output and output from the drain and remove the drain if appropriate. Check wounds and dressings and discuss patient's progress with the patient and/or family. Review patient's hospital medical records. Discuss postoperative care of the wound at home. Answer questions from patient, patient's family, and nursing and other staff. Write orders as necessary. Write progress notes for the patient's medical record. On day of discharge, examine the patient. Check the wounds and patient's progress. Review all patient hospital medical records and answer questions from patient and/or family. Write orders for postdischarge care and prescriptions for postoperative medications. Discuss postoperative care of the wound with patient and/or family. Dictate a detailed hospital discharge summary.

During the initial post-operative office visit, examine the patient. Check vital signs and inspect all surgical incisions. Prior to removal of the Foley catheter, fill the bladder with 250 ml of sterile saline with a Toomey syringe. then remove the urinary catheter. Review in detail the final pathology report, implications, follow-up plan, and the possible need for

additional prostate cancer therapy. Review usage of pain medications, including discontinuance of narcotic analgesic medications and focusing discussion on utilization of non-narcotic analgesic medications as additional options for any persistent discomfort. Discuss expectations for the return of bladder control following the removal of the catheter and proper performance of Kegel exercises. Discuss penile rehabilitation therapy, including timing, options of oral therapies, injections, and vacuum pump, and write prescriptions for chosen medications, inclusive of phosphodiesterase 5 (PDE5) inhibitors. Answer questions from the patient and/or family. Schedule the next office visit. Mark the appropriate diagnosis and CPT code on the encounter form (superbill). Dictate patient progress notes for the office medical record and a letter to the referring physician.

At the second post-operative office visit, review bladder control and continence. Review bladder control exercises and additional therapies, inclusive of writing a referral for pelvic floor physical therapy. Review erectile function and determine if additional alterations should be made to the previously prescribed therapies; consider changing PDE5 inhibitor prescription medication and/or dosage. Discuss utility of obtaining PSA blood tests in monitoring the prostate cancer disease state, inclusive of writing a referral for a PSA blood test be obtained just prior to the next scheduled visit. Schedule the next office visit. Mark the appropriate diagnosis and CPT code on the encounter form (superbill). Dictate patient progress notes for the office medical record and a letter to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Dr. Jonathan Kiechle, Dr. Seth Cohen					
Specialty Society(ies):	AUA					
CPT Code:	55842					
Sample Size:	5002	**Resp N:**	33			
Description of Sample:	AUA surveyed a total of 5002 of its members.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**1.00**	2.00	50.00	
Survey RVW:	17.00	27.41	**30.00**	35.00	66.00	
Pre-Service Evaluation Time:			**30.00**			
Pre-Service Positioning Time:			**15.00**			
Pre-Service Scrub, Dress, Wait Time:			**10.00**			
Intra-Service Time:	75.00	150.00	**200.00**	225.00	320.00	
Immediate Post Service-Time:	**25.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**80.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **2.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	55842	**Recommended Physician Work RVU: 21.36**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**33.00**	**-3.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**200.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**25.00**	**33.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	40.00	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	80.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **2.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58548	090	31.63	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
50543	090	27.41	**RUC Time**

CPT Descriptor Laparoscopy, surgical; partial nephrectomy

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
55845	090	25.18	**RUC Time**	497

CPT Descriptor 1 Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57288	090	12.00	**RUC Time**	19,924

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
	090		**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: 9 **% of respondents:** 27.2 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 21.21 **%**

TIME ESTIMATES (Median)

	CPT Code: 55842	Top Key Reference CPT Code: 58548	2nd Key Reference CPT Code: **50543**
Median Pre-Service Time	55.00	75.00	60.00
Median Intra-Service Time	200.00	240.00	240.00
Median Immediate Post-service Time	25.00	45.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	40.0	118.00	118.00
Median Discharge Day Management Time	38.0	0.00	0.00
Median Office Visit Time	80.0	86.00	109.00
Median Total Time	**438.00**	**564.00**	**557.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	22%	22%	56%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	22%	78%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	11%	89%
Physical effort required	0%	22%	78%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with	0%	11%	89%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	100%	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	14%	57%	29%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	43%	57%
Physical effort required	0%	14%	86%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	14%	72%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
55842 was recommended for survey as part of the family of prostatectomy codes. Survey of this family of codes was required due to 55866 (laparoscopic radical prostatectomy) and 35871 (pelvic lymph node dissection) being billed together greater than 75% of the time.

Prostate cancer at the time of intervention has undergone a migration towards a more aggressive, advanced disease-state. This is multi-factorial, inclusive of decreased PSA-screening and higher utilization of active surveillance for low-risk disease (i.e., Gleason 3+3=6 prostate cancer). National treatment guidelines no longer support radical prostatectomy or radiation therapy for patients with low-risk prostate cancer as first line therapy due to multiple studies demonstrating the safety of active surveillance protocols. The urologic community has accepted this change in treatment algorithm as demonstrated by a 2023 article in JAMA demonstrating an increase in active surveillance utilization from 26.5% in 2014 to

59.6% in 2021 (Cooperberg, et al). While urologists are appropriately moving away from surgical intervention for low-risk disease, in parallel, the decrease in PSA-screening has also yielded more patients presenting for prostatectomy with advanced disease states. Data published in 2019 and 2020 found a decline in the incidence of localized prostate cancer and an increase in the incidence of de novo metastatic disease (Butler, et al and Sheng, et al). In 2021, a study examined 528 patients who underwent radical prostatectomy for prostate cancer, noting a significant decrease in the proportion of low-risk disease and a trend toward a higher proportion of intermediate-risk disease (Hoeh, et al). Another 2021 study looked at 447 patients undergoing radical prostatectomy, finding a shift in these patients from years prior, inclusive of unfavorable disease characteristics such as higher PSA and tumor grade at the time of surgical intervention (Garg, et al). Similarly, a 2021 JAMA article examined 5700 radical prostatectomy patients treated at the VA from 2000 to 2017, demonstrating that the proportion of low-risk tumors decreased by 44%, while intermediate risk tumors increased by 29%, and high-risk tumors increased by 15% (Vaculik, et al). Surgery for intermediate and high-risk prostate cancer is significantly more intense and technically challenging secondary to the increased tumor burden, with goals of obtaining negative margins, while also maintaining potency and continence. Given this migration towards an increased-risk, aggressive prostate cancer disease state, the population undergoing prostatectomy has changed, meeting the threshold for compelling evidence.

Citations:

Cooperberg MR, Meeks W, Fang R, Gaylis FD, Catalona WJ, Makarov DV. Time Trends and Variation in the Use of Active Surveillance for Management of Low-risk Prostate Cancer in the US. JAMA Netw Open. 2023 Mar 1;6(3):e231439. doi: 10.1001/jamanetworkopen.2023.1439. PMID: 36862409; PMCID: PMC9982696.

Sheng IY, Wei W, Chen YW, Gilligan TD, Barata PC, Ornstein MC, Rini BI, Garcia JA. Implications of the United States Preventive Services Task Force Recommendations on Prostate Cancer Stage Migration. Clin Genitourin Cancer. 2021 Feb;19(1):e12-e16. doi: 10.1016/j.clgc.2020.06.006. Epub 2020 Jul 11. PMID: 32800474.

Butler SS, Muralidhar V, Zhao SG, Sanford NN, Franco I, Fullerton ZH, Chavez J, D'Amico AV, Feng FY, Rebbeck TR, Nguyen PL, Mahal BA. Prostate cancer incidence across stage, NCCN risk groups, and age before and after USPSTF Grade D recommendations against prostate-specific antigen screening in 2012. Cancer. 2020 Feb 15;126(4):717-724. doi: 10.1002/cncr.32604. Epub 2019 Dec 3. PMID: 31794057.

Hoeh B, Preisser F, Mandel P, Wenzel M, Humke C, Welte MN, Müller M, Köllermann J, Wild P, Kluth LA, Roos FC, Chun FKH, Becker A. Inverse Stage Migration in Radical Prostatectomy-A Sustaining Phenomenon. Front Surg. 2021 Mar 1;8:612813. doi: 10.3389/fsurg.2021.612813. PMID: 33732728; PMCID: PMC7956997.

Garg H, Seth A, Singh P, Kumar R. Changing trends in robot-assisted radical prostatectomy: Inverse stage migration-A retrospective analysis. Prostate Int. 2021 Sep;9(3):157-162. doi: 10.1016/j.prnil.2021.04.002. Epub 2021 Apr 28. PMID: 34692589; PMCID: PMC8498691.

Vaculik K, Luu M, Howard LE, Aronson W, Terris M, Kane C, Amling C, Cooperberg M, Freedland SJ, Daskivich TJ. Time Trends in Use of Radical Prostatectomy by Tumor Risk and Life Expectancy in a National Veterans Affairs Cohort. JAMA Netw Open. 2021 Jun 1;4(6):e2112214. doi: 10.1001/jamanetworkopen.2021.12214. PMID: 34081138; PMCID: PMC8176332.

Recommendation:

We recommend maintaining the current RVW of 21.36. We had a strong survey with 33 respondents. Median survey experience was 0, with a maximum procedure number of 50. This survey experience data makes sense given the decreasing utilization of this code over the past twelve years. With increasing utilization of robotic prostatectomy, the open procedure has become less commonly performed and is now typically only performed for patients who are not candidates for robotic surgery. The most common KRS selected was 58548. 56% of survey respondents selecting this KRS felt 55842 was much more intense and complex than the KRS.

Utilization of 55842 has decreased by about 75% over the past ten years from 308 claims in 2012 to 78 claims in 2022. This change in utilization has been driven by the wide adoption of robotic surgical instruments for pelvic surgery over the past decade. This decrease in utilization has led to increased complexity and intensity when performing the open procedure, due to the decreasing frequency with which the open procedure is performed. This likely explains the increase in intra-service time identified in the survey.

Median intraservice time from the survey was 200 minutes, a total time of 438 minutes, with one 99232, and one discharge day 99238. The 90 day global period includes two level four office visits. A RUC database search of RUC reviewed 090

day global codes since 2014 reveals 4 codes with an intraservice time between 190 and 210 minutes. The RVW range for these codes is 22.00-41.50. 55842 would continue to fit well within the fee schedule at its current value of 21.36.

Pre-time package 3 and Post-time package 9B are selected. Times are adjusted to not exceed median survey values. Positioning time is increased due to dorsal lithotomy positioning.

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) 55842

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 Urology 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? 60
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Urology Frequency 120 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 38 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Urology	Frequency 70	Percentage 100.00 %	
Specialty	Frequency	Percentage	%
Specialty	Frequency 0	Percentage	%

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 55842

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:55845 Tracking Number H7 Original Specialty Recommended RVU: **29.50**
Presented Recommended RVU: **25.18**
Global Period: 090 Current Work RVU: **25.18** RUC Recommended RVU: **25.18**

CPT Descriptor: Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old man with elevated prostate-specific antigen (PSA) levels undergoes biopsy that shows a Gleason score of 4 + 4, high-risk prostate cancer. After negative staging evaluation and counseling of management options, he undergoes open radical retropubic prostatectomy with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes.

Percentage of Survey Respondents who found Vignette to be Typical: 94.12%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 38% , Overnight stay-more than 24 hours 61%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 91%

Description of Pre-Service Work: On the day before the surgery, review patient's medical record, preoperative lab results, transrectal ultrasound images, and pathology reports. Write preoperative orders and send electronically to the hospital. Dictate a preoperative H&P. On the day of surgery, review the surgical procedure and postoperative recovery in and out of the hospital with the patient and/or family. Answer questions from the patient and/or family and obtain informed consent. Discuss the expected duration of the procedure and any special concerns about this particular patient (eg, teeth, positioning, unusual medical problems) with the anesthesiologist. Verify the availability of all necessary instruments. Speak to anesthesiologist about expected length of procedure and any special concerns about this particular patient (eg, teeth, positioning, unusual medical problems). Verify all necessary instruments are available. General anesthesia is induced. Prepare and drape abdomen and genitalia in standard fashion. Pad patient's wrists, elbows, shoulders, and legs and place and test sequential compression devices. Tuck patient's arms under sheets. Place patient in slightly hyperextended supine position and pad all pressure points and adjust as needed. The surgeon scrubs and gowns.

Description of Intra-Service Work: Place a Foley catheter into the bladder and inflate the balloon. Make a lower midline incision. Develop the retropubic space and place a retractor. Develop a space between the bladder and the iliac vessels. Using a combination of blunt and sharp dissection, dissect the peritoneum from the internal inguinal ring, the iliopsoas region, and the anterior abdominal wall and sweep superiorly. Isolate the spermatic cord to the point where the vas courses medially. The vas may or may not be ligated or divided. Place retractors to hold the bladder medially and the peritoneum superiorly. Divide the fibrofatty tissue surrounding the iliac vein anteriorly from the bifurcation to the node of Cloquet residing near the inguinal canal. Separate the tissue between the iliac artery and vein exposing the iliac artery along its medial and anterior surfaces. Pass this tissue behind the iliac vein. Using a combination of blunt and sharp dissection, dissect the nodal packet to the obturator nerve. Ligate the lymphatics coming from the leg and divide the distal edge of the nodal packet. Rotate the packet superiorly and then divide at the bifurcation of the iliac artery. For an extended dissection, the incision may need to be extended cephalad. After a limited pelvic lymph node dissection has been performed and the decision has been made to perform an extended lymph node dissection, divide up the tissue over the common iliac artery up to the bifurcation of the aorta. Locate the ureter on this side and free it of its attachments. Gently retract it medially or

laterally depending on the stage of dissection. The lateral limits of dissection are the gonadal veins. Dissect the nodal tissue medial to these structures off of the psoas muscle taking care not to injure the genitofemoral nerve. Pass the packet under the common iliac artery. Carry out the dissection to the midline over the sacrum and up to the bifurcation of the aorta. If a limited pelvic node dissection has already been carried out, end the inferior limit of this dissection at the superior limit of that dissection. In the event the decision to perform an extended pelvic lymph node dissection is made, the dissection starts at the bifurcation of the aorta then is carried laterally to the gonadal vessels. Split the tissue over the common iliac artery and pass it underneath from lateral to medial. Proceed with the dissection from superiorly to inferiorly and from the midline at the level of the sacrum to the common iliac, and from the gonadal vessels laterally to the common iliac. Split the fibrofatty tissue over the external iliac artery and pass it under the artery. Carry the dissection inferiorly further down the internal and external iliac vessels in the same fashion as the limited pelvic node dissection. Attention is then turned to the radical retropubic prostatectomy. Place the retractor to facilitate the removal of the prostate. Incise the endopelvic fascia bilaterally. Develop the puboprostatic ligaments and divide close to the pubis. Pinch the tissue anterior to the urethra and posterior to the pubis between the thumb and forefinger of the left hand to develop the doral vein complext distal to the prostatic apex. Pass a right-angled clamp anterior to the urethra and ligate the previously developed dorsal vein complex. Perform a suture ligation on the bundle at the prostatic apex with polyglactin 910, taking care to avoid the neurovascular posterior and lateral to the prostate. Perform a suture ligation on the dorsal vein complex with polyglactin 910 on a 5/8th circle taper needle in a figure of eight. Divide the dorsal vein complex. Suture ligate it again until hemostasis is obtained. Develop the plane between the neurovascular bundles and the apex of the prostate and urethra. Pass a McDougal clamp over the neurovascular bundle under the urethra and over the neurovascular bundle, grasp an umbilical tape, and withdraw the clamp with the tape to elevate the urethra. Avoid the rectum. Dissect the urethra for up to a centimeter into the prostate. Divide the urethra just enough to expose the Foley catheter, which is about half way across the urethra. Lubricate the Foley catheter at the urethral meatus and pass a right-angled clamp under the Foley at the level of the incised urethra and draw it into the field. Clamp the Foley catheter with a Kocher clamp and cut it so the clamp is on the bladder end of the catheter, keeping the Foley balloon inflated within the bladder, taking care not to stretch the neurovascular bundles. Divide the rest of the urethra. Release the rest of the neurovascular bundles from the posterior lateral aspect of the prostate. Rotate the prostate supero-anteriorly and divide the recto-urethralis muscles. With a combination of blunt and sharp dissection, release the prostate from the anterior layer of the rectum until the seminal vesicles and ampullae of the vasa are encountered. Dissect laterally to free the prostatic fascia and neurovascular bundles up to the lateral pedicles. Ligate and divide the vessels on the lateral surface of the seminal vesicles near the base of the prostate. Rotate the prostate inferiorly and identify the bladder neck by palpating the Foley balloon within the bladder. Dissect the bladder neck into the prostate circumferentially. Divide the anterior bladder neck, release the water from the Foley balloon, pull the catheter, and clamp both ends to use it for anterior traction on the prostate. Dissect the posterior bladder neck off the prostate if this has not already been done. Find and dissect the ampulla of the vas on one side and dissect it proximally till the tip of the seminal vesicle has been reached. Clip and divide the vas deferens. Starting at the junction of the seminal vesicle and the prostate, dissect the former off of the latter. Clip the end of the seminal vesicle and divide it, assure that the seminal vesicular artery is secure. Repeat the process for the other side.

Remove the specimen and assure hemostasis. Close any rectal laceration if necessary, with polyglactin 910, in a two layered interrupted fashion. Tailor the bladder neck with interrupted or running polyglactin 910 suture, if necessary, in a tennis racquet or fish-mouth fashion, assuring that the ureteral orifices are not incorporated in the closure. Insert a Greenwald sound into the urethra until it is visualized at the cut urethral edge within the pelvis.

Place six double-armed 3-0 purple monocryl sutures from inside to the outside of the urethra, taking care to encompass the urethral mucosa. A straight mosquito clamp can be used to label the passed needle. Create the anastomosis by passing the three posteriorly placed needles through the posterior bladder neck. Remove the Greenwald sound. Pass a 20 French Foley catheter with a 30-ml balloon into the bladder and leave the balloon deflated for now. Pass the three anteriorly placed 3-0 monocryl sutures through the anterior bladder neck incorporating the bladder mucosa for a mucosal to mucosal anastomosis. Inflate the Foley balloon to 30 ml.

Place a long Allis clamp just proximal to the bladder neck. Tie the sutures starting posteriorly, push the bladder with the Allis clamp, and pull the bladder with traction on the Foley catheter while tying the knots. Exit a drain through a separate stab wound incision. Close the incision with a looped polydioxanone for the fascia. Close the skin with a subcutaneous running 4-0 absorbable suture. Place sterile dressings over the incision and around the drain. Secure the catheter to the thigh with a catheter strap.

Description of Post-Service Work: Apply dressings. Transfer the patient from the operating table to the postoperative stretcher. Accompany patient to the recovery area and transfer to the recovery area bed. Write postoperative orders and review recovery area care and medications with recovery staff. Discuss results of the procedure, expected outcome, and

planned postoperative care in and out of the hospital with patient's family. After patient is awake, discuss the outcome of the surgery with the patient. Notify the referring physician of the outcome of the procedure and of any unusual aspects of postoperative care (eg, cardiac disease, diabetes management). Dictate a detailed operative report for the patient's medical record. After discharge from recovery, examine the patient and check the wound and patient's progress. Review hospital notes (ie, nursing, pharmacy, dietary, discharge planner). Answer questions from patient, patient's family, and nursing and other staff. Write orders as necessary. Write a progress note for patient's medical record. During the patient's stay in the hospital, examine the patient and check laboratory results and vital signs. Check urine output and output from the drain and remove the drain if appropriate. Check wounds and dressings and discuss patient's progress with the patient and/or family. Review patient's hospital medical records. Discuss postoperative care of the wound at home. Answer questions from patient, patient's family, and nursing and other staff. Write orders as necessary. Write progress notes for the patient's medical record. On day of discharge, examine the patient. Check the wounds and patient's progress. Review all patient hospital medical records and answer questions from patient and/or family. Write orders for postdischarge care and prescriptions for postoperative medications. Discuss postoperative care of the wound with patient and/or family. Dictate a detailed hospital discharge summary.

During the initial post-operative office visit, examine the patient. Check vital signs and inspect all surgical incisions. Prior to removal of the Foley catheter, fill the bladder with 250 ml of sterile saline with a Toomey syringe. then remove the urinary catheter. Review in detail the final pathology report, implications, follow-up plan, and the possible need for additional prostate cancer therapy. Review usage of pain medications, including discontinuance of narcotic analgesic medications and focusing discussion on utilization of non-narcotic analgesic medications as additional options for any persistent discomfort. Discuss expectations for the return of bladder control following the removal of the catheter and proper performance of Kegel exercises. Discuss penile rehabilitation therapy, including timing, options of oral therapies, injections, and vacuum pump, and write prescriptions for chosen medications, inclusive of phosphodiesterase 5 (PDE5) inhibitors. Answer questions from the patient and/or family. Schedule the next office visit. Mark the appropriate diagnosis and CPT code on the encounter form (superbill). Dictate patient progress notes for the office medical record and a letter to the referring physician.

At the second post-operative office visit, review bladder control and continence. Review bladder control exercises and additional therapies, inclusive of writing a referral for pelvic floor physical therapy. Review erectile function and determine if additional alterations should be made to the previously prescribed therapies; consider changing PDE5 inhibitor prescription medication and/or dosage. Discuss utility of obtaining PSA blood tests in monitoring the prostate cancer disease state, inclusive of writing a referral for a PSA blood test be obtained just prior to the next scheduled visit. Schedule the next office visit. Mark the appropriate diagnosis and CPT code on the encounter form (superbill). Dictate patient progress notes for the office medical record and a letter to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Dr. Jonathan Kiechle, Dr. Seth Cohen					
Specialty Society(ies):	AUA					
CPT Code:	55845					
Sample Size:	5002	**Resp N:**	34			
Description of Sample:	AUA surveyed a total of 5002 of its members.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**1.00**	5.00	50.00	
Survey RVW:	17.00	29.50	**33.00**	36.00	75.00	
Pre-Service Evaluation Time:			**34.00**			
Pre-Service Positioning Time:			**15.00**			
Pre-Service Scrub, Dress, Wait Time:			**10.00**			
Intra-Service Time:	85.00	180.00	**210.00**	240.00	340.00	
Immediate Post Service-Time:	**25.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**80.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **2.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	55845	**Recommended Physician Work RVU: 25.18**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**34.00**	**33.00**	**1.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**210**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**25.00**	**33.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	40.00	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	80.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **2.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58575	090	0.00	**RUC Time**

CPT Descriptor Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
50543	090	0.00	**RUC Time**

CPT Descriptor Laparoscopy, surgical; partial nephrectomy

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
50360	090	39.88	**RUC Time**	10,485

CPT Descriptor 1 Renal allotransplantation, implantation of graft; without recipient nephrectomy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55840	090	21.36	**RUC Time**	1,119

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 41.1 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 26.47 **%**

TIME ESTIMATES (Median)

	CPT Code: 55845	Top Key Reference CPT Code: 58575	2nd Key Reference CPT Code: **50543**
Median Pre-Service Time	59.00	73.00	60.00
Median Intra-Service Time	210.00	240.00	240.00
Median Immediate Post-service Time	25.00	33.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	40.0	78.00	118.00
Median Discharge Day Management Time	38.0	0.00	0.00
Median Office Visit Time	80.0	86.00	109.00
Median Total Time	**452.00**	**510.00**	**557.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	7%	29%	64%

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%	29%	71%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	8%	84%
Physical effort required	0%	23%	77%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	7%	93%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	33%	33%	34%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	56%	44%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	44%	56%
Physical effort required	0%	33%	67%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	33%	56%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
55845 was recommended for survey as part of the family of prostatectomy codes. Survey of this family of codes was required due to 55866 (laparoscopic radical prostatectomy) and 35871 (pelvic lymph node dissection) being billed together greater than 75% of the time.

Compelling Evidence:
Prostate cancer at the time of intervention has undergone a migration towards a more aggressive, advanced disease-state. This is multi-factorial, inclusive of decreased PSA-screening and higher utilization of active surveillance for low-risk disease (i.e., Gleason 3+3=6 prostate cancer). National treatment guidelines no longer support radical prostatectomy or radiation therapy for patients with low-risk prostate cancer as first line therapy due to multiple studies demonstrating the safety of active surveillance protocols. The urologic community has accepted this change in treatment algorithm as demonstrated by a 2023 article in JAMA demonstrating an increase in active surveillance utilization from 26.5% in 2014 to 59.6% in 2021 (Cooperberg, et al). While urologists are appropriately moving away from surgical intervention for low-risk

disease, in parallel, the decrease in PSA-screening has also yielded more patients presenting for prostatectomy with advanced disease states. Data published in 2019 and 2020 found a decline in the incidence of localized prostate cancer and an increase in the incidence of de novo metastatic disease (Butler, et al and Sheng, et al). In 2021, a study examined 528 patients who underwent radical prostatectomy for prostate cancer, noting a significant decrease in the proportion of low-risk disease and a trend toward a higher proportion of intermediate-risk disease (Hoeh, et al). Another 2021 study looked at 447 patients undergoing radical prostatectomy, finding a shift in these patients from years prior, inclusive of unfavorable disease characteristics such as higher PSA and tumor grade at the time of surgical intervention (Garg, et al). Similarly, a 2021 JAMA article examined 5700 radical prostatectomy patients treated at the VA from 2000 to 2017, demonstrating that the proportion of low-risk tumors decreased by 44%, while intermediate risk tumors increased by 29%, and high-risk tumors increased by 15% (Vaculik, et al). Surgery for intermediate and high-risk prostate cancer is significantly more intense and technically challenging secondary to the increased tumor burden, with goals of obtaining negative margins, while also maintaining potency and continence. Given this migration towards an increased-risk, aggressive prostate cancer disease state, the population undergoing prostatectomy has changed, meeting the threshold for compelling evidence.

Citations:

Cooperberg MR, Meeks W, Fang R, Gaylis FD, Catalona WJ, Makarov DV. Time Trends and Variation in the Use of Active Surveillance for Management of Low-risk Prostate Cancer in the US. JAMA Netw Open. 2023 Mar 1;6(3):e231439. doi: 10.1001/jamanetworkopen.2023.1439. PMID: 36862409; PMCID: PMC9982696.

Sheng IY, Wei W, Chen YW, Gilligan TD, Barata PC, Ornstein MC, Rini BI, Garcia JA. Implications of the United States Preventive Services Task Force Recommendations on Prostate Cancer Stage Migration. Clin Genitourin Cancer. 2021 Feb;19(1):e12-e16. doi: 10.1016/j.clgc.2020.06.006. Epub 2020 Jul 11. PMID: 32800474.

Butler SS, Muralidhar V, Zhao SG, Sanford NN, Franco I, Fullerton ZH, Chavez J, D'Amico AV, Feng FY, Rebbeck TR, Nguyen PL, Mahal BA. Prostate cancer incidence across stage, NCCN risk groups, and age before and after USPSTF Grade D recommendations against prostate-specific antigen screening in 2012. Cancer. 2020 Feb 15;126(4):717-724. doi: 10.1002/cncr.32604. Epub 2019 Dec 3. PMID: 31794057.

Hoeh B, Preisser F, Mandel P, Wenzel M, Humke C, Welte MN, Müller M, Köllermann J, Wild P, Kluth LA, Roos FC, Chun FKH, Becker A. Inverse Stage Migration in Radical Prostatectomy-A Sustaining Phenomenon. Front Surg. 2021 Mar 1;8:612813. doi: 10.3389/fsurg.2021.612813. PMID: 33732728; PMCID: PMC7956997.

Garg H, Seth A, Singh P, Kumar R. Changing trends in robot-assisted radical prostatectomy: Inverse stage migration-A retrospective analysis. Prostate Int. 2021 Sep;9(3):157-162. doi: 10.1016/j.prnil.2021.04.002. Epub 2021 Apr 28. PMID: 34692589; PMCID: PMC8498691.

Vaculik K, Luu M, Howard LE, Aronson W, Terris M, Kane C, Amling C, Cooperberg M, Freedland SJ, Daskivich TJ. Time Trends in Use of Radical Prostatectomy by Tumor Risk and Life Expectancy in a National Veterans Affairs Cohort. JAMA Netw Open. 2021 Jun 1;4(6):e2112214. doi: 10.1001/jamanetworkopen.2021.12214. PMID: 34081138; PMCID: PMC8176332.

Recommendation:

We recommend maintaining the current work RVU of 25.18. We had a strong survey with 34 respondents. Median survey experience was 1, with a maximum procedure number of 50. This survey experience data makes sense given the decreasing utilization of this code over the past twelve years. With increasing utilization of robotic prostatectomy, the open procedure has become less commonly performed and is now typically only performed for patients who are not candidates for robotic surgery. The most common KRS selected was 58575. 64% of survey respondents selecting this KRS felt 55845 was much more intense and complex than the KRS.

Utilization of 55845 has decreased significantly over the past ten years from 2296 claims in 2012 to 497 claims in 2022. This change in utilization has been driven by the wide adoption of robotic surgical instruments for pelvic surgery over the past decade. This decrease in utilization has led to increased complexity and intensity when performing the open procedure, due to the decreasing frequency with which the open procedure is performed. This change in utilization helps to explain the increase in intra-service time identified in the survey.

Median intraservice time from the survey was 210 minutes, a total time of 452 minutes, with one 99232, and one discharge day 99238. The 90 day global period includes two level four office visits. A RUC database search of RUC reviewed 090

day global codes since 2014 reveals 4 codes with an intraservice time between 190 and 210 minutes. The RVW range for these codes is 22.00-41.50. 55845 would fit well within the fee schedule at its current value of 25.18

Pre-time package 3 and Post-time package 9B are selected. Times are adjusted to not exceed median survey values. Positioning time is increased due to dorsal lithotomy positioning.

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) 55845

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 UROLOGY How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Urology Frequency 750 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 299
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Urology	Frequency 450	Percentage 100.00 %	
Specialty	Frequency	Percentage	%
Specialty	Frequency 0	Percentage	%

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 55845

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:55866 Tracking Number H8 Original Specialty Recommended RVU: **27.00**
Presented Recommended RVU: **22.46**
Global Period: 090 Current Work RVU: **22.46** RUC Recommended RVU: **22.46**

CPT Descriptor: Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; (Do not report 55866 in conjunction with 38571 if performed at the same session) (For open procedure, use see 55840, 55842, 55845) (For laparoscopy, surgical prostatectomy, simple subtotal, use 55867)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 48-year-old male with a prostate-specific antigen (PSA) level of 3.5 undergoes a prostate biopsy that reveals adenocarcinoma with a Gleason score of 7 in both lobes. He is counseled on the risks and benefits of surgery versus radiation and has chosen robotic-assisted laparoscopic radical prostatectomy.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 98% , In the ASC 1%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 4% , Overnight stay-less than 24 hours 63% , Overnight stay-more than 24 hours 32%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 91%

Description of Pre-Service Work: On the day before the surgery, review patient's medical record, preoperative lab results, transrectal ultrasound images, and pathology reports. Write preoperative orders and send electronically to the hospital. Dictate a preoperative H&P. On the day of surgey, review the surgical procedure and postoperative recovery in and out of the hospital with the patient and/or family. Answer questions from the patient and/or family and obtain informed consent. Discuss the expected duration of the procedure and any special concerns about this particular patient (eg, teeth, positioning, unusual medical problems) with the anesthesiologist. Verify the availability of all necessary instruments. Review the position of the robotic arms, surgical console pedals, and hand controls and adjust as necessary. General anesthesia is induced. Prepare and drape the abdomen, genitalia, and perineum in standard fashion. The patient is placed in dorsal lithotomy position. Pad patient's wrists, elbows, shoulders, and legs and place and test sequential compression devices. Place both legs in stirrups, which are adjusted to assure proper positioning, and tuck both arms under sheets. Then place the patient in the maximal Trendelenburg position and pad all pressure points and adjust as needed. Once patient's position is satisfactory, level the table. The surgeon scrubs and gowns.

Description of Intra-Service Work: Place a urinary catheter into the bladder and inflate the balloon. Make a suprapubic incision and introduce a needle. Confirm an intraperitoneal position and create a pneumoperitoneum. Place a midline trocar and insert a zero-degree lens camera. Inspect the abdomen and pelvis for visceral injury or abnormal anatomy. Make four additional incisions after appropriate measurements and place four additional trocars under direct vision. Adjust the table to place the patient in a steep Trendelenburg position and advance the robot. Dock the four robotic arms individually and check pressure points. Make appropriate adjustments to the robotic arms at the surgical console. Next, introduce the laparoscope and dissect the seminal vesicles and vas deferens. Incise the peritoneum at the reflection point of the anterior rectum and the posterior bladder. Identify the vas deferens on each side and then divide. Carefully dissect the seminal vesicles using the harmonic scalpel to divide all bleeding vessels until the structures are completely freed. Dissect the space just posterior to the seminal vesicles to open Denonvilliers' fascia to reveal a prerectal fat plane. Turn attention to complete mobilization of the opening of the peritoneum and mobilization of the bladder. Divide the median umbilical ligaments and urachus close to the umbilicus. Use careful blunt dissection to reflect the bladder away from the abdominal wall and expose

the endopelvic fascia. Clear away the fat overlying the endopelvic fascia and incise the endopelvic fascia bilaterally to free the prostate away from the lateral pelvic side wall. Circumscribe, cauterize, and divide the superficial dorsal vein complex and identify and dissect the apex of the prostate. Ligate the deep dorsal vein complex with sutures or divide with an endoscopic stapling device. Identify the bladder neck-prostate junction using a variety of maneuvers and then separate the bladder from the prostate on both sides. Identify the bladder neck and open. Bring the catheter through the bladder neck and hold anteriorly, exposing the posterior bladder neck, which is then divided. Carefully separate the remainder of the prostate off of the bladder posteriorly and open the tissue overlying the seminal vesicles. Withdraw these structures into the area of dissection and use as traction. Isolate, cauterize, or clip the lateral vascular pedicles to the base of the prostate and bladder and then divide. Identify both neurovascular bundles and meticulously and carefully dissect them off of the prostate surface from the base to the apex of the gland. Divide the dorsal vein complex using sharp dissection around the apex of the prostate. Rock the prostate back and forth and continue dissection along the lateral pedicle plane to define the apex of the prostate posteriorly. Identify the urethra and use sharp dissection to divide the anterior and posterior urethra and the rectourethralis muscle. Unfasten the final attachments and put the specimen into the endosac and place out of the surgical field. Decrease the pneumoperitoneum and inspect the entire surgical field for evidence of bleeding. Once hemostasis is obtained, reconstruct the bladder neck with multiple interrupted sutures and perform the vesicourethral anastomosis using interrupted sutures. Pass a catheter into the bladder and test the anastomosis by placing 200 ml of saline into the bladder to distend it. Place a drain through one of the abdominal side ports. Inspect all four trocar sites and all surgical sites at 5 mm Hg pressure before the trocars are removed under direct vision. Extract the specimen by enlarging the midline incision and transferring the endosac bag to this area, where it is removed. Close the rectus fascia using suture, inject local anesthetic in all five of the trocar incisions, and close the trocar incisions with interrupted 2-0 nylon sutures. Place sterile dressings over each incision and secure the catheter to the patient's thigh with a catheter strap.

Description of Post-Service Work: Apply dressings. Transfer the patient from the operating table to the postoperative stretcher. Accompany patient to the recovery area and transfer to the recovery area bed. Write postoperative orders and review recovery area care and medications with recovery staff. Discuss results of the procedure, expected outcome, and planned postoperative care in and out of the hospital with patient's family. After patient is awake, discuss the outcome of the surgery with the patient. Notify the referring physician of the outcome of the procedure and of any unusual aspects of postoperative care (eg, cardiac disease, diabetes management). Dictate a detailed operative report for the patient's medical record. After discharge from recovery, examine the patient and check the wound and patient's progress. Review hospital notes (ie, nursing, pharmacy, dietary, discharge planner). Answer questions from patient, patient's family, and nursing and other staff. Write orders as necessary. Write a progress note for patient's medical record. During the patient's stay in the hospital, examine the patient and check laboratory results and vital signs. Check urine output and output from the drain and remove the drain if appropriate. Check wounds and dressings and discuss patient's progress with the patient and/or family. Review patient's hospital medical records. Discuss postoperative care of the wound at home. Answer questions from patient, patient's family, and nursing and other staff. Write orders as necessary. Write progress notes for the patient's medical record. On day of discharge, examine the patient. Check the wounds and patient's progress. Review all patient hospital medical records and answer questions from patient and/or family. Write orders for postdischarge care and prescriptions for postoperative medications. Discuss postoperative care of the wound with patient and/or family. Dictate a detailed hospital discharge summary.

During the initial post-operative office visit, examine the patient. Check vital signs and inspect all surgical incisions. Prior to removal of the Foley catheter, fill the bladder with 250 ml of sterile saline with a Toomey syringe. then remove the urinary catheter. Review in detail the final pathology report, implications, follow-up plan, and the possible need for additional prostate cancer therapy. Review usage of pain medications, including discontinuance of narcotic analgesic medications and focusing discussion on utilization of non-narcotic analgesic medications as additional options for any persistent discomfort. Discuss expectations for the return of bladder control following the removal of the catheter and proper performance of Kegel exercises. Discuss penile rehabilitation therapy, including timing, options of oral therapies, injections, and vacuum pump, and write prescriptions for chosen medications, inclusive of phosphodiesterase 5 (PDE5) inhibitors. Answer questions from the patient and/or family. Schedule the next office visit. Mark the appropriate diagnosis and CPT code on the encounter form (superbill). Dictate patient progress notes for the office medical record and a letter to the referring physician.

At the second post-operative office visit, review bladder control and continence. Review bladder control exercises and additional therapies, inclusive of writing a referral for pelvic floor physical therapy. Review erectile function and determine if additional alterations should be made to the previously prescribed therapies; consider changing PDE5 inhibitor prescription medication and/or dosage. Discuss utility of obtaining PSA blood tests in monitoring the prostate cancer disease state, inclusive of writing a referral for a PSA blood test be obtained just prior to the next scheduled visit. Schedule

the next office visit. Mark the appropriate diagnosis and CPT code on the encounter form (superbill). Dictate patient progress notes for the office medical record and a letter to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Dr. Jonathan Kiechle, Dr. Seth Cohen					
Specialty Society(ies):	AUA					
CPT Code:	55866					
Sample Size:	5002	**Resp N:**	72			
Description of Sample:	AUA surveyed a total of 5002 of its members.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	5.00	**10.00**	25.00	200.00	
Survey RVW:	16.10	27.00	**30.00**	34.00	66.00	
Pre-Service Evaluation Time:			**35.00**			
Pre-Service Positioning Time:			**15.00**			
Pre-Service Scrub, Dress, Wait Time:			**10.00**			
Intra-Service Time:	90.00	180.00	**200.00**	240.00	340.00	
Immediate Post Service-Time:	**25.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**80.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **2.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	55866	**Recommended Physician Work RVU: 22.46**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**35.00**	**33.00**	**2.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**200.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**45.00**	**33.00**	**12.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	80.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **2.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58548	090	31.63	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
50543	090	27.41	**RUC Time**

CPT Descriptor Laparoscopy, surgical; partial nephrectomy

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
32669	090	23.53	**RUC Time**	2,393

CPT Descriptor 1 Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
35301	090	21.16	**RUC Time**	23,542

CPT Descriptor 2 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

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: 26 **% of respondents:** 36.1 **%**

Number of respondents who choose 2nd Key Reference Code: 19 **% of respondents:** 26.39 **%**

TIME ESTIMATES (Median)

	CPT Code: 55866	Top Key Reference CPT Code: 58548	2nd Key Reference CPT Code: **50543**
Median Pre-Service Time	60.00	75.00	60.00
Median Intra-Service Time	200.00	240.00	240.00
Median Immediate Post-service Time	45.00	45.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	118.00	118.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	80.0	86.00	109.00
Median Total Time	**404.00**	**564.00**	**557.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	19%	38%	43%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	4%	19%	77%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	8%	92%
Physical effort required	0%	42%	58%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with	4%	19%	77%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	5%	37%	37%	21%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	5%	42%	53%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	5%	47%	48%
Physical effort required	0%	58%	42%

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	21%	26%	53%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
55866 was recommended for survey as part of the family of prostatectomy codes. Survey of this family of codes was required due to 55866 (laparoscopic radical prostatectomy) and 35871 (pelvic lymph node dissection) being billed together greater than 75% of the time.

Prostate cancer at the time of intervention has undergone a migration towards a more aggressive, advanced disease-state. This is multi-factorial, inclusive of decreased PSA-screening and higher utilization of active surveillance for low-risk disease (i.e., Gleason 3+3=6 prostate cancer). National treatment guidelines no longer support radical prostatectomy or radiation therapy for patients with low-risk prostate cancer as first line therapy due to multiple studies demonstrating the safety of active surveillance protocols. The urologic community has accepted this change in treatment algorithm as demonstrated by a 2023 article in JAMA demonstrating an increase in active surveillance utilization from 26.5% in 2014 to

59.6% in 2021 (Cooperberg, et al). While urologists are appropriately moving away from surgical intervention for low-risk disease, in parallel, the decrease in PSA-screening has also yielded more patients presenting for prostatectomy with advanced disease states. Data published in 2019 and 2020 found a decline in the incidence of localized prostate cancer and an increase in the incidence of de novo metastatic disease (Butler, et al and Sheng, et al). In 2021, a study examined 528 patients who underwent radical prostatectomy for prostate cancer, noting a significant decrease in the proportion of low-risk disease and a trend toward a higher proportion of intermediate-risk disease (Hoeh, et al). Another 2021 study looked at 447 patients undergoing radical prostatectomy, finding a shift in these patients from years prior, inclusive of unfavorable disease characteristics such as higher PSA and tumor grade at the time of surgical intervention (Garg, et al). Similarly, a 2021 JAMA article examined 5700 radical prostatectomy patients treated at the VA from 2000 to 2017, demonstrating that the proportion of low-risk tumors decreased by 44%, while intermediate risk tumors increased by 29%, and high-risk tumors increased by 15% (Vaculik, et al). Surgery for intermediate and high-risk prostate cancer is significantly more intense and technically challenging secondary to the increased tumor burden, with goals of obtaining negative margins, while also maintaining potency and continence. Given this migration towards an increased-risk, aggressive prostate cancer disease state, the population undergoing prostatectomy has changed, meeting the threshold for compelling evidence.

Citations:

Cooperberg MR, Meeks W, Fang R, Gaylis FD, Catalona WJ, Makarov DV. Time Trends and Variation in the Use of Active Surveillance for Management of Low-risk Prostate Cancer in the US. JAMA Netw Open. 2023 Mar 1;6(3):e231439. doi: 10.1001/jamanetworkopen.2023.1439. PMID: 36862409; PMCID: PMC9982696.

Sheng IY, Wei W, Chen YW, Gilligan TD, Barata PC, Ornstein MC, Rini BI, Garcia JA. Implications of the United States Preventive Services Task Force Recommendations on Prostate Cancer Stage Migration. Clin Genitourin Cancer. 2021 Feb;19(1):e12-e16. doi: 10.1016/j.clgc.2020.06.006. Epub 2020 Jul 11. PMID: 32800474.

Butler SS, Muralidhar V, Zhao SG, Sanford NN, Franco I, Fullerton ZH, Chavez J, D'Amico AV, Feng FY, Rebbeck TR, Nguyen PL, Mahal BA. Prostate cancer incidence across stage, NCCN risk groups, and age before and after USPSTF Grade D recommendations against prostate-specific antigen screening in 2012. Cancer. 2020 Feb 15;126(4):717-724. doi: 10.1002/cncr.32604. Epub 2019 Dec 3. PMID: 31794057.

Hoeh B, Preisser F, Mandel P, Wenzel M, Humke C, Welte MN, Müller M, Köllermann J, Wild P, Kluth LA, Roos FC, Chun FKH, Becker A. Inverse Stage Migration in Radical Prostatectomy-A Sustaining Phenomenon. Front Surg. 2021 Mar 1;8:612813. doi: 10.3389/fsurg.2021.612813. PMID: 33732728; PMCID: PMC7956997.

Garg H, Seth A, Singh P, Kumar R. Changing trends in robot-assisted radical prostatectomy: Inverse stage migration-A retrospective analysis. Prostate Int. 2021 Sep;9(3):157-162. doi: 10.1016/j.prnil.2021.04.002. Epub 2021 Apr 28. PMID: 34692589; PMCID: PMC8498691.

Vaculik K, Luu M, Howard LE, Aronson W, Terris M, Kane C, Amling C, Cooperberg M, Freedland SJ, Daskivich TJ. Time Trends in Use of Radical Prostatectomy by Tumor Risk and Life Expectancy in a National Veterans Affairs Cohort. JAMA Netw Open. 2021 Jun 1;4(6):e2112214. doi: 10.1001/jamanetworkopen.2021.12214. PMID: 34081138; PMCID: PMC8176332.

Recommendation:

We recommend maintaining the current RVW of 22.46 We had a strong survey with 72 respondents. Median survey experience was 10, with a maximum procedure number of 200. The most common KRS selected was 58548. 43% of survey respondents selecting this KRS felt 55866 was much more intense and complex than the KRS.

Utilization of 55866 was stable between 2017 and 2022, with between 17,000 to 19,000 claims per year. It is likely that utilization of this code will decrease significantly as bundled codes including lymph node dissection are being created.

The survey demonstrates increasing complexity of work as the intraservice time has increased compared to the prior survey of 55866. Maintaining the current value is supported by clinical peer reviewed evidence and survey results.

Median intraservice time from the survey was 200 minutes. We are recommending a total time of 406 minutes with an increase in twenty minutes in immediate post-service time for same day evaluation and management services. We are also recommending a half day discharge day 99238 per RUC standards. The 90 day global period includes two level four office visits. A RUC database search of RUC reviewed 090 day global codes since 2014 reveals 4 codes with an intraservice time

between 190 and 210 minutes. The RVW range for these codes is 22.00-41.50. 55866 would fit well within the fee schedule at the current value of 22.46.

Pre-time package 3 and Post-time package 9B are selected with time adjustments based on survey results and RUC standards.

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) This code was reported with 38571 more than 75%. However, this will no longer be the case as two new codes have been created that describe the work of 38571 and 55866.

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.
3.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 55866

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 UROLOGY How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 7000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Urology Frequency 6000 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Urolgoy Frequency 5000 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 55866

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:55868 Tracking Number H9 Original Specialty Recommended RVU: **30.00**
Presented Recommended RVU: **22.46**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **22.46**

CPT Descriptor: Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with lymph node biopsy(ies) (limited pelvic lymphadenectomy)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male with a prostate specific antigen (PSA) level of 5.5 undergoes a prostate biopsy that reveals adenocarcinoma with a Gleason score of 3+4=7 in both lobes. He is counseled on the risks and benefits of treatment options and has chosen robotic-assisted laparoscopic radical prostatectomy with lymph node sampling.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 98% , In the ASC 1%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 3% , Overnight stay-less than 24 hours 56% , Overnight stay-more than 24 hours 41%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 91%

Description of Pre-Service Work: On the day before the surgery, review patient's medical record, preoperative lab results, transrectal ultrasound images, and pathology reports. Write preoperative orders and send electronically to the hospital. Dictate a preoperative H&P. On the day of surgery, review the surgical procedure and postoperative recovery in and out of the hospital with the patient and/or family. Answer questions from the patient and/or family and obtain informed consent. Discuss the expected duration of the procedure and any special concerns about this particular patient (eg, teeth, positioning, unusual medical problems) with the anesthesiologist. Verify the availability of all necessary instruments. Review the position of the robotic arms, surgical console pedals, and hand controls and adjust as necessary. General anesthesia is induced. Prepare and drape the abdomen, genitalia, and perineum in standard fashion. The patient is placed in dorsal lithotomy position. Pad patient's wrists, elbows, shoulders, and legs and place and test sequential compression devices. Place both legs in stirrups, which are adjusted to assure proper positioning, and tuck both arms under sheets. Then place the patient in the maximal Trendelenburg position and pad all pressure points and adjust as needed. Once patient's position is satisfactory, level the table. The surgeon scrubs and gowns.

Description of Intra-Service Work: Place a urinary catheter into the bladder and inflate the balloon. Make a suprapubic incision and introduce a needle. Confirm an intraperitoneal position and create a pneumoperitoneum. Place a midline trocar and insert a zero-degree lens camera. Inspect the abdomen and pelvis for visceral injury or abnormal anatomy. Make four additional incisions after appropriate measurements and place four additional trocars under direct vision. Adjust the table to place the patient in a steep Trendelenburg position and advance the robot. Dock the four robotic arms individually and check pressure points. Make appropriate adjustments to the robotic arms at the surgical console. Next, introduce the laparoscope and dissect the seminal vesicles and vas deferens. Incise the peritoneum at the reflection point of the anterior rectum and the posterior bladder. Identify the vas deferens on each side and then divide. Carefully dissect the seminal vesicles using the harmonic scalpel to divide all bleeding vessels until the structures are completely freed. Dissect the space just posterior to the seminal vesicles to open Denonvilliers' fascia to reveal a prerectal fat plane. Turn attention to complete mobilization of the opening of the peritoneum and mobilization of the bladder. Divide the median umbilical ligaments and urachus close to the umbilicus. Use careful blunt dissection to reflect the bladder away from the abdominal wall and expose the endopelvic fascia. Clear away the fat overlying the endopelvic fascia and incise the endopelvic fascia bilaterally to free

the prostate away from the lateral pelvic side wall. Circumscribe, cauterize, and divide the superficial dorsal vein complex and identify and dissect the apex of the prostate. Ligate the deep dorsal vein complex with sutures or divide with an endoscopic stapling device. Identify the bladder neck-prostate junction using a variety of maneuvers and then separate the bladder from the prostate on both sides. Identify the bladder neck and open. Bring the catheter through the bladder neck and hold anteriorly, exposing the posterior bladder neck, which is then divided. Carefully separate the remainder of the prostate off of the bladder posteriorly and open the tissue overlying the seminal vesicles. Withdraw these structures into the area of dissection and use as traction. Isolate, cauterize, or clip the lateral vascular pedicles to the base of the prostate and bladder and then divide. Identify both neurovascular bundles and meticulously and carefully dissect them off of the prostate surface from the base to the apex of the gland. Divide the dorsal vein complex using sharp dissection around the apex of the prostate. Rock the prostate back and forth and continue dissection along the lateral pedicle plane to define the apex of the prostate posteriorly. Identify the urethra and use sharp dissection to divide the anterior and posterior urethra and the rectourethralis muscle. Unfasten the final attachments and put the specimen into the endosac and place out of the surgical field.

Then turn attention to the pelvic lymph node dissection. Divide the fibrofatty tissue surrounding the iliac vein anteriorly from the bifurcaton to the node of Cloquet residing near the inguineal canal. Separate the tissue between the iliac artery and vein exposing the iliac artery along its medial and anterior surfaces. Dissect the nodal packet to the obturator nerve. Divide the distal edge of the nodal packet. Rotate the packet superiorly and then divide at the bifurcation of the iliac artery. Clips are used to control the lymphatic channels. The lymph nodes are extracted through one of the trocar port sites and sent for pathologic analysis. This limited pelvic node dissection is completed bilaterally.

Decrease the pneumoperitoneum and inspect the entire surgical field for evidence of bleeding. Once hemostasis is obtained, reconstruct the bladder neck with multiple interrupted sutures and perform the vesicourethral anastomosis using interrupted sutures. Pass a catheter into the bladder and test the anastomosis by placing 200 ml of saline into the bladder to distend it. Place a drain through one of the abdominal side ports. Inspect all four trocar sites and all surgical sites at 5 mm Hg pressure before the trocars are removed under direct vision. Extract the specimen by enlarging the midline incision and transferring the endosac bag to this area, where it is removed. Close the rectus fascia using suture, inject local anesthetic in all five of the trocar incisions, and close the trocar incisions with interrupted 2-0 nylon sutures. Place sterile dressings over each incision and secure the catheter to the patient's thigh with a catheter strap.

Description of Post-Service Work: Apply dressings. Transfer the patient from the operating table to the postoperative stretcher. Accompany patient to the recovery area and transfer to the recovery area bed. Write postoperative orders and review recovery area care and medications with recovery staff. Discuss results of the procedure, expected outcome, and planned postoperative care in and out of the hospital with patient's family. After patient is awake, discuss the outcome of the surgery with the patient. Notify the referring physician of the outcome of the procedure and of any unusual aspects of postoperative care (eg, cardiac disease, diabetes management). Dictate a detailed operative report for the patient's medical record. After discharge from recovery, examine the patient and check the wound and patient's progress. Review hospital notes (ie, nursing, pharmacy, dietary, discharge planner). Answer questions from patient, patient's family, and nursing and other staff. Write orders as necessary. Write a progress note for patient's medical record. During the patient's stay in the hospital, examine the patient and check laboratory results and vital signs. Check urine output and output from the drain and remove the drain if appropriate. Check wounds and dressings and discuss patient's progress with the patient and/or family. Review patient's hospital medical records. Discuss postoperative care of the wound at home. Answer questions from patient, patient's family, and nursing and other staff. Write orders as necessary. Write progress notes for the patient's medical record. On day of discharge, examine the patient. Check the wounds and patient's progress. Review all patient hospital medical records and answer questions from patient and/or family. Write orders for postdischarge care and prescriptions for postoperative medications. Discuss postoperative care of the wound with patient and/or family. Dictate a detailed hospital discharge summary.

During the initial post-operative office visit, examine the patient. Check vital signs and inspect all surgical incisions. Prior to removal of the Foley catheter, fill the bladder with 250 ml of sterile saline with a Toomey syringe. then remove the urinary catheter. Review in detail the final pathology report, implications, follow-up plan, and the possible need for additional prostate cancer therapy. Review usage of pain medications, including discontinuance of narcotic analgesic medications and focusing discussion on utilization of non-narcotic analgesic medications as additional options for any persistent discomfort. Discuss expectations for the return of bladder control following the removal of the catheter and proper performance of Kegel exercises. Discuss penile rehabilitation therapy, including timing, options of oral therapies, injections, and vacuum pump, and write prescriptions for chosen medications, inclusive of phosphodiesterase 5 (PDE5) inhibitors. Answer questions from the patient and/or family. Schedule the next office visit. Mark the appropriate diagnosis

and CPT code on the encounter form (superbill). Dictate patient progress notes for the office medical record and a letter to the referring physician.

At the second post-operative office visit, review bladder control and continence. Review bladder control exercises and additional therapies, inclusive of writing a referral for pelvic floor physical therapy. Review erectile function and determine if additional alterations should be made to the previously prescribed therapies; consider changing PDE5 inhibitor prescription medication and/or dosage. Discuss utility of obtaining PSA blood tests in monitoring the prostate cancer disease state, inclusive of writing a referral for a PSA blood test be obtained just prior to the next scheduled visit. Schedule the next office visit. Mark the appropriate diagnosis and CPT code on the encounter form (superbill). Dictate patient progress notes for the office medical record and a letter to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2025					
Presenter(s):	Dr. Jonathan Kiechle, Dr. Seth Cohen					
Specialty Society(ies):	AUA					
CPT Code:	55868					
Sample Size:	5002	**Resp N:**	69			
Description of Sample:	AUA surveyed a total of 5002 of its members.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	3.00	**10.00**	25.00	105.00	
Survey RVW:	17.00	30.00	**33.00**	36.00	60.00	
Pre-Service Evaluation Time:			**35.00**			
Pre-Service Positioning Time:			**15.00**			
Pre-Service Scrub, Dress, Wait Time:			**10.00**			
Intra-Service Time:	115.00	185.00	**210.00**	240.00	345.00	
Immediate Post Service-Time:	**25.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**80.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **2.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	55868	**Recommended Physician Work RVU: 22.46**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**35.00**	**33.00**	**2.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**210.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**45.00**	**33.00**	**12.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**80.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **2.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58548	090	31.63	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
50543	090	27.41	**RUC Time**

CPT Descriptor Laparoscopy, surgical; partial nephrectomy

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
35301	090	21.16	**RUC Time**	35,904

CPT Descriptor 1 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50360	090	39.88	**RUC Time**	10,485

CPT Descriptor 2 Renal allotransplantation, implantation of graft; without recipient nephrectomy

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: 31 **% of respondents:** 44.9 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 21.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 55868	Top Key Reference CPT Code: 58548	2nd Key Reference CPT Code: **50543**
Median Pre-Service Time	60.00	75.00	60.00
Median Intra-Service Time	210.00	240.00	240.00
Median Immediate Post-service Time	45.00	45.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	118.00	118.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	80.0	86.00	109.00
Median Total Time	**414.00**	**564.00**	**557.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	13%	42%	45%

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%	26%	74%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	10%	90%
Physical effort required	0%	39%	61%

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	3%	16%	81%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	7%	20%	53%	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	7%	40%	53%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	7%	40%	53%
Physical effort required	7%	47%	53%

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%	13%	67%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
New codes were created to account for the combined claims of laparoscopic radical prostatectomy and pelvic lymph node dissection. 55866 (laparoscopic radical prostatectomy) and 35871 (pelvic lymph node dissection) being billed together greater than 75% of the time. Thus, 55868 is a new code.

Prostate cancer at the time of intervention has undergone a migration towards a more aggressive, advanced disease-state. This is multi-factorial, inclusive of decreased PSA-screening and higher utilization of active surveillance for low-risk disease (i.e., Gleason 3+3=6 prostate cancer). National treatment guidelines no longer support radical prostatectomy or radiation therapy for patients with low-risk prostate cancer as first line therapy due to multiple studies demonstrating the safety of active surveillance protocols. The urologic community has accepted this change in treatment algorithm as demonstrated by a 2023 article in JAMA demonstrating an increase in active surveillance utilization from 26.5% in 2014 to

59.6% in 2021 (Cooperberg, et al). While urologists are appropriately moving away from surgical intervention for low-risk disease, in parallel, the decrease in PSA-screening has also yielded more patients presenting for prostatectomy with advanced disease states. Data published in 2019 and 2020 found a decline in the incidence of localized prostate cancer and an increase in the incidence of de novo metastatic disease (Butler, et al and Sheng, et al). In 2021, a study examined 528 patients who underwent radical prostatectomy for prostate cancer, noting a significant decrease in the proportion of low-risk disease and a trend toward a higher proportion of intermediate-risk disease (Hoeh, et al). Another 2021 study looked at 447 patients undergoing radical prostatectomy, finding a shift in these patients from years prior, inclusive of unfavorable disease characteristics such as higher PSA and tumor grade at the time of surgical intervention (Garg, et al). Similarly, a 2021 JAMA article examined 5700 radical prostatectomy patients treated at the VA from 2000 to 2017, demonstrating that the proportion of low-risk tumors decreased by 44%, while intermediate risk tumors increased by 29%, and high-risk tumors increased by 15% (Vaculik, et al). Surgery for intermediate and high-risk prostate cancer is significantly more intense and technically challenging secondary to the increased tumor burden, with goals of obtaining negative margins, while also maintaining potency and continence. Given this migration towards an increased-risk, aggressive prostate cancer disease state, the population undergoing prostatectomy has changed, meeting the threshold for compelling evidence.

Citations:

Cooperberg MR, Meeks W, Fang R, Gaylis FD, Catalona WJ, Makarov DV. Time Trends and Variation in the Use of Active Surveillance for Management of Low-risk Prostate Cancer in the US. JAMA Netw Open. 2023 Mar 1;6(3):e231439. doi: 10.1001/jamanetworkopen.2023.1439. PMID: 36862409; PMCID: PMC9982696.

Sheng IY, Wei W, Chen YW, Gilligan TD, Barata PC, Ornstein MC, Rini BI, Garcia JA. Implications of the United States Preventive Services Task Force Recommendations on Prostate Cancer Stage Migration. Clin Genitourin Cancer. 2021 Feb;19(1):e12-e16. doi: 10.1016/j.clgc.2020.06.006. Epub 2020 Jul 11. PMID: 32800474.

Butler SS, Muralidhar V, Zhao SG, Sanford NN, Franco I, Fullerton ZH, Chavez J, D'Amico AV, Feng FY, Rebbeck TR, Nguyen PL, Mahal BA. Prostate cancer incidence across stage, NCCN risk groups, and age before and after USPSTF Grade D recommendations against prostate-specific antigen screening in 2012. Cancer. 2020 Feb 15;126(4):717-724. doi: 10.1002/cncr.32604. Epub 2019 Dec 3. PMID: 31794057.

Hoeh B, Preisser F, Mandel P, Wenzel M, Humke C, Welte MN, Müller M, Köllermann J, Wild P, Kluth LA, Roos FC, Chun FKH, Becker A. Inverse Stage Migration in Radical Prostatectomy-A Sustaining Phenomenon. Front Surg. 2021 Mar 1;8:612813. doi: 10.3389/fsurg.2021.612813. PMID: 33732728; PMCID: PMC7956997.

Garg H, Seth A, Singh P, Kumar R. Changing trends in robot-assisted radical prostatectomy: Inverse stage migration-A retrospective analysis. Prostate Int. 2021 Sep;9(3):157-162. doi: 10.1016/j.prnil.2021.04.002. Epub 2021 Apr 28. PMID: 34692589; PMCID: PMC8498691.

Vaculik K, Luu M, Howard LE, Aronson W, Terris M, Kane C, Amling C, Cooperberg M, Freedland SJ, Daskivich TJ. Time Trends in Use of Radical Prostatectomy by Tumor Risk and Life Expectancy in a National Veterans Affairs Cohort. JAMA Netw Open. 2021 Jun 1;4(6):e2112214. doi: 10.1001/jamanetworkopen.2021.12214. PMID: 34081138; PMCID: PMC8176332.

Recommendation:

We recommend a crosswalk to the current RVW of 55866 of 22.46. This represents a value well below the 25th percentile but maintains the current relativity among codes within the family. We had a strong survey with 69 respondents. Median survey experience was 10, with a maximum procedure number of 105. The most common KRS selected was 58548. 45% of survey respondents selecting this KRS felt 55868 was much more intense and complex than the KRS.

Utilization of 55866 was stable between 2017 and 2022, with between 17,000 to 19,000 claims per year. It is likely that utilization of this code will decrease, as it had been previously billed with 38571 (see Background section) 75% of the time. It is likely that 55868 will be utilized more than 55866, since it will represent a combination of laparoscopic radical prostatectomy with pelvic lymph node dissection. With this code being put into the fee schedule, inclusive of laparoscopic radical prostatectomy and lymphadenectomy, it is likely claims for 55866 will decline.

55868 represents a laparoscopic version of 55842. CMS has previously rejected the prior RUC recommendation for 55842 and assigned a value equal to the 55840. To maintain this relativity within the code family we are therefore recommending the same RVW for 55868 as we are recommending for 55866.

Median intraservice time from the survey was 210 minutes. We are recommending a total time of 414 minutes, with an increase in twenty minutes in immediate post-service time for same day evaluation and management services. We are also recommending a half day discharge day 99238 per RUC standards. The 90 day global period includes two level four office visits. A RUC database search of RUC reviewed 090 day global codes since 2014 reveals 4 codes with an intraservice time between 190 and 210 minutes. The RVW range for these codes is 22.00-41.50. 55868 would fit well within the fee schedule at the recommended value of 22.46, well below the 25th percentile.

Pre-time package 3 and Post-time package 9B are selected with time adjustments based on survey results and RUC standards.

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) 38571 and 55866

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 Urology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 5000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Urology Frequency 5000 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Urology Frequency 4000 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

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. 55866

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:55869 Tracking Number H10 Original Specialty Recommended RVU: **32.00**
Presented Recommended RVU: **29.91**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **29.35**

CPT Descriptor: Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male with a prostate specific antigen (PSA) level of 11.2 undergoes a prostate biopsy that reveals adenocarcinoma with a Gleason score of 4+4=8 in both lobes. He is counseled on the risks and benefits of treatment options and has chosen robotic-assisted laparoscopic radical prostatectomy with bilateral pelvic lymphadenectomy.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 6% , Overnight stay-less than 24 hours 48% , Overnight stay-more than 24 hours 46%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 91%

Description of Pre-Service Work: On the day before the surgery, review patient's medical record, preoperative lab results, transrectal ultrasound images, and pathology reports. Write preoperative orders and send electronically to the hospital. Dictate a preoperative H&P. On the day of surgery, review the surgical procedure and postoperative recovery in and out of the hospital with the patient and/or family. Answer questions from the patient and/or family and obtain informed consent. Discuss the expected duration of the procedure and any special concerns about this particular patient (eg, teeth, positioning, unusual medical problems) with the anesthesiologist. Verify the availability of all necessary instruments. Review the position of the robotic arms, surgical console pedals, and hand controls and adjust as necessary. The anesthesiologist places the endotracheal tube followed by the orogastric tube and general anesthesia is induced. Prepare and drape the abdomen, genitalia, and perineum in standard fashion. The patient is placed in dorsal lithotomy position. Pad patient's wrists, elbows, shoulders, and legs and place and test sequential compression devices. Place both legs in stirrups, which are adjusted to assure proper positioning, and tuck both arms under sheets. Then place the patient in the maximal Trendelenburg position and pad all pressure points and adjust as needed. Once patient's position is satisfactory, level the table. The surgeon scrubs and gowns.

Description of Intra-Service Work: Place a urinary catheter into the bladder and inflate the balloon. Make a suprapubic incision and introduce a needle. Confirm an intraperitoneal position and create a pneumoperitoneum. Place a midline trocar and insert a zero-degree lens camera. Inspect the abdomen and pelvis for visceral injury or abnormal anatomy. Make four additional incisions after appropriate measurements and place four additional trocars under direct vision. Adjust the table to place the patient in a steep Trendelenburg position and advance the robot. Dock the four robotic arms individually and check pressure points. Make appropriate adjustments to the robotic arms at the surgical console. Next, introduce the laparoscope and dissect the seminal vesicles and vas deferens. Incise the peritoneum at the reflection point of the anterior rectum and the posterior bladder. Identify the vas deferens on each side and then divide. Carefully dissect the seminal vesicles using the harmonic scalpel to divide all bleeding vessels until the structures are completely freed. Dissect the space just posterior to the seminal vesicles to open Denonvilliers' fascia to reveal a prerectal fat plane.Then turn attention to the

pelvic lymph node dissection. The peritoneum is incised overlying the external iliac vessels, and lymph node dissection is performed. Boundaries of the dissection are the genitofemoral nerve laterally, the circumflex iliac vein or Cloquet's node inferiorly, the bladder medially, the bifurcation of the common iliac artery superiorly, and the floor of the obturator fossa deep. All lymph-node-bearing tissue in this area is removed to include external iliac, internal iliac, and obturator (hypogastric) lymph nodes. Clips are used to control the lymphatic channels. The lymph nodes are extracted through one of the trocar port sites and sent for pathologic analysis. This pelvic node dissection is completed bilaterally.

Turn attention to complete mobilization of the opening of the peritoneum and mobilization of the bladder. Divide the median umbilical ligaments and urachus close to the umbilicus. Use careful blunt dissection to reflect the bladder away from the abdominal wall and expose the endopelvic fascia. Clear away the fat overlying the endopelvic fascia and incise the endopelvic fascia bilaterally to free the prostate away from the lateral pelvic side wall. Circumscribe, cauterize, and divide the superficial dorsal vein complex and identify and dissect the apex of the prostate. Ligate the deep dorsal vein complex with sutures or divide with an endoscopic stapling device. Identify the bladder neck-prostate junction using a variety of maneuvers and then separate the bladder from the prostate on both sides. Identify the bladder neck and open. Bring the catheter through the bladder neck and hold anteriorly, exposing the posterior bladder neck, which is then divided. Carefully separate the remainder of the prostate off of the bladder posteriorly and open the tissue overlying the seminal vesicles. Withdraw these structures into the area of dissection and use as traction. Isolate, cauterize, or clip the lateral vascular pedicles to the base of the prostate and bladder and then divide. Identify both neurovascular bundles and meticulously and carefully dissect them off of the prostate surface from the base to the apex of the gland. Divide the dorsal vein complex using sharp dissection around the apex of the prostate. Rock the prostate back and forth and continue dissection along the lateral pedicle plane to define the apex of the prostate posteriorly. Identify the urethra and use sharp dissection to divide the anterior and posterior urethra and the rectourethralis muscle. Unfasten the final attachments and put the specimen into the endosac and place out of the surgical field. Decrease the pneumoperitoneum and inspect the entire surgical field for evidence of bleeding. Once hemostasis is obtained, reconstruct the bladder neck with multiple interrupted sutures and perform the vesicourethral anastomosis using interrupted sutures. Pass a catheter into the bladder and test the anastomosis by placing 200 ml of saline into the bladder to distend it. Place a drain through one of the abdominal side ports. Inspect all four trocar sites and all surgical sites at 5 mm Hg pressure before the trocars are removed under direct vision. Extract the specimen by enlarging the midline incision and transferring the endosac bag to this area, where it is removed. Close the rectus fascia using suture, inject local anesthetic in all five of the trocar incisions, and close the trocar incisions with interrupted 2-0 nylon sutures. Place sterile dressings over each incision and secure the catheter to the patient's thigh with a catheter strap.

Description of Post-Service Work: Apply dressings. Transfer the patient from the operating table to the postoperative stretcher. Accompany patient to the recovery area and transfer to the recovery area bed. Write postoperative orders and review recovery area care and medications with recovery staff. Discuss results of the procedure, expected outcome, and planned postoperative care in and out of the hospital with patient's family. After patient is awake, discuss the outcome of the surgery with the patient. Notify the referring physician of the outcome of the procedure and of any unusual aspects of postoperative care (eg, cardiac disease, diabetes management). Dictate a detailed operative report for the patient's medical record. After discharge from recovery, examine the patient and check the wound and patient's progress. Review hospital notes (ie, nursing, pharmacy, dietary, discharge planner). Answer questions from patient, patient's family, and nursing and other staff. Write orders as necessary. Write a progress note for patient's medical record. During the patient's stay in the hospital, examine the patient and check laboratory results and vital signs. Check urine output and output from the drain and remove the drain if appropriate. Check wounds and dressings and discuss patient's progress with the patient and/or family. Review patient's hospital medical records. Discuss postoperative care of the wound at home. Answer questions from patient, patient's family, and nursing and other staff. Write orders as necessary. Write progress notes for the patient's medical record. On day of discharge, examine the patient. Check the wounds and patient's progress. Review all patient hospital medical records and answer questions from patient and/or family. Write orders for postdischarge care and prescriptions for postoperative medications. Discuss postoperative care of the wound with patient and/or family. Dictate a detailed hospital discharge summary.

During the initial post-operative office visit, examine the patient. Check vital signs and inspect all surgical incisions. Prior to removal of the Foley catheter, fill the bladder with 250 ml of sterile saline with a Toomey syringe. then remove the urinary catheter. Review in detail the final pathology report, implications, follow-up plan, and the possible need for additional prostate cancer therapy. Review usage of pain medications, including discontinuance of narcotic analgesic medications and focusing discussion on utilization of non-narcotic analgesic medications as additional options for any persistent discomfort. Discuss expectations for the return of bladder control following the removal of the catheter and proper performance of Kegel exercises. Discuss penile rehabilitation therapy, including timing, options of oral therapies, injections, and vacuum pump, and write prescriptions for chosen medications, inclusive of phosphodiesterase 5 (PDE5)

inhibitors. Answer questions from the patient and/or family. Schedule the next office visit. Mark the appropriate diagnosis and CPT code on the encounter form (superbill). Dictate patient progress notes for the office medical record and a letter to the referring physician.

At the second post-operative office visit, review bladder control and continence. Review bladder control exercises and additional therapies, inclusive of writing a referral for pelvic floor physical therapy. Review erectile function and determine if additional alterations should be made to the previously prescribed therapies; consider changing PDE5 inhibitor prescription medication and/or dosage. Discuss utility of obtaining PSA blood tests in monitoring the prostate cancer disease state, inclusive of writing a referral for a PSA blood test be obtained just prior to the next scheduled visit. Schedule the next office visit. Mark the appropriate diagnosis and CPT code on the encounter form (superbill). Dictate patient progress notes for the office medical record and a letter to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Dr. Jonathan Kiechle, Dr. Seth Cohen					
Specialty Society(ies):	AUA					
CPT Code:	55869					
Sample Size:	5002	**Resp N:**	71			
Description of Sample:	AUA surveyed a total of 5002 of its members.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	4.00	**10.00**	30.00	250.00	
Survey RVW:	17.00	32.00	**32.00**	39.00	75.00	
Pre-Service Evaluation Time:			**35.00**			
Pre-Service Positioning Time:			**15.00**			
Pre-Service Scrub, Dress, Wait Time:			**10.00**			
Intra-Service Time:	120.00	200.00	**230.00**	264.00	380.00	
Immediate Post Service-Time:	**25.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**80.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **2.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	55869	**Recommended Physician Work RVU: 29.35**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**35.00**	**33.00**	**2.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**230.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**45.00**	**33.00**	**12.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	80.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **2.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58575	090	0.00	

CPT Descriptor Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58548	090	0.00	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 36 **% of respondents:** 50.7 **%**

Number of respondents who choose 2nd Key Reference Code: 24 **% of respondents:** 33.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 55869	Top Key Reference CPT Code: 58575	2nd Key Reference CPT Code: **58548**
Median Pre-Service Time	60.00	73.00	75.00
Median Intra-Service Time	230.00	240.00	240.00
Median Immediate Post-service Time	45.00	33.00	45.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	78.00	118.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	80.0	86.00	86.00
Median Total Time	**434.00**	**510.00**	**564.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	11%	33%	56%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	17%	83%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	6%	94%
Physical effort required	0%	29%	71%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with	3%	11%	86%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	4%	21%	29%	46%

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%	50%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	21%	79%
Physical effort required	0%	54%	46%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	33%	67%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
New codes were created to account for the combined claims of laparoscopic radical prostatectomy and pelvic lymph node dissection. 55866 (laparoscopic radical prostatectomy) and 35871 (pelvic lymph node dissection) being billed together greater than 75% of the time. Thus, 55869 is a new code.

Prostate cancer at the time of intervention has undergone a migration towards a more aggressive, advanced disease-state. This is multi-factorial, inclusive of decreased PSA-screening and higher utilization of active surveillance for low-risk disease (i.e., Gleason 3+3=6 prostate cancer). National treatment guidelines no longer support radical prostatectomy or radiation therapy for patients with low-risk prostate cancer as first line therapy due to multiple studies demonstrating the safety of active surveillance protocols. The urologic community has accepted this change in treatment algorithm as demonstrated by a 2023 article in JAMA demonstrating an increase in active surveillance utilization from 26.5% in 2014 to

59.6% in 2021 (Cooperberg, et al). While urologists are appropriately moving away from surgical intervention for low-risk disease, in parallel, the decrease in PSA-screening has also yielded more patients presenting for prostatectomy with advanced disease states. Data published in 2019 and 2020 found a decline in the incidence of localized prostate cancer and an increase in the incidence of de novo metastatic disease (Butler, et al and Sheng, et al). In 2021, a study examined 528 patients who underwent radical prostatectomy for prostate cancer, noting a significant decrease in the proportion of low-risk disease and a trend toward a higher proportion of intermediate-risk disease (Hoeh, et al). Another 2021 study looked at 447 patients undergoing radical prostatectomy, finding a shift in these patients from years prior, inclusive of unfavorable disease characteristics such as higher PSA and tumor grade at the time of surgical intervention (Garg, et al). Similarly, a 2021 JAMA article examined 5700 radical prostatectomy patients treated at the VA from 2000 to 2017, demonstrating that the proportion of low-risk tumors decreased by 44%, while intermediate risk tumors increased by 29%, and high-risk tumors increased by 15% (Vaculik, et al). Surgery for intermediate and high-risk prostate cancer is significantly more intense and technically challenging secondary to the increased tumor burden, with goals of obtaining negative margins, while also maintaining potency and continence. Given this migration towards an increased-risk, aggressive prostate cancer disease state, the population undergoing prostatectomy has changed, meeting the threshold for compelling evidence.

Citations:

Cooperberg MR, Meeks W, Fang R, Gaylis FD, Catalona WJ, Makarov DV. Time Trends and Variation in the Use of Active Surveillance for Management of Low-risk Prostate Cancer in the US. JAMA Netw Open. 2023 Mar 1;6(3):e231439. doi: 10.1001/jamanetworkopen.2023.1439. PMID: 36862409; PMCID: PMC9982696.

Sheng IY, Wei W, Chen YW, Gilligan TD, Barata PC, Ornstein MC, Rini BI, Garcia JA. Implications of the United States Preventive Services Task Force Recommendations on Prostate Cancer Stage Migration. Clin Genitourin Cancer. 2021 Feb;19(1):e12-e16. doi: 10.1016/j.clgc.2020.06.006. Epub 2020 Jul 11. PMID: 32800474.

Butler SS, Muralidhar V, Zhao SG, Sanford NN, Franco I, Fullerton ZH, Chavez J, D'Amico AV, Feng FY, Rebbeck TR, Nguyen PL, Mahal BA. Prostate cancer incidence across stage, NCCN risk groups, and age before and after USPSTF Grade D recommendations against prostate-specific antigen screening in 2012. Cancer. 2020 Feb 15;126(4):717-724. doi: 10.1002/cncr.32604. Epub 2019 Dec 3. PMID: 31794057.

Hoeh B, Preisser F, Mandel P, Wenzel M, Humke C, Welte MN, Müller M, Köllermann J, Wild P, Kluth LA, Roos FC, Chun FKH, Becker A. Inverse Stage Migration in Radical Prostatectomy-A Sustaining Phenomenon. Front Surg. 2021 Mar 1;8:612813. doi: 10.3389/fsurg.2021.612813. PMID: 33732728; PMCID: PMC7956997.

Garg H, Seth A, Singh P, Kumar R. Changing trends in robot-assisted radical prostatectomy: Inverse stage migration-A retrospective analysis. Prostate Int. 2021 Sep;9(3):157-162. doi: 10.1016/j.prnil.2021.04.002. Epub 2021 Apr 28. PMID: 34692589; PMCID: PMC8498691.

Vaculik K, Luu M, Howard LE, Aronson W, Terris M, Kane C, Amling C, Cooperberg M, Freedland SJ, Daskivich TJ. Time Trends in Use of Radical Prostatectomy by Tumor Risk and Life Expectancy in a National Veterans Affairs Cohort. JAMA Netw Open. 2021 Jun 1;4(6):e2112214. doi: 10.1001/jamanetworkopen.2021.12214. PMID: 34081138; PMCID: PMC8176332.

Recommendation:

We recommend a crosswalk to 44144 (Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula) with an RVW of 29.91. This value is well below the 25th percentile but maintains budget neutrality within the family of codes and maintains appropriate relativity within the family of codes.

We had a strong survey with 71 respondents. Median survey experience was 10, with a maximum procedure number of 250. The most common KRS selected was 58575. 56% of survey respondents selecting this KRS felt 55869 was much more intense and complex than the KRS.

Complete extended bilateral pelvic lymph node dissection adds significant technical complexity and intensity to robotic prostatectomy as nodes must be carefully removed from the external iliac vessels, the area surrounding the obturator nerve, and proximally to the bifurcation of the common iliac. This dissection requires significant care and explains the increase in intra-service time for this procedure compared to the base code.

Median intraservice time from the survey was 230 minutes. We are recommending a total time of 434 minutes with an increase in twenty minutes in immediate post-service time for same day evaluation and management services. We are also

recommending a half day discharge day 99238 per RUC standards. The 90 day global period includes two level four office visits. A RUC database search of RUC reviewed 090 day global codes since 2014 reveals 5 codes with an intraservice time between 210 and 240 minutes. The RVW range for these codes is 25.00-45.13. 55869 would fit well within the fee schedule at the recommended crosswalk RVW of 29.91.

Pre-time package 3 and Post-time package 9B are selected with time adjustments based on survey results and RUC standards.

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) 38571 and 55866

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 urology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 15000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Urology Frequency 25000 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 9,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Urology Frequency 10,000 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:

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. 55866

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:55867 Tracking Number H11 Original Specialty Recommended RVU: **19.53**
Presented Recommended RVU: **19.53**
Global Period: 090 Current Work RVU: **19.53** RUC Recommended RVU: **19.53**

CPT Descriptor: Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed. (For open subtotal prostatectomy, see 55821, 55831)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male who is symptomatic due to obstruction from prostatic enlargement chose to undergo laparoscopic simple suprapubic prostatectomy.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 98% , In the ASC 2%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 3% , Overnight stay-less than 24 hours 56% , Overnight stay-more than 24 hours 41%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 91%

Description of Pre-Service Work: On the day before the surgery, review patient's medical record, preoperative lab results, prostate imaging, and urodynamic reports. Write preoperative orders and send electronically to the hospital. Dictate a preoperative history and physical examination (H&P). On the day of surgery, review the surgical procedure and postoperative recovery in and out of the hospital with the patient and/or family. Answer questions from the patient and/or the patient's family and obtain informed consent. Discuss the expected length of the procedure and any special concerns about this particular patient (eg, teeth, positioning, unusual medical problems) with the anesthesiologist. Verify the availability of all necessary instruments. Review the position of the robotic arms, surgical console pedals, and hand controls and adjust as necessary. General anesthesia is induced. The patient is placed in dorsal lithotomy position. Pad the patient's wrists, elbows, shoulders, and legs and place and test sequential compression devices. Place patient's legs in stirrups, which are adjusted to assure proper positioning, and both arms are tucked under sheets. Place the patient in the maximal Trendelenburg position and pad all pressure points and adjust as needed. Once the patient's position is satisfactory, level the table. Prepare and drape the abdomen, genitalia, and perineum in standard fashion. Place a urinary catheter into the bladder and inflate the balloon. The surgeon scrubs and gowns.

Description of Intra-Service Work: Make a suprapubic incision and introduce a needle. Confirm an intraperitoneal position and create a pneumoperitoneum. Place a midline trocar and insert a zero-degree lens camera. Inspect the abdomen and pelvis for visceral injury or abnormal anatomy. Make five additional incisions after appropriate measurements, and place five additional trocars under direct vision. Adjust the table to place the patient in a steep Trendelenburg position and advance the robot. The four robotic arms are individually docked and pressure points are checked. Make appropriate adjustments to the robotic arms at the surgical console. Next, introduce the laparoscope and mobilize the colon so it is away from the bladder. Make an incision in the posterior bladder wall. Place several stay sutures in the bladder wall to expose the base of the bladder. Identify the ureteral orifices and survey the prostate anatomy to assess for median lobe location and relational anatomy to the bladder. Make an incision at the junction of the prostate and the bladder neck. Carry the incision circumferentially along the capsule of the prostate out laterally and distally. Rock the prostate back and forth and continue dissection along the lateral pedicle plane to define the apex of the prostate posteriorly. Unfasten the final attachments and place the specimen into the endosac and place out of the surgical field. Decrease the pneumoperitoneum and inspect the

entire surgical field for evidence of bleeding. Once hemostasis is obtained, advance the bladder neck to the urethral mucosa using fine monofilament suture. Hemostasis is also achieved using cautery and suture. Close the posterior bladder wall with suture. Pass a catheter into the bladder and test the closure by placing 200 ml of saline into the bladder to distend it. Place a drain through one of the abdominal side ports. Inspect all six trocar sites and all surgical sites at 5-mm Hg pressure before the trocars are removed under direct vision. Extract the specimen by enlarging the midline incision and transferring the endosac bag to this area, where it is removed. Close the rectus fascia using suture, inject local anesthetic into all five of the trocar incisions, and close the trocar incisions with interrupted 2-0 nylon sutures. Place sterile dressings over each incision and secure the catheter to the patient's thigh with a catheter strap.

Description of Post-Service Work: Transfer the patient from the operating table to the postoperative stretcher. Accompany the patient to the recovery area and transfer to the recovery area bed. Write postoperative orders and review recovery area care and medications with the recovery staff. Discuss the results of the procedure, expected outcome, and planned postoperative care in and out of the hospital with the patient's family. After the patient is awake, discuss the outcome of the surgery with the patient. Notify the referring physician of the outcome of the procedure and of any unusual aspects of postoperative care (eg, cardiac disease, diabetes management). Dictate a detailed operative report for the patient's medical record. After discharge from recovery, examine the patient and check the wound and patient's progress. Review hospital notes (ie, nursing, pharmacy, dietary, discharge planner). Answer questions from the patient, the patient's family, and nursing/other staff. Write orders as necessary. Write a progress note for the patient's medical record. During the patient's stay in the hospital, check laboratory results and vital signs. Examine the patient. Check urine output and output from the drain and remove the drain if appropriate. Check wounds and dressings and discuss the patient's progress with the patient and/or the patient's family. Review the patient's hospital medical records. Discuss postoperative care of the wound at home. Answer questions from the patient, the patient's family, and nursing/other staff. Write orders as necessary. Write progress notes for patient's medical record. On day of discharge, examine the patient. Check the wounds and the patient's progress. Review all patient hospital medical records and answer questions from the patient and/or the patient's family. Write orders for postdischarge care and prescriptions for postoperative medications. Discuss postoperative care of the wound with the patient and/or the patient's family. Dictate a detailed hospital discharge summary.

Apply dressings. Transfer the patient from the operating table to the postoperative stretcher. Accompany patient to the recovery area and transfer to the recovery area bed. Write postoperative orders and review recovery area care and medications with recovery staff. Discuss results of the procedure, expected outcome, and planned postoperative care in and out of the hospital with patient's family. After patient is awake, discuss the outcome of the surgery with the patient. Notify the referring physician of the outcome of the procedure and of any unusual aspects of postoperative care (eg, cardiac disease, diabetes management). Dictate a detailed operative report for the patient's medical record. After discharge from recovery, examine the patient and check the wound and patient's progress. Review hospital notes (ie, nursing, pharmacy, dietary, discharge planner). Answer questions from patient, patient's family, and nursing and other staff. Write orders as necessary. Write a progress note for patient's medical record. During the patient's stay in the hospital, examine the patient and check laboratory results and vital signs. Check urine output and output from the drain and remove the drain if appropriate. Check wounds and dressings and discuss patient's progress with the patient and/or family. Review patient's hospital medical records. Discuss postoperative care of the wound at home. Answer questions from patient, patient's family, and nursing and other staff. Write orders as necessary. Write progress notes for the patient's medical record. On day of discharge, examine the patient. Check the wounds and patient's progress. Review all patient hospital medical records and answer questions from patient and/or family. Write orders for postdischarge care and prescriptions for postoperative medications. Discuss postoperative care of the wound with patient and/or family. Dictate a detailed hospital discharge summary.

During the initial post-operative office visit, examine the patient. Check vital signs and inspect all surgical incisions. Prior to removal of the Foley catheter, fill the bladder with 250 ml of sterile saline with a Toomey syringe. then remove the urinary catheter. Review in detail the final pathology report, implications, follow-up plan, and the possible need for additional prostate cancer therapy. Review usage of pain medications, including discontinuance of narcotic analgesic medications and focusing discussion on utilization of non-narcotic analgesic medications as additional options for any persistent discomfort. Discuss expectations for the return of bladder control following the removal of the catheter and proper performance of Kegel exercises. Discuss penile rehabilitation therapy, including timing, options of oral therapies, injections, and vacuum pump, and write prescriptions for chosen medications, inclusive of phosphodiesterase 5 (PDE5) inhibitors. Answer questions from the patient and/or family. Schedule the next office visit. Mark the appropriate diagnosis and CPT code on the encounter form (superbill). Dictate patient progress notes for the office medical record and a letter to the referring physician.

At the second post-operative office visit, ensure the patient's voiding has improved, check their post-void residual, and wean any medications they were on preoperatively for their benign prostatic hyperplasia (BPH). Review bladder control and continence. Review bladder control exercises and additional therapies, inclusive of writing a referral for pelvic floor physical therapy. Review erectile function and determine if additional alterations should be made to the previously prescribed therapies; consider changing PDE5 inhibitor prescription medication and/or dosage. Mark the appropriate diagnosis and CPT code on the encounter form (superbill). Dictate patient progress notes for the office medical record and a letter to the referring physician..

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Dr. Jonathan Kiechle, Dr. Seth Cohen					
Specialty Society(ies):	AUA					
CPT Code:	55867					
Sample Size:	5002	**Resp N:**	69			
Description of Sample:	AUA surveyed a total of 5002 of its members.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	3.00	**10.00**	25.00	105.00	
Survey RVW:	18.00	23.65	**27.00**	32.00	60.00	
Pre-Service Evaluation Time:			**35.00**			
Pre-Service Positioning Time:			**15.00**			
Pre-Service Scrub, Dress, Wait Time:			**10.00**			
Intra-Service Time:	80.00	130.00	**180.00**	210.00	2150.00	
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**63.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	55867	**Recommended Physician Work RVU: 19.53**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**35.00**	**33.00**	**2.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**180.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**50.00**	**33.00**	**17.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	63.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
50543	090	0.00	**RUC Time**

CPT Descriptor Laparoscopy, surgical; partial nephrectomy

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
50547	090	0.00	**RUC Time**

CPT Descriptor Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor

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
35301	090	21.16	**RUC Time**	23,542

CPT Descriptor 1 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 18 **% of respondents:** 26.0 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 10.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 55867	Top Key Reference CPT Code: 50543	2nd Key Reference CPT Code: **50547**
Median Pre-Service Time	60.00	60.00	92.50
Median Intra-Service Time	180.00	240.00	240.00
Median Immediate Post-service Time	50.00	30.00	45.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	118.00	78.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	63.0	109.00	46.00
Median Total Time	**372.00**	**557.00**	**501.50**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	33%	28%	22%	17%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	34%	44%	22%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	33%	33%	34%
Physical effort required	11%	50%	39%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	28%	28%	44%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	58%	14%	28%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	14%	29%	57%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	43%	57%
Physical effort required	0%	43%	57%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	58%	28%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
55867 was recommended for survey as part of the family of prostatectomy codes. Survey of this family of codes was required due to 55866 (laparoscopic radical prostatectomy) and 35871 (pelvic lymph node dissection) being billed together greater than 75% of the time.

Recommendation:
We recommend maintaining the existing work RVU of 19.53. We had a strong survey with 61 respondents. Median survey experience was 5, with a maximum procedure number of 100. The most common KRS selected was 50543. 17% of survey respondents selecting this KRS felt 55867 was much more intense and complex than the KRS.

55867 was last surveyed in 2022. Current survey results show the same intraservice time with a minimal decrease in pre-time. Median intraservice time from the survey was 180 minutes. We are recommending a total time of 372 minutes, with an increase in twenty minutes over the survey time in immediate post-service time for same day evaluation and

management services. We are also recommending a half day discharge day 99238 per RUC standards. The 90 day global period includes one level four and one level three office visit. A RUC database search of RUC reviewed 090 day global codes since 2014 reveals 19 codes with an intraservice time between 170 and 190 minutes. The RVW range for these codes is 16.03-45.00.

Pre-time package 3 and Post-time package 9B are selected with time adjustments based on survey results and RUC standards.

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) 55867

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 Urology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 3519
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate based on analysis using Premier Healthcare Database (PHD). This is a new code as of 2022.

Specialty Urology Frequency 3519 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,300
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Urology Frequency 2300 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
NA

BETOS Sub-classification Level II:

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 55867

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Laparoscopic Prostatectomy
TAB: 6

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	58548	Laparoscopy, surgical, with radical hysterectomy, with	90	2006	7	0.089	0.056			31.63			564	60	10	5			240			45				1	2	1.0		1	2							
2nd REF	50543	Laparoscopy, surgical; partial nephrectomy	90	2002	6	0.062	0.046			25.50			557	60	0	0			240			30				1	2	1.0		1	3							
CURRENT	55840	Prostatectomy, retropubic radical, with or without nerve	90	2014	38	0.071	0.048			21.36			448	33	3	15			180			33				1	1	1.0		1	2							
SVY	55840	Prostatectomy, retropubic radical, with or without nerve	90		33	0.120	0.069	15.00	23.00	29.00	32.00	60.00	418	30	15	10	60	130	180	210	300	25				1		1.0		2				0	0	0	5	50
SVY w/ exp	55840	Prostatectomy, retropubic radical, with or without nerve	90		16	0.129	0.072	15.00	28.75	31.00	34.64	60.00	428	15	15	13	60	143	180	218	280	30				1			1	2				1	1	5	11	50
SVY w/out exp	55840	Prostatectomy, retropubic radical, with or without nerve	90		17	0.101	0.064	16.00	20.00	25.00	29.50	41.00	393	15	10	10	120	130	180	200	300	20				1		1.0		2				0	0	0	0	0
REC	55840	Prostatectomy, retropubic radical, with or without nerve sparing;	90			0.078	0.051			21.36			418	30	15	10			180			25				1		1.0		2				0	0	0	5	50

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	58548	Laparoscopy, surgical, with radical hysterectomy, with	90	2006	9	0.089	0.056			31.63			564	60	10	5			240			45				1	2	1.0		1	2							
2nd REF	50543	Laparoscopy, surgical; partial nephrectomy	90	2002	7	0.070	0.049			27.41			557	60	0	0			240			30				1	2	1.0		1	3							
CURRENT	55842	Prostatectomy, retropubic radical, with or without nerve	90	2014	36	0.071	0.048			21.36			448	33	3	15			180			33				1	1	1.0		1	2							
SVY	55842	Prostatectomy, retropubic radical, with or without nerve	90		33	0.113	0.068	17.00	27.41	30.00	35.00	66.00	438	30	15	10	75	150	200	225	320	25				1		1.0		2				0	0	1	2	50
REC	55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	90			0.070	0.049			21.36			438	30	15	10			200			25				1		1.0		2				0	0	1	1	50

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	58575	Laparoscopy, surgical, total hysterectomy for resection of	90	2016	14	0.102	0.064			32.60			510	40	13	20			240			33				1		1.0		1	2							
2nd REF	58548	Laparoscopy, surgical, with radical hysterectomy, with	90	2006	9	0.089	0.056			31.63			564	60	10	5			240			45				1	2	1.0		1	2							
CURRENT	55845	Prostatectomy, retropubic radical, with or without nerve	90	2014	32	0.084	0.054			25.18			466	33	3	15			198			33				1	1	1.0		1	2							
SVY	55845	Prostatectomy, retropubic radical, with or without nerve	90		34	0.122	0.073	17.00	29.50	33.00	36.00	75.00	452	34	15	10	85	180	210	240	340	25				1		1.0		2				0	0	1	5	50
REC	55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	90			0.085	0.056			25.18			452	34	15	10			210			25				1		1.0		2				0	0	1	5	50

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	58548	Laparoscopy, surgical, with radical hysterectomy, with	90	2006	26	0.089	0.056			31.63			564	60	10	5			240			45				1	2	1.0		1	2							
2nd REF	50543	Laparoscopy, surgical; partial nephrectomy	90	2002	19	0.070	0.049			27.41			557	60	0	0			240			30				1	2	1.0		1	3							
CURRENT	55866	Laparoscopy, surgical prostatectomy, retropubic	90	2022	190	0.097	0.062			22.46			362	40	15	12			180			50						0.5			2							
SVY	55866	Laparoscopy, surgical prostatectomy, retropubic	90		72	0.113	0.068	16.10	27.00	30.00	34.00	66.00	443	35	15	10	90	180	200	240	340	25				1		1.0		2				0	5	10	25	200

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	X	Y	Z	AA	AB	AC	AD	AF	AG	AH	AI	AJ	AK	AL	AM	AN
5									RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office				SURVEY EXPERIENCE				
6	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	14	13	12	11	MIN	25th	MED	75th	MAX
37	REC	55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed;	90			0.083	0.056			22.46			404	35	15	10			200			45						0.5		2									
38																																							
39									RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office				SURVEY EXPERIENCE				
40	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	14	13	12	11	MIN	25th	MED	75th	MAX
41	1st REF	58548	Laparoscopy, surgical, with radical hysterectomy, with	90	2006	31	0.089	0.056			31.63			564	60	10	5			240			45					1	2	1.0		1	2							
42	2nd REF	50543	Laparoscopy, surgical; partial nephrectomy	90	2002	15	0.070	0.049			27.41			557	60	0	0			240			30					1	2	1.0		1	3							
43	CURRENT	38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or	10	2014	23	0.067	0.039			8.49			220	40	3	10			60			30							1.0			1	1						
44	CURRENT	55866	Laparoscopy, surgical prostatectomy, retropubic	90	2022	190	0.096	0.061			22.46			362	40	15	12			180			50							0.5			2							
45	SVY	55868	Laparoscopy, surgical prostatectomy, retropubic	90		69	0.122	0.073	17.00	30.00	33.00	36.00	60.00	453	35	15	10	115	185	210	240	345	25				1		1.0		2				0	3	10	25	105
46	REC	55868	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with lymph node biopsy(ies) (limited pelvic lymphadenectomy)	90			0.079	0.054			22.46			414	35	15	10			210			45						0.5		2				0	3	10	25	105
47																																							
48									RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office				SURVEY EXPERIENCE				
49	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	14	13	12	11	MIN	25th	MED	75th	MAX
50	1st REF	58575	Prostatectomy, perineal, subtotal (including control of	90	2016	36	0.102	0.064			32.60			510	40	13	20			240			33					1		1.0		1	2							
51	2nd REF	58548	Laparoscopy, surgical, with radical hysterectomy, with	90	2006	24	0.089	0.056			31.63			564	60	10	5			240			45					1	2	1.0		1	2							
52	CURRENT	38571	Laparoscopy, surgical; with bilateral total pelvic	90	2014	32	0.080	0.038			12.00			314	45	15	10			90			30							1.0			1	1						
53	CURRENT	55866	Laparoscopy, surgical prostatectomy, retropubic	90	2022	190	0.097	0.062			22.46			362	40	15	12			180			50							0.5			2							
54	SVY	55869	Laparoscopy, surgical prostatectomy, retropubic			71	0.120	0.074	17.00	32.00	35.00	39.00	75.00	473	35	15	10	120	200	230	264	380	25				1		1.0		2				0	4	10	30	250
55	XWALK	27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis	90	2009		0.077	0.048			29.35			608	40	3	20			220			45					2	3	1.0		1	2	1						
56	REC	55869	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	90			0.102	0.068			29.35			434	35	15	10			230			45						0.5		2				0	4	10	30	250
57																																							
58									RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office				SURVEY EXPERIENCE				
59	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	14	13	12	11	MIN	25th	MED	75th	MAX
60	1st REF	50543	Laparoscopy, surgical; partial nephrectomy	90	2002	18	0.070	0.049			27.41			557	60	0	0			240			30					1	2	1.0		1	3							
61	2nd REF	50547	Laparoscopy, surgical; donor nephrectomy (including cold	90	2004	7	0.077	0.053			26.34			501.5	92.5	0	0			240			45					2		1.0		2								
62	CURRENT	55867	Laparoscopy, surgical prostatectomy, simple subtotal	90	2022	166	0.081	0.055			19.53			354	40	8	11			180			50							0.5			2							
63	SVY	55867	Laparoscopy, surgical prostatectomy, simple subtotal	90		61	0.111	0.066	18.00	23.65	27.00	32.00	60.00	411	35	15	10	80	130	180	210	2150	30				1		1.0		1	1			0	2	5	15	100

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	X	Y	Z	AA	AB	AC	AD	AF	AG	AH	AI	AJ	AK	AL	AM	AN
5					RUC Review Year				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office				SURVEY EXPERIENCE				
6	Source	CPT	DESC	Global		Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	14	13	12	11	MIN	25th	MED	75th	MAX
64	REC	55867	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed.	90			0.078	0.053	19.53					372	35	15	10			180			50						0.5		1	1								

FACILITY DIRECT PE INPUTS

CPT CODE(S): 55840, 55842, 55845, 55866, 55868, 55869, 55867
SPECIALTY SOCIETY(IES): AUA
PRESENTER(S): Dr. Jonathan Kiechle, Dr. Seth Cohen

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 09/2025

CPT Code	Long Descriptor	Global Period
55840	Prostatectomy, retropubic radical, with or without nerve sparing;	090
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	090
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes.	090
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed;	090
55868	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with lymph node biopsy(ies) (limited pelvic lymphadenectomy)	090
55869	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	090
55867	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed.	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
55840	A 65-year-old male with elevated prostate-specific antigen (PSA) levels undergoes biopsy, which shows a Gleason score of 3 + 3, low-risk prostate cancer. After counseling about treatment options, the patient undergoes open radical retropubic prostatectomy.
55842	A 65-year-old male with elevated prostate-specific antigen (PSA) levels undergoes biopsy that shows Gleason score of 3 + 4, intermediate-risk prostate cancer. After counseling about treatment options, he undergoes open radical retropubic prostatectomy with limited pelvic lymph node dissection
55845	A 65-year-old man with elevated prostate-specific antigen (PSA) levels undergoes biopsy that shows a Gleason score of 4 + 4, high-risk prostate cancer. After negative staging evaluation and counseling of management options, he undergoes open radical retropubic prostatectomy with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes.
55866	A 48-year-old male with a prostate-specific antigen (PSA) level of 3.5 undergoes a prostate biopsy that reveals adenocarcinoma with a Gleason score of 7 in both lobes. He is counseled on the risks and benefits of surgery versus radiation and has chosen robotic-assisted laparoscopic radical prostatectomy.
55868	A 65-year-old male with a prostate specific antigen (PSA) level of 5.5 undergoes a prostate biopsy that reveals adenocarcinoma with a Gleason score of 3+4=7 in both lobes. He is counseled on the risks and benefits of treatment options and has chosen robotic-assisted laparoscopic radical prostatectomy with lymph node sampling.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

55869	A 65-year-old male with a prostate specific antigen (PSA) level of 11.2 undergoes a prostate biopsy that reveals adenocarcinoma with a Gleason score of 4+4=8 in both lobes. He is counseled on the risks and benefits of treatment options and has chosen robotic-assisted laparoscopic radical prostatectomy with bilateral pelvic lymphadenectomy.
55867	A 65-year-old male who is symptomatic due to obstruction from prostatic enlargement chose to undergo laparoscopic simple suprapubic prostatectomy

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:

   AUA's RVS Committee Expert Panel reviewed the current code PE details for codes 55840, 55842, 55845, 55866, and 55867 and discussed how the codes have changed since the prior review to determine if any revisions are needed to the current inputs. The expert panel also discussed the new codes 55868 and 55869 to determine appropriate PE inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   55840, 55842, 55845, 55866, 55867

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?

   No

   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   The expert panel is recommending an increase in the aggregate cost of clinical labor, supplies and equipment compared to the existing inputs.

   Flawed methodology of prior review – missing required supplies.

   Clinical labor time and equipment time are consistent with standards and based on the physician work survey number and level of E/M visits.

   Current disposable supplies for codes were based on minimal standard 90-day global supply assignment and did not consider the additional supplies required for these procedures:

   SM022, *sanitizing cloth-wipe (surface, instruments, equipment)*, is needed to clean hard surfaces at each postoperative visit. This is consistent with the addition of SM022 to E/M office visit codes as this was not included in the E/M office visit pack.

   SB044, *underpad 2ft x 3ft (Chux)*, will be used at the first post-operative visit due to the need for a bladder fill and void during the visit

   SC051, *10-12 ml syringe*, used to remove catheter at first post-operative visit

SC062, *syringe, Toomey,* used to fill the bladder for trial of void

SH069, *sodium chloride 0.9% irrigation (500-1000mL*), used to fill the bladder for trial of void during first post-operative visit

SL038, *cup-container, sterile, graduate 1000mL*- used for trial of void during first post-operative visit

SJ009*, basin, irrigation*- used to irrigate catheter prior to fill and void during first post-op visit

See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Activity	Clinical Staff Work
Complete pre-service diagnostic and referral forms	Staff reviews all forms with patient and family to ensure all relevant history and diagnostic information is included.
Coordinate pre-surgery services (including test results)	Staff coordinates collection and documentation of imaging/lab results, patient specific information and other relevant patient information for a surgical procedure including conducting requisite pre-surgery assessment with anesthesiologist. Enter and record all clinical updates in EHR.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Schedule space and equipment in facility	Staff interacts with facility to schedule space, supplies, equipment, and review checklists.
Provide pre-service education/obtain consent	Staff reviews procedure, complication risk, process of recovery, and answers patient/family questions.
Complete pre-procedure phone calls and prescription	Staff reviews preoperative medication changes, preop diet restrictions, reviews patient medical status and answers final pre-admission questions.

b. Service period (includes pre, intra and post):

Prior to discharge, office clinical staff will assist with necessary post-discharge care coordination, such as: Responding to patient/family questions about home activity restrictions. Coordination with other physicians and QHPs involved in the care of the patient for transfer of records. Transitioning discharge information to the surgeon's office medical record, including medication list, correspondence and imaging or lab results pending at discharge

c. Post-service period:

The clinical staff work includes the standard activities involved in any E/M visit including ensuring the appropriate supplies are available in the room, ensuring imaging and lab reports are available, rooming and gowning the patient, reviewing current medications/allergies in EHR, obtaining vital signs, assisting with positioning, wound care, coordination of care, cleaning of the room, and home instruction.

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

14. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes. Packs are all established packs as defined by CMS. SA048 - CMS SA052 - CMS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

DESCRIPTION	Code	Unit	Item Qty
pack, post-op incision care (staple)	**SA052**	**pack**	
kit, staple removal		kit	1
povidone soln (Betadine)		ml	10
gauze, sterile 4in x 4in		item	2
gloves, sterile		pair	1
steri-strip (6 strip uou)		item	2
swab-pad, alcohol		item	2
tape, surgical paper 1in (Micropore)		inch	12
tincture of benzoin, swab		item	1

kit, suture removal	**SA031**		**kit**
metal Littauer (hook-tipped) scissors		1	item
Posi-Grip plastic forceps		1	item
3" x 3" gauze sponge		1	item
tray		1	item

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

N/A

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

EQ168 – default
EF031 – default
EF014 – default
EF031 – default

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	RUC Practice Expense Spreadsheet					CURRENT		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMM
2						CPT code 38571 Affirm		CPT code 55840		CPT code 55840		CPT code 55842		CPT code 55842		CPT code 55845		CPT coc
3		*RUC Collaboration Website*				Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy		Prostatectomy, retropubic radical, with or without nerve sparing;		Prostatectomy, retropubic radical, with or without nerve sparing;		Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node		Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node		Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic		Prostat retropubi with or nerve spa bilatera
4	Clinical Activity Code	Meeting Date: September 2024 Revision Date (if applicable): Tab: Tab 6 Laparoscopic Prostatectomy Specialty: AUA	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute													
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
6		GLOBAL PERIOD				010	010	090	090	090	090	090	090	090	090	090	090	090
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ -	$ 65.26	$ -	$ 121.26	$ -	$ 116.58	$ -	$121.26	$ -	$116.58	$ -	$121.26	$ -
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	0.0	105.0	0.0	197.0	0.0	178.0	0.0	197.0	0.0	178.0	0.0	197.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	0.0	30.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	0.0	12.0	0.0	12.0	0.0	12.0	0.0	12.0	0.0	12.0	0.0	12.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	0.0	63.0	0.0	125.0	0.0	106.0	0.0	125.0	0.0	106.0	0.0	125.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				$ -	$ 52.29	$ -	$ 98.11	$ -	$ 88.64	$ -	$ 98.11	$ -	$ 88.64	$ -	$ 98.11	$ -
13		PRE-SERVICE PERIOD																
14		Start: Following visit when decision for surgery/procedure made																
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.498		5		5		5		5		5		5	
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.498		10		20		20		20		20		20	
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.498		5		8		8		8		8		8	
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.498		7		20		20		20		20		20	
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.498		3		7		7		7		7		7	
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.498													
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.498													
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.498													
23			L037D	RN/LPN/MTA	0.498													
24			L037D	RN/LPN/MTA	0.498													
25			L037D	RN/LPN/MTA	0.498													
26		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498													
27		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498													
28		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498													
29		End: When patient enters office/facility for surgery/procedure																
30		SERVICE PERIOD																
31		Start: When patient enters office/facility for surgery/procedure:																
32		Pre-Service (of service period)																
33	CA009	Greet patient, provide gowning, ensure appropriate medical records	L037D	RN/LPN/MTA	0.498													
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.498													
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.498													
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.498													
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.498													
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.498													
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.498													
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of	L037D	RN/LPN/MTA	0.498													
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.498													
42			L037D	RN/LPN/MTA	0.498													
43			L037D	RN/LPN/MTA	0.498													
44			L037D	RN/LPN/MTA	0.498													
45		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498													
46		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498													
47		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498													
48		Intra-service (of service period)																
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.498													
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.498													
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.498													
52	CA021	Perform procedure/service---NOT directly related to physician work	L037D	RN/LPN/MTA	0.498													
53			L037D	RN/LPN/MTA	0.498													
54			L037D	RN/LPN/MTA	0.498													
55			L037D	RN/LPN/MTA	0.498													
56		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498													
57		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498													
58		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498													
59		Post-Service (of service period)																
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.498													
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.498													
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.498													
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.498													
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.498													
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.498													

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMM**
2						**CPT code 38571 Affirm**		**CPT code 55840**		**CPT code 55840**		**CPT code 55842**		**CPT code 55842**		**CPT code 55845**		**CPT cod**
3		***RUC Collaboration Website***				Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy		Prostatectomy, retropubic radical, with or without nerve sparing;		Prostatectomy, retropubic radical, with or without nerve sparing;		Prostatectomy, retropubic radical, with or without nerve sparing; with		Prostatectomy, retropubic radical, with or without nerve sparing; with		Prostatectomy, retropubic radical, with or without nerve sparing; with		Prostat retropubi with or nerve spa
4	**Clinical Activity Code**	**Meeting Date: September 2024 Revision Date (if applicable): Tab: Tab 6 Laparoscopic Prostatectomy Specialty: AUA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**													
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**				**010**	**010**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 65.26**	**$ -**	**$ 121.26**	**$ -**	**$ 116.58**	**$ -**	**$121.26**	**$ -**	**$116.58**	**$ -**	**$121.26**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**105.0**	**0.0**	**197.0**	**0.0**	**178.0**	**0.0**	**197.0**	**0.0**	**178.0**	**0.0**	**197.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**30.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**12.0**	**0.0**	**12.0**	**0.0**	**12.0**	**0.0**	**12.0**	**0.0**	**12.0**	**0.0**	**12.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**63.0**	**0.0**	**125.0**	**0.0**	**106.0**	**0.0**	**125.0**	**0.0**	**106.0**	**0.0**	**125.0**	**0.0**
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.498													
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.498													
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.498													
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.498													
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.498													
71	CA033	Perform regulatory mandated quality assurance activity (service	L037D	RN/LPN/MTA	0.498													
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.498													
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.498													
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.498	**n/a**	**12**	**n/a**	**12**	**n/a**	**12**	**n/a**	**12**	**n/a**	**12**	**n/a**	**12**	**n/a**
75			L037D	RN/LPN/MTA	0.498													
76			L037D	RN/LPN/MTA	0.498													
77			L037D	RN/LPN/MTA	0.498													
78		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498													
79		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498													
80		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498													
81		**End: Patient leaves office/facility**																
82		**POST-SERVICE PERIOD**																
83		**Start: Patient leaves office/facility**																
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.498													
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.498													
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16															
88		99212 27 minutes	27				1											
89		99213 36 minutes	36				1		2				2				2	
90		99214 53 minutes	53						1		2		1		2		1	
91		99215 63 minutes	63															
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.498	**0.0**	**63.0**	**0.0**	**125.0**	**0.0**	**106.0**	**0.0**	**125.0**	**0.0**	**106.0**	**0.0**	**125.0**	**0.0**
93			L037D	RN/LPN/MTA	0.498													
94			L037D	RN/LPN/MTA	0.498													
95			L037D	RN/LPN/MTA	0.498													
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498													
97		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498													
98		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498													
99		**End: with last office visit before end of global period**																

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	RUC Practice Expense Spreadsheet					CURRENT		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMM
2						CPT code 38571 Affirm		CPT code 55840		CPT code 55840		CPT code 55842		CPT code 55842		CPT code 55845		CPT cod
3		*RUC Collaboration Website*																
4	Clinical Activity Code	Meeting Date: September 2024 Revision Date (if applicable): Tab: Tab 6 Laparoscopic Prostatectomy Specialty: AUA	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy		Prostatectomy, retropubic radical, with or without nerve sparing;		Prostatectomy, retropubic radical, with or without nerve sparing;		Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node		Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node		Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic		Prostat retropubi with or nerve spa bilatera
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
6		GLOBAL PERIOD				010	010	090	090	090	090	090	090	090	090	090	090	090
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ -	$ 65.26	$ -	$ 121.26	$ -	$ 116.58	$ -	$121.26	$ -	$116.58	$ -	$121.26	$ -
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	0.0	105.0	0.0	197.0	0.0	178.0	0.0	197.0	0.0	178.0	0.0	197.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	0.0	30.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	0.0	12.0	0.0	12.0	0.0	12.0	0.0	12.0	0.0	12.0	0.0	12.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	0.0	63.0	0.0	125.0	0.0	106.0	0.0	125.0	0.0	106.0	0.0	125.0	0.0
100	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT														
101		TOTAL COST OF SUPPLY QUANTITY x PRICE				$ -	$ 11.81	$ -	$ 20.79	$ -	$ 25.93	$ -	$ 20.79	$ -	$ 25.93	$ -	$ 20.79	$ -
102	SA048	pack, minimum multi-specialty visit	5.02	pack			2		3		2		3		2		3	
103	SA052	pack, post-op incision care (staple)	4.8	pack					1		1		1		1		1	
104	SA051	pack, pelvic exam	20.16	pack														
105	SB044	underpad 2ft x 3ft (Chux)	0.32	item							1				1			
106	SC051	syringe 10-12ml	0.21	item					1		1		1		1		1	
107	SK054	pad, urinary incontinence (Depends)	0.509	item					1		1		1		1		1	
108	SM021	sanitizing cloth-wipe (patient)	0.07	item					3		1		3		1		3	
109	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item							2				2			
110	SC062	syringe, Toomey	3.35	item							1				1			
111	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)	3.34	item							1				1			
112	SB006	drape, non-sterile, sheet 40in x 60in	0.13	item			1											
113	SL038	cup-container, sterile, graduated 1000ml	1.15	item							1				1			
114	SA031	kit, suture removal	1.64	kit			1											
115	SJ009	basin, irrigation	2	item							1				1			
116																		
118	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute													
119		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				$ -	$ 1.16	$ -	$ 2.37	$ -	$ 2.01	$ -	$ 2.37	$ -	$ 2.01	$ -	$ 2.37	$ -
120	EQ168	light, exam	1232.887	Office Visits	0.003271745				125		106.0		125		106.0		125	
121	EF031	table, power	5906.76	Office Visits	0.015674926				125		106.0		125		106.0		125	
122	EF014	light, surgical	1256.667	Office Visits	0.002795322		63											
123	EQ170	light, fiberoptic headlight w-source	4036.943	Default	0.01599516													
124	EF031	table, power	5906.76	Default	0.015674926		63											
125	EF023	table, exam	4737.727	Default	0.010538571													
126																		
127																		
128																		
129		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*																

	A	B	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ
1	RUC Practice Expense Spreadsheet		MENDED	CURRENT		RECOMMENDED		REFERENCE CODE		RECOMMENDED		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT	
2			le 55845	CPT code 55866		CPT code 55866		CPT code 55866		CPT code 55868		CPT code 55869		CPT Code 55867		CPT code 55867		CPT code 38570 Affirm	
3		*RUC Collaboration Website*																	
4	Clinical Activity Code	Meeting Date: September 2024 Revision Date (if applicable): Tab: Tab 6 Laparoscopic Prostatectomy Specialty: AUA	ectomy, c radical, without ring; with l pelvic	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve		Laparoscopy, surgical prostatectomy, retropubic radical, including nerve		Laparoscopy, surgical prostatectomy, retropubic radical,		Laparoscopy, surgical prostatectomy, retropubic radical, including nerve		Laparoscopy, surgical prostatectomy, retropubic radical, including nerve		Laparoscopy, surgical prostatectomy, simple subtotal (including control of		Laparoscopy, surgical prostatectomy, simple subtotal (including control of		Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$116.58	$ -	$ 89.57	$ -	$108.42	$ -	$ 89.57	$ -	$ 108.74	$ -	$108.74	$ -	$ 89.57	$ -	$ 108.53	$ -	$ 65.26
8		TOTAL CLINICAL STAFF TIME	178.0	0.0	138.0	0.0	172.0	0.0	138.0	0.0	172.0	0.0	172.0	0.0	138.0	0.0	172.0	0.0	105.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	30.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	12.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	12.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	106.0	0.0	72.0	0.0	106.0	0.0	72.0	0.0	106.0	0.0	106.0	0.0	72.0	0.0	106.0	0.0	63.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ 88.64	$ -	$ 68.72	$ -	$ 85.66	$ -	$ 68.72	$ -	$ 85.66	$ -	$ 85.66	$ -	$ 68.72	$ -	$ 85.66	$ -	$ 52.29
13		PRE-SERVICE PERIOD																	
14		Start: Following visit when decision for surgery/procedure made																	
15	CA001	Complete pre-service diagnostic and referral forms	5		5		5		5		5		5		5		5		5
16	CA002	Coordinate pre-surgery services (including test results)	20		20		20		20		20		20		20		20		10
17	CA003	Schedule space and equipment in facility	8		8		8		8		8		8		8		8		5
18	CA004	Provide pre-service education/obtain consent	20		20		20		20		20		20		20		20		7
19	CA005	Complete pre-procedure phone calls and prescription	7		7		7		7		7		7		7		7		3
20	CA006	Confirm availability of prior images/studies																	
21	CA007	Review patient clinical extant information and questionnaire																	
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)																	
23																			
24																			
25																			
26		*Other activity: please include short clinical description here and type*																	
27		*Other activity: please include short clinical description here and type*																	
28		*Other activity: please include short clinical description here and type*																	
29		End: When patient enters office/facility for surgery/procedure																	
30		SERVICE PERIOD																	
31		Start: When patient enters office/facility for surgery/procedure:																	
32		Pre-Service (of service period)																	
33	CA009	Greet patient, provide gowning, ensure appropriate medical records																	
34	CA010	Obtain vital signs																	
35	CA011	Provide education/obtain consent																	
36	CA012	Review requisition, assess for special needs																	
37	CA013	Prepare room, equipment and supplies																	
38	CA014	Confirm order, protocol exam																	
39	CA015	Setup scope (nonfacility setting only)																	
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of																	
41	CA017	Sedate/apply anesthesia																	
42																			
43																			
44																			
45		*Other activity: please include short clinical description here and type*																	
46		*Other activity: please include short clinical description here and type*																	
47		*Other activity: please include short clinical description here and type*																	
48		Intra-service (of service period)																	
49	CA018	Assist physician or other qualified healthcare professional---directly																	
50	CA019	Assist physician or other qualified healthcare professional---directly																	
51	CA020	Assist physician or other qualified healthcare professional---directly																	
52	CA021	Perform procedure/service---NOT directly related to physician work																	
53																			
54																			
55																			
56		*Other activity: please include short clinical description here and type*																	
57		*Other activity: please include short clinical description here and type*																	
58		*Other activity: please include short clinical description here and type*																	
59		Post-Service (of service period)																	
60	CA022	Monitor patient following procedure/service, multitasking 1:4																	
61	CA023	Monitor patient following procedure/service, no multitasking																	
62	CA024	Clean room/equipment by clinical staff																	
63	CA025	Clean scope																	
64	CA026	Clean surgical instrument package																	
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions																	

	A	B	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ
1	RUC Practice Expense Spreadsheet		MENDED	CURRENT		RECOMMENDED		REFERENCE CODE		RECOMMENDED		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT	
2			le 55845	CPT code 55866		CPT code 55866		CPT code 55866		CPT code 55868		CPT code 55869		CPT Code 55867		CPT code 55867		CPT code 38570 Affirm	
3		*RUC Collaboration Website*																	
4	Clinical Activity Code	Meeting Date: September 2024 Revision Date (if applicable): Tab: Tab 6 Laparoscopic Prostatectomy Specialty: AUA	ectomy, c radical, without ring; with l pelvic	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve		Laparoscopy, surgical prostatectomy, retropubic radical, including nerve		Laparoscopy, surgical prostatectomy,		Laparoscopy, surgical prostatectomy, retropubic radical, including nerve		Laparoscopy, surgical prostatectomy, retropubic radical, including nerve		Laparoscopy, surgical prostatectomy, simple subtotal (including control of		Laparoscopy, surgical prostatectomy, simple subtotal (including control of		Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$116.58	$ -	$ 89.57	$ -	$108.42	$ -	$ 89.57	$ -	$ 108.74	$ -	$108.74	$ -	$ 89.57	$ -	$ 108.53	$ -	$ 65.26
8		TOTAL CLINICAL STAFF TIME	178.0	0.0	138.0	0.0	172.0	0.0	138.0	0.0	172.0	0.0	172.0	0.0	138.0	0.0	172.0	0.0	105.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	30.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	12.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	12.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	106.0	0.0	72.0	0.0	106.0	0.0	72.0	0.0	106.0	0.0	106.0	0.0	72.0	0.0	106.0	0.0	63.0
66	CA028	Review/read post-procedure x-ray, lab and pathology reports																	
67	CA029	Check dressings, catheters, wounds																	
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,																	
69	CA031	Review examination with interpreting MD/DO																	
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to																	
71	CA033	Perform regulatory mandated quality assurance activity (service																	
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry																	
73	CA035	Review home care instructions, coordinate visits/prescriptions																	
74	CA036	Discharge day management	12	n/a	6	n/a	6	n/a	6	n/a	6	n/a	6	n/a	6	n/a	6	n/a	12
75																			
76																			
77																			
78		*Other activity: please include short clinical description here and type*																	
79		*Other activity: please include short clinical description here and type*																	
80		*Other activity: please include short clinical description here and type*																	
81		**End: Patient leaves office/facility**																	
82		**POST-SERVICE PERIOD**																	
83		**Start: Patient leaves office/facility**																	
84	CA037	Conduct patient communications																	
85	CA038	Coordinate post-procedure services																	
86		***Office visits: List Number and Level of Office Visits***	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
87		99211 16 minutes																	
88		99212 27 minutes																	1
89		99213 36 minutes			2				2						2				1
90		99214 53 minutes	2				2				2		2				2		
91		99215 63 minutes																	
92	CA039	Post-operative visits (total time)	106.0	0.0	72.0	0.0	106.0	0.0	72.0	0.0	106.0	0.0	106.0	0.0	72.0	0.0	106.0	0.0	63.0
93																			
94																			
95																			
96		*Other activity: please include short clinical description here and type*																	
97		*Other activity: please include short clinical description here and type*																	
98		*Other activity: please include short clinical description here and type*																	
99		**End: with last office visit before end of global period**																	

	A	B	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ
1	RUC Practice Expense Spreadsheet		MENDED	CURRENT		RECOMMENDED		REFERENCE CODE		RECOMMENDED		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT	
2			le 55845	CPT code 55866		CPT code 55866		CPT code 55866		CPT code 55868		CPT code 55869		CPT Code 55867		CPT code 55867		CPT code 38570 Affirm	
3		*RUC Collaboration Website*																	
4	Clinical Activity Code	Meeting Date: September 2024 Revision Date (if applicable): Tab: Tab 6 Laparoscopic Prostatectomy Specialty: AUA	ectomy, c radical, without ring; with l pelvic	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve		Laparoscopy, surgical prostatectomy, retropubic radical, including nerve		Laparoscopy, surgical prostatectomy,		Laparoscopy, surgical prostatectomy, retropubic radical, including nerve		Laparoscopy, surgical prostatectomy, retropubic radical, including nerve		Laparoscopy, surgical prostatectomy, simple subtotal (including control of		Laparoscopy, surgical prostatectomy, simple subtotal (including control of		Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$116.58	$ -	$ 89.57	$ -	$108.42	$ -	$ 89.57	$ -	$ 108.74	$ -	$108.74	$ -	$ 89.57	$ -	$ 108.53	$ -	$ 65.26
8		TOTAL CLINICAL STAFF TIME	178.0	0.0	138.0	0.0	172.0	0.0	138.0	0.0	172.0	0.0	172.0	0.0	138.0	0.0	172.0	0.0	105.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	30.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	12.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	12.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	106.0	0.0	72.0	0.0	106.0	0.0	72.0	0.0	106.0	0.0	106.0	0.0	72.0	0.0	106.0	0.0	63.0
100	Supply Code	MEDICAL SUPPLIES																	
101		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ 25.93	$ -	$ 19.52	$ -	$ 20.81	$ -	$ 19.52	$ -	$ 21.13	$ -	$ 21.13	$ -	$ 19.52	$ -	$ 20.92	$ -	$ 11.81
102	SA048	pack, minimum multi-specialty visit	2		2		2		2		2		2		2		2		2
103	SA052	pack, post-op incision care (staple)	1																
104	SA051	pack, pelvic exam																	
105	SB044	underpad 2ft x 3ft (Chux)	1								1		1		0		1		
106	SC051	syringe 10-12ml	1		1		1		1		1		1		1				
107	SK054	pad, urinary incontinence (Depends)	1		1		1		1		1		1		1		1		
108	SM021	sanitizing cloth-wipe (patient)	1		1		1		1		1		1		1		1		
109	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	2				2				2		2				2		
110	SC062	syringe, Toomey	1		1		1		1		1		1		1		1		
111	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)	1		1		1		1		1		1		1		1		
112	SB006	drape, non-sterile, sheet 40in x 60in																	1
113	SL038	cup-container, sterile, graduated 1000ml	1				1				1		1				1		
114	SA031	kit, suture removal																	1
115	SJ009	basin, irrigation	1		1		1		1		1		1		1		1		
116																			
118	Equipment Code	EQUIPMENT																	
119		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ 2.01	$ -	$ 1.33	$ -	$ 1.96	$ -	$ 1.33	$ -	$ 1.96	$ -	$ 1.96	$ -	$ 1.33	$ -	$ 1.96	$ -	$ 1.16
120	EQ168	light, exam	106.0																
121	EF031	table, power	106.0		72		106.0		72		106.0		106.0		72		106.0		63
122	EF014	light, surgical			72		106.0		72		106.0		106.0		72		106.0		63
123	EQ170	light, fiberoptic headlight w-source																	
124	EF031	table, power																	
125	EF023	table, exam																	
126																			
127																			
128																			
129		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*																	

	A	B	AK	AL	AM	AN
1	RUC Practice Expense Spreadsheet		CURRENT		CURRENT	
2			CPT code 38572 Affirm		CPT code 38573 Affirm	
3		*RUC Collaboration Website*	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph		Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph	
4	Clinical Activity Code	Meeting Date: September 2024 Revision Date (if applicable): Tab: Tab 6 Laparoscopic Prostatectomy Specialty: AUA				
5		LOCATION	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	090	090	090	090
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ -	$ 79.39	$ -	$ 96.04
8		TOTAL CLINICAL STAFF TIME	0.0	131.0	0.0	125.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	30.0	0.0	30.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	12.0	0.0	6.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	89.0	0.0	89.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ -	$ 65.24	$ -	$ 62.25
13		PRE-SERVICE PERIOD				
14		Start: Following visit when decision for surgery/procedure made				
15	CA001	Complete pre-service diagnostic and referral forms		5		5
16	CA002	Coordinate pre-surgery services (including test results)		10		10
17	CA003	Schedule space and equipment in facility		5		5
18	CA004	Provide pre-service education/obtain consent		7		7
19	CA005	Complete pre-procedure phone calls and prescription		3		3
20	CA006	Confirm availability of prior images/studies				
21	CA007	Review patient clinical extant information and questionnaire				
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)				
23						
24						
25						
26		*Other activity: please include short clinical description here and type*				
27		*Other activity: please include short clinical description here and type*				
28		*Other activity: please include short clinical description here and type*				
29		End: When patient enters office/facility for surgery/procedure				
30		SERVICE PERIOD				
31		Start: When patient enters office/facility for surgery/procedure:				
32		Pre-Service (of service period)				
33	CA009	Greet patient, provide gowning, ensure appropriate medical records				
34	CA010	Obtain vital signs				
35	CA011	Provide education/obtain consent				
36	CA012	Review requisition, assess for special needs				
37	CA013	Prepare room, equipment and supplies				
38	CA014	Confirm order, protocol exam				
39	CA015	Setup scope (nonfacility setting only)				
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of				
41	CA017	Sedate/apply anesthesia				
42						
43						
44						
45		*Other activity: please include short clinical description here and type*				
46		*Other activity: please include short clinical description here and type*				
47		*Other activity: please include short clinical description here and type*				
48		Intra-service (of service period)				
49	CA018	Assist physician or other qualified healthcare professional---directly				
50	CA019	Assist physician or other qualified healthcare professional---directly				
51	CA020	Assist physician or other qualified healthcare professional---directly				
52	CA021	Perform procedure/service---NOT directly related to physician work				
53						
54						
55						
56		*Other activity: please include short clinical description here and type*				
57		*Other activity: please include short clinical description here and type*				
58		*Other activity: please include short clinical description here and type*				
59		Post-Service (of service period)				
60	CA022	Monitor patient following procedure/service, multitasking 1:4				
61	CA023	Monitor patient following procedure/service, no multitasking				
62	CA024	Clean room/equipment by clinical staff				
63	CA025	Clean scope				
64	CA026	Clean surgical instrument package				
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions				

	A	B	AK	AL	AM	AN
1	**RUC Practice Expense Spreadsheet**		**CURRENT**		**CURRENT**	
2			**CPT code 38572 Affirm**		**CPT code 38573 Affirm**	
3		***RUC Collaboration Website***	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph		Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph	
4	**Clinical Activity Code**	**Meeting Date: September 2024 Revision Date (if applicable): Tab: Tab 6 Laparoscopic Prostatectomy Specialty: AUA**				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 79.39**	**$ -**	**$ 96.04**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**131.0**	**0.0**	**125.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**30.0**	**0.0**	**30.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**12.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**89.0**	**0.0**	**89.0**
66	CA028	Review/read post-procedure x-ray, lab and pathology reports				
67	CA029	Check dressings, catheters, wounds				
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,				
69	CA031	Review examination with interpreting MD/DO				
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to				
71	CA033	Perform regulatory mandated quality assurance activity (service				
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry				
73	CA035	Review home care instructions, coordinate visits/prescriptions				
74	CA036	Discharge day management	**n/a**	**12**	**n/a**	**6**
75						
76						
77						
78		*Other activity: please include short clinical description here and type*				
79		*Other activity: please include short clinical description here and type*				
80		*Other activity: please include short clinical description here and type*				
81		**End: Patient leaves office/facility**				
82		**POST-SERVICE PERIOD**				
83		**Start: Patient leaves office/facility**				
84	CA037	Conduct patient communications				
85	CA038	Coordinate post-procedure services				
86		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes				
88		99212 27 minutes				
89		99213 36 minutes		1		1
90		99214 53 minutes		1		1
91		99215 63 minutes				
92	CA039	Post-operative visits (total time)	**0.0**	**89.0**	**0.0**	**89.0**
93						
94						
95						
96		*Other activity: please include short clinical description here and type*				
97		*Other activity: please include short clinical description here and type*				
98		*Other activity: please include short clinical description here and type*				
99		**End: with last office visit before end of global period**				

	A	B	AK	AL	AM	AN
1	**RUC Practice Expense Spreadsheet**		**CURRENT**		**CURRENT**	
2			**CPT code 38572 Affirm**		**CPT code 38573 Affirm**	
3		***RUC Collaboration Website***	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling		Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling	
4	**Clinical Activity Code**	**Meeting Date: September 2024 Revision Date (if applicable): Tab: Tab 6 Laparoscopic Prostatectomy Specialty: AUA**				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 79.39**	**$ -**	**$ 96.04**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**131.0**	**0.0**	**125.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**30.0**	**0.0**	**30.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**12.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**89.0**	**0.0**	**89.0**
100	**Supply Code**	**MEDICAL SUPPLIES**				
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 11.81**	**$ -**	**$ 32.10**
102	SA048	pack, minimum multi-specialty visit		2		2
103	SA052	pack, post-op incision care (staple)				
104	SA051	pack, pelvic exam				1
105	SB044	underpad 2ft x 3ft (Chux)				
106	SC051	syringe 10-12ml				
107	SK054	pad, urinary incontinence (Depends)				
108	SM021	sanitizing cloth-wipe (patient)				
109	SM022	sanitizing cloth-wipe (surface, instruments, equipment)				
110	SC062	syringe, Toomey				
111	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)				
112	SB006	drape, non-sterile, sheet 40in x 60in		1		2
113	SL038	cup-container, sterile, graduated 1000ml				
114	SA031	kit, suture removal		1		1
115	SJ009	basin, irrigation				
116						
118	**Equipment Code**	**EQUIPMENT**				
119		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 2.34**	**$ -**	**$ 1.69**
120	EQ168	light, exam				89
121	EF031	table, power		89		
122	EF014	light, surgical		36		
123	EQ170	light, fiberoptic headlight w-source		53		
124	EF031	table, power				89
125	EF023	table, exam				
126						
127						
128						
129		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*				

AMA/Specialty Society RVS Update Committee Summary of Recommendations
010-Day Global Post-Operative Visits Screen

September 2014

Laparoscopy Lymphadenectomy

In January 2014, the RUC reviewed all 010-day global services (based on 2012 Medicare utilization data) and identified 18 services with greater than 1.5 office visits and 2012 Medicare utilization data over 1,000. The RUC requested these services be surveyed for physician work and for the work and practice expense to be reviewed at the September 2014 RUC meeting. At the September meeting, the RUC noted that even though the Medicare claims data indicate the potential for a hospital visit for these services, the typical patient for each of these service is younger than Medicare age (approximately 60 years old), following a clinical review and a review of the survey data, the RUC does not recommend the inclusion of a hospital visit for any of these services.

38570 ***Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple***
The RUC reviewed the survey results and agreed on the following physician time components: pre-service time of 53 minutes (the standard pre-time package 4, with 10 minutes removed from scrub, dress and wait to match the survey results of 38571), intra-service time of 60 minutes and immediate post-service time of 30 minutes (the standard post-service package 9B, with 3 minutes removed to match the survey results for this service). The RUC agreed with the specialty that a "difficult patient" pre-service package should be utilized, as the patient typically has metastatic prostate cancer with comorbidities (i.e. cardiovascular disease, BPH urinary retention, etc.). The RUC agreed that a full discharge day (99238) is appropriate for this inpatient procedure. The RUC also agreed that the following office visits during the 010-day global period were justified: one 99212 office visit which includes the removal of sutures, examination of wounds and checking for evidence of DVT or lymphocele, and one 99213 office visit which includes examination of wounds and primarily discussing pathology and what direction the patient will go for treatment (ie radiation treatment, hormonal therapy, etc.).

The RUC discussed the low number of survey responses and agreed that the low number was permissible, as the service had low Medicare utilization (2013 Medicare volume of 1,488) and urology only performed 38% of that volume in 2013.

The RUC reviewed the survey 25th percent work RVU of 12.00 and agreed with the specialty that the survey results were overvalued. The specialty societies indicated and the RUC agreed that the current work RVU of 9.34 appropriately accounts for the work required to perform this service. The RUC compared the surveyed code to CPT code 31239 *Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy* (work RVU= 9.04, intra-service time of 60 minutes, total time of 168 minutes) and noted that with identical intra-service time and higher total time, the current work value of 9.34 is an appropriate value relative to the comparator code. To further justify a work RVU of 9.34 for 38570, the RUC reviewed MPC code 50590 *Lithotripsy, extracorporeal shock wave* (work RVU= 9.77, intra-service time of 60 minutes, total time of 207 minutes) and noted that both services have identical intra-service time, whereas the survey code has slightly more total time, which confirms that maintaining the current value for 38570 would be appropriate. **The RUC recommends a work RVU of 9.34 for CPT code 38570.**

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38571 ***Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy***
The RUC reviewed the survey results from 32 urologists and agreed on the following physician time components: pre-service time of 53 minutes (the standard pre-time package 4, with 10 minutes removed from scrub, dress and wait to match the survey results), intra-service time of 90 minutes and immediate post-service time of 30 minutes (the standard post-service package 9B, with 3 minutes removed to match the survey results for this service). The RUC agreed with the specialty that the pre-time package should be for a "difficult patient", as the patient typically has metastatic prostate cancer with comorbidities (i.e. cardiovascular disease, BPH urinary retention, etc.). The RUC agreed that a full discharge day (99238) is appropriate for this inpatient procedure. The RUC also agreed that the following office visits during the 010-day global period were justified: one 99212 office visit which includes the removal of sutures, examination of wounds and checking for evidence of DVT or lymphocele, and one 99213 office visit which includes the examination of wounds and primarily discussing pathology and what direction the patient will go for treatment (ie radiation treatment, hormonal therapy, etc.).

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey 25th percentile work RVU of 12.00 is appropriate. The RUC compared the survey code to the MPC code 53445 *Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff* (work RVU= 13.00, intra-service time of 90 minutes and total time of 314 minutes) and noted that both services have identical intra-service time, whereas the surveyed code has less total time, justifying a somewhat lower work value for the surveyed code. To further justify a work RVU of 12.00, the RUC reviewed CPT code 36818 *Arteriovenous anastomosis, open; by upper arm cephalic vein transposition* (work RVU= 11.89, intra-service time of 90 minutes, total time of 238 minutes) and noted that both codes have identical intra-service time, whereas the survey code has somewhat more total time (250 minutes vs. 238 minutes), which further justifies a work value of 12.00 for the survey code. **The RUC recommends a work RVU of 12.00 for CPT code 38571.**

38572 ***Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple***
The RUC reviewed the survey results from 97 gynecologists and gynecologic oncologists and agreed with the specialty on the following physician time components: 70 minutes of pre-service time (the standard pre-time package 4, with 12 minutes added to positioning and 5 minutes removed from scrub, dress and wait time), 120 minutes of intra-service time and 30 minutes of immediate post-service time (standard post-service package 9A). The RUC agreed with the specialty that 12 additional minutes above standard pre-service positioning time is warranted, as special attention is required to pad arms, legs, and pressure points when the patient is secured to the table to prevent patient movement when the patient is placed in the reverse Trendelenburg position or when the patient is turned from side to side. Additional time is also required for equipment positioning relative to the patient and to other equipment to insure access to the operative site, including the scope and video equipment, intra-operative imaging equipment, surgical instruments and anesthesia lines. Five minutes were removed from the standard scrub, dress and wait time to match the survey results. The RUC agreed that a full discharge day (99238) is appropriate for this inpatient procedure. The RUC also agreed that the following office visits during the 010-day global period were justified: one 99214 office visit, which includes the inspection of the wound, abdomen, lymphatic system, neurologic and musculoskeletal systems and pelvic exam with a focus on swelling or irritation, as well as review of post-op lab results and instructing patient on analgesic use, bowel/bladder functions, and home medications; and one 99213 office visit, which includes discussion of pathology report and subsequent treatment options, as well as removal of sutures and examination of the wound.

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The RUC reviewed the survey 25th percent work RVU of 20.00 and agreed with the specialty that the survey results were overestimated. To determine an appropriate work value, the RUC compared the surveyed code to MPC code 60500 *Parathyroidectomy or exploration of parathyroid(s);* (work RVU= 15.60, intra-service time of 120 minutes and total time of 313 minutes) and noted that since both services have identical intra-service time, similar total times (313 minutes vs. 321 minutes) and represent analogous physician work, they should be valued similarly. Therefore, the RUC recommends a direct work RVU crosswalk from code 60500 to survey code 38572.

To further justify a work RVU of 15.60 for CPT code 38572, the RUC reviewed CPT code *Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)* (work RVU= 14.56, intra-service time of 120 minutes and total time of 279 minutes) and noted that both codes have identical intra-service times, whereas the surveyed code has more total time, which justifies a higher work value for 38572. **The RUC recommends a work RVU of 15.60 for CPT code 38572.**

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.

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee.

CPT Code (●New)	CPT Descriptor	Global Period	Work RVU Recommendation
38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	010	9.34 (No Change)
38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	010	12.00
38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple	010	15.60

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:38570 Tracking Number Original Specialty Recommended RVU: **9.34**
Presented Recommended RVU: **9.34**
Global Period: 010 RUC Recommended RVU: **9.34**

CPT Descriptor: Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 61-year-old male presents with a PSA of 13.6, with a prostatic nodule and a positive needle biopsy for prostatic carcinoma. After discussion with his physician, a laparoscopic retroperitoneal lymph node sampling is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 61%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 4% , Overnight stay-less than 24 hours 39% , Overnight stay-more than 24 hours 57%

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 36%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 4%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Pre-Service Work- Day before surgery:
- Review pre-op lab results
- Review medical record
- Write pre-op orders (to be emailed or faxed to hospital)
- Obtain and review all imaging studies if necessary

Pre-Service work- Day of surgery:
- Obtain and review records and previous history, laboratory studies and all imaging studies before the procedure;
- Change into scrub clothes.
- Review surgical procedure, post-op recovery in and out of hospital with patient and family
- Physician sign and explain informed consent in holding area
- Foley catheter inserted
- Mark “site of surgery”, “side” in holding area
- Speak to anesthesiologist about expected length of procedure and any special concerns (ie., jet ventilator; gated or non-gated)
- Verify all necessary instruments are available
- Scrub and dress in operative gown
- "Time out" for patient identification
- Place patient on surgical table in supine position
- Wait for anesthesiologist to administer general anesthetic
- Prep and drape the surgical site

Description of Intra-Service Work:

- Pneumoperitoneum is established
- Laparoscopic trocars are placed under direct vision.
- The abdomen and pelvis are explored visually for lymphadenopathy and/or metastatic disease.
- The peritoneum is incised overlying the external iliac vessels and all lymph node bearing tissue medial to the pelvic sidewall, beneath the external iliac vein, and around the obturator nerve is dissected free.
- A sampling of the lymph nodes are extracted through one of the trocar port sites and sent for pathologic analysis.
- Hemostasis is achieved
- A drain is placed through a lateral port site.
- The ports are all removed under direct vision
- The trocar site incisions are closed using 4-0 maxon sutures
- The wounds are cleaned and dried

Description of Post-Service Work: Post-service work, same day as procedure through discharge

- Sterile bandages applied.
- Remove drapes
- Wait for anesthesiologist to awaken patient
- Remove Foley catheter if indicated
- Assist in transfer of patient from surgical table to post-op stretcher
- Accompany anesthesiologist with patient to recovery area
- Assist in transfer of patient to recovery area bed
- Monitor vital signs as appropriate
- Review recovery area care and medications with staff
- Discuss procedure with patient as necessary in recovery area when awake
- Conduct post-op pain assessment
- Write any further necessary orders, check pain status
- Dictate operative report
- Call referring physician as necessary
- Meet with family or friend, give pre-printed post op instructions and prescriptions as indicated. (This was also discussed with patient before procedure).

Post-op Office work- After discharge from hospital:

- Examine patient and check surgical sites for ecchymosis
- Remove sutures
- Check vital signs
- Conduct post-op pain assessment
- Check urinalysis
- Answer questions from patient and family
- Write necessary prescriptions
- Schedule next office visit
- Dictate patient progress notes for office medical record
- Dictate letter to referring physician

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014		
Presenter(s):	Thomas Turk, MD, Martin Dineen, MD		
Specialty(s):	Urology		
CPT Code:	38570		
Sample Size:	92	**Resp N:** 23	**Response:** 25.0 %
Description of Sample:	random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.50	**5.00**	15.00	50.00
Survey RVW:	10.00	12.00	**14.00**	16.75	30.00
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	45.00	**60.00**	120.00	240.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	38570	**Recommended Physician Work RVU: 9.34**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**20.00**	**-10.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**39.00**	99211x **0.00** 12x **1.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58661	090	11.35	**RUC Time**

CPT Descriptor Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)

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
50593	010	9.13	**RUC Time**	1,741

CPT Descriptor 1 Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50590	090	9.77	**RUC Time**	58,240

CPT Descriptor 2 Lithotripsy, extracorporeal shock wave

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 11 **% of respondents:** 47.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 38570**	**Key Reference CPT Code:** 58661	**Source of Time** **RUC Time**

Median Pre-Service Time	53.00	55.00
Median Intra-Service Time	60.00	90.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	19.00
Median Discharge Day Management Time	38.0	0.00
Median Office Visit Time	39.0	23.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**220.00**	**217.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.64	3.45
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.91	3.55
Urgency of medical decision making	3.55	3.18
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.09	3.82
Physical effort required	4.00	3.64
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.82	3.27
Outcome depends on the skill and judgment of physician	4.18	3.73
Estimated risk of malpractice suit with poor outcome	3.82	4.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.45	3.45
Intra-Service intensity/complexity	4.09	3.73
Post-Service intensity/complexity	3.45	3.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The AUA sent a "do you do letter" to a random number of AUA and its subspecialty, Society of Urologic Oncologists members. The surveys were then sent to the individual physicians who answered that they do the procedure and would complete the RUC survey. The survey was sent to 92 individuals and of those individuals, 23 responses were received for a response rate of 25%.

Urology performs this procedure 37.57% of the Medicare 2013 utilization of 1,488 procedures, which calculates to approximately 699 times for the year. The RUC approved changes to the minimum survey sample size based on Medicare utilization data that requires 30 respondents for codes with less than 100,000 procedures. Unfortunately, the AUA knew there would be a problem meeting this requirement because of the low utilization and only 23 respondents complete the survey for this code. The AUA believes that the survey responses do represent an adequate representation of urologists who perform this procedure.

Due to the limited number of 10 day global procedures, the AUA's key reference service list consisted of codes with 10 and 90 global procedures.

The AUA RUC expert panel reviewed the survey results, which determined that 60 minutes of intra-service time is necessary to complete this procedure. There is a 60 minute decrease in the current intra-service time of 120 minutes. The current work RVU is 9.34. The median work value from the survey is 14.00. The pre-service time package 4-FAC was chosen which reduced the surveyed pre-service time from 90 minutes to 63 minutes and the post-service package 9B was chosen which increased the surveyed post-service time from 30 minutes to 33 minutes.

When this code was reviewed in June 1993, no hospital visits were associated with this procedure. However, the survey data reported that one hospital visit and one full day discharge visit is necessary as well as two level 99213 office visits for this code. Although the intra-service time decreased significantly, the total time increased from 242 to 280 minutes.

The chart below shows comparable RUC reviewed codes to the surveyed code. The panel reviewed the intraservice time and the total time of those procedures; however the comparison codes were reviewed before the preservice and postservice time packages were instituted.

CPT Code	Descriptor	Global	Work RVU	PRE-Service Package	PRE Time	Intra Time	Post Time	OV	Hosp Visits	Discharge Day	Total Time	RUC Approved
Comparison Codes												
27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)	90	9.17	None	58	60	20	99212 (2) 99213 (3)		99238 (.5)	258	Apr-08
35701	Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery	90	9.19	None	55	60	30	99212 (1) 99213 (1)	99232 (1)	99238 (1)	262	Aug-00
64821	Sympathectomy; radial artery	90	9.33	None	50	60	30	99212 (3) 99213 (1)	99231 (1)	99238 (1)	269	Apr-01
64822	Sympathectomy; ulnar artery	90	9.33	None	50	60	30	99212 (3) 99213 (1)	99231 (1)	99238 (1)	269	Apr-01

It is the recommendation of the AUA RUC expert panel that current work RVU of 9.34 should be maintained for CPT code 38570.

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) 38570

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 Urology How often? Sometimes

Specialty General Surgery How often? Sometimes

Specialty Gynecology/Oncology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 1860
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare X 125%

Specialty Urology Frequency 699 Percentage 37.58 %

Specialty General Surgery Frequency 536 Percentage 28.81 %

Specialty Gynecology/Oncology Frequency 341 Percentage 18.33 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,488
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

Specialty Urology Frequency 559 Percentage 37.56 %

Specialty General Surgery Frequency 429 Percentage 28.83 %

Specialty Gynecology/Oncology Frequency 273 Percentage 18.34 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 38570

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:38571 Tracking Number Original Specialty Recommended RVU: **14.76**
Presented Recommended RVU: **14.76**
Global Period: 010 RUC Recommended RVU: **12.00**

CPT Descriptor: Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 61-year-old male presents with PSA of 13.6, with a prostatic nodule and a positive needle biopsy for prostatic carcinoma. After discussion with his physician, a laparoscopic bilateral total pelvic lymphadenectomy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 3% , Overnight stay-less than 24 hours 56% , Overnight stay-more than 24 hours 41%

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 32%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 6%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:
Day before surgery:
- Review pre-op lab results
- Review medical record
- Write pre-op orders (to be emailed or faxed to hospital)
- Obtain and review all imaging studies if necessary

Pre-Service work- Day of surgery:
- Obtain and review records and previous history, laboratory studies and all imaging studies before the procedure;
- Change into scrub clothes.
- Review surgical procedure, post-op recovery in and out of hospital with patient and family
- Physician sign and explain informed consent in holding area
- Foley catheter inserted
- Mark “site of surgery”, “side” in holding area
- Speak to anesthesiologist about expected length of procedure and any special concerns (ie., jet ventilator; gated or non-gated)
- Verify all necessary instruments are available
- Scrub and dress in operative gown
- "Time out" for patient identification
- Place patient on surgical table in supine position
- Wait for anesthesiologist to administer general anesthetic

Description of Intra-Service Work:

• Prep and drape the surgical site
• Pneumoperitoneum is established
• Laparoscopic trocars are placed under direct vision.
• The abdomen and pelvis are explored visually for lymphadenopathy and/or metastatic disease.
• The peritoneum is incised overlying the external iliac vessels and lymph node dissection is performed. Boundaries of the dissection are the genitofemoral nerve laterally, the circumflex iliac vein or Cloquet's node inferiorly, the bladder medially, the bifurcation of the common iliac artery superiorly, and the floor of the obturator fossa deep.
• All lymph node bearing tissue in this area is removed to include external iliac, internal iliac and obturator (hypogastric) lymph nodes.
• The lymph nodes are extracted through one of the trocar port sites and sent for pathologic analysis.
• Hemostasis is achieved
• A drain is placed through a lateral port site.
• The ports are all removed under direct vision
• The trocar site incisions are closed using 4-0 maxon sutures
• The wounds are cleaned and dried
• Sterile bandages applied.

Description of Post-Service Work:

Post-service work, same day as procedure through discharge

• Remove drapes
• Wait for anesthesiologist to awaken patient
• Remove Foley catheter if indicated
• Assist in transfer of patient from surgical table to post-op stretcher
• Accompany anesthesiologist with patient to recovery area
• Assist in transfer of patient to recovery area bed
• Monitor vital signs as appropriate
• Review recovery area care and medications with staff
• Discuss procedure with patient as necessary in recovery area when awake
• Conduct post-op pain assessment
• Write any further necessary orders, check pain status
• Dictate operative report
• Call referring physician as necessary
• Meet with family or friend, give pre-printed post op instructions and prescriptions as indicated. (This was also discussed with patient before procedure).

Post-op Office work- After discharge from hospital:

• Examine patient and check surgical sites for ecchymosis
• Remove sutures
• Check vital signs
• Conduct post-op pain assessment
• Check urinalysis
• Answer questions from patient and family
• Write necessary prescriptions
• Schedule next office visit
• Dictate patient progress notes for office medical record
• Dictate letter to referring physician

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014				
Presenter(s):	Thomas Turk, MD and Martin Dineen, MD				
Specialty(s):	Urology				
CPT Code:	38571				
Sample Size:	92	**Resp N:**	32	**Response:** 34.7 %	
Description of Sample:	Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**22.50**	43.50	150.00
Survey RVW:	9.50	12.00	**15.00**	17.25	25.50
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	30.00	60.00	**90.00**	120.00	300.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	38571	**Recommended Physician Work RVU: 12.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**20.00**	**-10.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	39.00	99211x **0.00** 12x **1.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
51992	090	14.87	**RUC Time**

CPT Descriptor Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)

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
53445	090	13.00	**RUC Time**	1,995

CPT Descriptor 1 Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52601	090	15.26	**RUC Time**	47,713

CPT Descriptor 2 Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 11 **% of respondents:** 34.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 38571**	**Key Reference CPT Code:** 51992	**Source of Time** **RUC Time**

Median Pre-Service Time	53.00	60.00
Median Intra-Service Time	90.00	75.00
Median Immediate Post-service Time	30.00	40.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	118.00
Median Discharge Day Management Time	38.0	0.00
Median Office Visit Time	39.0	62.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**250.00**	**355.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.36	3.36
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.45	3.09
Urgency of medical decision making	3.18	3.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.00	3.55
Physical effort required	3.64	3.27
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.00	3.36
Outcome depends on the skill and judgment of physician	4.09	3.55
Estimated risk of malpractice suit with poor outcome	3.64	3.73

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.64	3.55
Intra-Service intensity/complexity	3.91	3.73
Post-Service intensity/complexity	3.09	2.91

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The AUA sent a "do you do letter" to a random number of AUA and its subspecialty, Society of Urologic Oncologists, members. The surveys were then sent to the individual physicians who answered that they do the procedure and would complete the RUC survey. The survey was sent to 92 individuals and of those individuals, 32 responses were received for a response rate of 34.7%. In 2013, 9,864 of these procedures were performed in the Medicare population. The RUC approved changes to the minimum survey sample size based on Medicare utilization data that requires 30 respondents for codes with less than 100,000 procedures so the minimum number of respondents was met for this code.

Due to the limited number of 10 day global procedures, the AUA's key reference service list consisted of codes with 10 and 90 global procedures.

The AUA RUC expert panel reviewed the survey results, which determined that 90 minutes of intra-service time is necessary to complete this procedure. There is a 90 minute decrease in the current intra-service time of 180 minutes. The current work RVU is 14.76. The median work value from the survey is 15.00. The pre-service time package 4-FAC was chosen which increased the pre-service time from 60 minutes to 63 minutes and the post-service package 9B was chosen which increased the post-service time from 32 minutes to 33 minutes.

When this code was reviewed in August 1995, no hospital visits were associated with this procedure. However, the survey data reported that one hospital visit and one full day discharge visit is necessary as well as two level 99213 office visits for this code. Although the intra-service time decreased significantly, the total time increased from 272 to 310 minutes.

The chart below shows comparable RUC reviewed codes to the surveyed code. The panel reviewed the intra-service time and the total time of those procedures; however the comparison codes were reviewed before the pre-service and post-service time packages were instituted.

CPT Code	Descriptor	Global	Work RVU	PRE-Service Package	PRE Time	Intra Time	Post Time	OV	Hosp Visits	Discharge Day	Total Time	RUC Approved
Comparison Codes												
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	90	14.67	None	55	90	30	99212 (3) 99213 (2)		99238 (.5)	288	Apr-01
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	90	14.45	None	55	90	30	99212 (3) 99213 (1)		99238 (1)	284	Apr-00

It is the recommendation of the AUA RUC expert panel that current work RVU of 14.76 should be maintained to CPT code 38571.

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) 38571

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 Urology How often? Sometimes

Specialty Gynecology/Oncology How often? Sometimes

Specialty Obstertics/Gynecology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 12330
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare X 125%

Specialty Urology Frequency 9913 Percentage 80.39 %

Specialty Gynecology Frequency 1836 Percentage 14.89 %

Specialty Obstetrics/Gynecology Frequency 499 Percentage 4.04 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 9,864
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

Specialty Urology Frequency 7931 Percentage 80.40 %

Specialty Gynecology/Oncology Frequency 1469 Percentage 14.89 %

Specialty Obstetrics/Gynecology Frequency 399 Percentage 4.04 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 38571

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:38572 Tracking Number Original Specialty Recommended RVU: **15.60**
Presented Recommended RVU: **15.60**
Global Period: 010 RUC Recommended RVU: **15.60**

CPT Descriptor: Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old woman underwent a total abdominal hysterectomy and bilateral salpingo-oophorectomy for abnormal bleeding and biopsy evidence of endometrial hyperplasia. The final pathology report revealed a deeply invasive adenocarcinoma confined to the uterine corpus. In order to complete surgical staging a laparoscopy with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling was 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 99% , In the ASC 0%, In the office 1%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 10% , Overnight stay-less than 24 hours 74% , Overnight stay-more than 24 hours 16%

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 22%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 8%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:
•Review medical records with attention to imaging and labs, including glucose testing
•Assure appropriate selection, timing, and administration of pre-surgical antibiotic
•Meet with patient and family to review planned procedure and post-operative management
•Review informed consent with patient
•Review length and type of anesthesia with anesthesiologist.
•Verify that all required instruments and supplies are available, including laparoscopic equipment.
•Supervise placement of additional IV access and possible arterial line (no access to arms intraoperatively)
•Insert or supervise Foley catheter placement
•Assist with positioning, including belts, bear huggers, pads and sandbags to cradle patient
•Monitor placement of prophylactic DVT compression devices on legs
•Perform tilt test, checking for slide as well as ventilation issues
•Indicate areas of skin to be prepped and mark surgical incisions
•Scrub and gown.
•Perform surgical "time out" with operating surgical team.
•Inject local anesthesia into planned trocar sites

Description of Intra-Service Work:
•Place vaginal probe, when indicated

•Perform examination under anesthesia, when indicated
•Perform skin incision for initial trocar placement and instill carbon dioxide for insufflation of abdomen
•Perform addition incisions and insert trocars and instruments (up to 6 sites)
•Perform endoscopic inspection and evaluation of abdomen and pelvis
•Perform lysis of adhesions, as necessary
•Mobilize large and small bowel for exposure as necessary, enter the retroperitoneal space, and perform bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling: identify internal and external iliac vessels; dissect genitofemoral nerves and obturator nerve; identify and protect ureter; identify aorta and IVC; ligate vascular and lymphatic channels adjacent to the lymph nodes; mobilize lymph nodes away from nerves, vascular structure and ureter
•Excise and remove biopsy specimens
•Irrigate and perform hemostasis throughout procedure
•Review frozen section results with pathology as indicated
•Place drain(s), as indicated, and secure in place with a suture
•Remove individual trocars under direct laparoscopic vision, checking for bleeding
•Remove final trocar, allowing carbon dioxide to escape from the abdomen
•Confirm sponge, needle, and instrument counts prior to closure
•Close wounds: subcutaneous tissue is approximated with interrupted sutures; skin incisions are closed in subcuticular fashion. .

Description of Post-Service Work:
•Apply sterile dressings
•Remove manipulators, probes, when indicated
•Discuss postoperative recovery care with anesthesia and nursing staff.
•Instruct nursing staff in care of drains, tubes and other devices.
•Complete operating room record
•Monitor stabilization of patient and transfer to recovery room
•Write postoperative orders
•Dictate operative report
•Discuss procedure and outcome with family and patient (when awake)
•Write orders for transferring to surgical floor and discuss ongoing care with floor nurses.
•Assess patient status daily
•Remove packs, drains, catheters, when indicated
•Order and review labs
•At discharge, provide patient instructions for activity and diet
•Write orders for discharge medications
•Complete discharge summary/medical records as required
•Perform follow-up visits as clinically indicated during the global period
•Review pathology and laboratory reports, as applicable
•Discuss progress with referring physician(s) (verbal and written).
•Dictate progress notes for medical chart

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2014				
Presenter(s):	George Hill, MD and Barbara Goff, MD				
Specialty(s):	Gynecology and Gynecologic Oncology				
CPT Code:	38572				
Sample Size:	1017	**Resp N:**	97	**Response:** 9.5 %	
Description of Sample:	Random, all US/MD Society of Gynecoligc Oncology (SGO) membership				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	11.00	**25.00**	45.00	125.00
Survey RVW:	6.00	20.00	**24.00**	29.30	40.00
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	30.00	90.00	**120.00**	180.00	250.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**63.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	38572	**Recommended Physician Work RVU: 15.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**30.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**63.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58548	090	31.63	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
60500	090	15.60	**RUC Time**	15,298

CPT Descriptor 1 Parathyroidectomy or exploration of parathyroid(s);

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52649	090	14.56	**RUC Time**	3,310

CPT Descriptor 2 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 41 **% of respondents:** 42.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 38572**	**Key Reference CPT Code: 58548**	**Source of Time RUC Time**
Median Pre-Service Time	70.00	75.00	
Median Intra-Service Time	120.00	240.00	
Median Immediate Post-service Time	30.00	45.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	80.00	
Median Discharge Day Management Time	38.0	38.00	
Median Office Visit Time	63.0	86.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**321.00**	**564.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.29	4.44
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.46	4.46
Urgency of medical decision making	4.20	4.22
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.78	4.85
Physical effort required	4.59	4.61
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.68	4.78
Outcome depends on the skill and judgment of physician	4.78	4.76
Estimated risk of malpractice suit with poor outcome	4.49	4.44

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.22	4.22
Intra-Service intensity/complexity	4.46	4.68

Post-Service intensity/complexity	3.71	3.90

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In January 2014, the RUC reviewed 010-day global services (based on 2012 Medicare utilization data) and identified 18 services with >1.5 office visits and 2012 Medicare utilization > 1,000. The RUC requested these services be surveyed for work and review the practice expense for the September 2014 RUC meeting. As such, ACOG surveyed CPT Code 38572. It was a robust survey for a low volume code, with almost 100 responses.

The survey data support maintaining two office visits in the postoperative period. In fact, the survey data strongly support updating the postoperative office visits from two 99213 visits to one 99213 and one 99214. Below is a discussion of the services performed during the postoperative office visits for this procedure:

Visit #1 – 99214
Patient is seen 2-3 days postoperatively. The surgeon addresses wound healing, bowel and bladder functions, and pain control. The exam includes inspection of the wound, abdomen, lymphatic system, neurologic and musculoskeletal systems and pelvic exam with a focus on swelling or irritation. Post-op labs are reviewed with additional CBC, glucose for diabetic patients and possible U/A. Surgical procedure and intraoperative findings are discussed. Instructions are given on analgesic use, bowel/bladder functions, and home medications.

Visit #2 – 99213
Patient returns for discussion of pathology report and subsequent treatment options. The surgeon assesses pain control and wound healing and other symptoms or concerns presented by the patient/family. Wound is examined and dressing is changed with removal of sutures. Extremities and groin area is examined for swelling. Instructions are given for additional follow-up care and management of underlying malignancy.

Reference Service List
CPT Code 38572 has a 010 global period. As gynecologists perform very few codes with a 10-day global period , the development of a reference service list was complicated. The specialty attempted to include as many 10-day codes as possible, drawing as needed from other obstetrics/gynecology services familiar to gynecologists. As a result, the RSL for this procedure included services with both 010 and 090 global periods.

Pre Service Time
We are recommending Pre-time Package #4 (difficult patient/difficult procedure) with additional time as discussed below.

Positioning
We are recommending an addition of 12 minutes to the package time for positioning. Additional time is required for patient positioning, with special attention to padding arms, legs, and pressure points when the patient is secured to the table to prevent the patient movement when patient is placed in reverse Trendelenburg position or when turned from side to side. Additional time is also required for equipment positioning relative to the patient and to other equipment to insure access to the operative site, including the scope and video equipment, intra-operative imaging equipment, surgical instruments, and anesthesia lines. A total positioning time of 15 minutes appropriately accounts for the time required for this work.

Scrub/Dress/Wait
We are recommending a reduction of 5 minutes from the package SDW time to correspond to the survey median time for this activity.

Survey Results and Physician Work RVU Recommendation
The surveyed procedure intra time decreased from 180 minutes to 120 minutes, possible due to changes in technique. . In addition, hospital systems may have become more efficient for this procedure and technology may have improved visualization of nodes for dissection. These factors have allowed surgeons to take on more medically and surgically complex patients. Current data confirms increasing BMI, increased rate of comorbidities including cardiovascular disease, obstructive sleep apnea and diabetes in this population. Previously complex cases were performed in an open fashion but technology has allowed more complex patients to undergo laparoscopy for lymphadenectomy

To account for the changes in intra time, the specialty society is recommending a direct crosswalk to CPT code 60500 to establish physician work RVUs. We believe these recommendations maintain relativity within the specialty and in the larger house of medicine. Although 60500 has three office visits, these visits are at lower level. Total time for 60500 is comparable to 38572.

	CPT Code	Descriptor	Work RVUs	Total Time	Pre	Intra	Post	PostOp
	58545	*Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas*	15.55	334	60	120	30	238(1) 213(2) 232(1)
MPC	60500	*Parathyroidectomy or exploration of parathyroid(s);*	15.60	313	72	120	40	238(.5) 212 (1) 213 (2)
SURVEYED	38572	*Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple*	15.60	321	70	120	30	238(1) 213(1) 214(1)
	50541	*Laparoscopy, surgical; ablation of renal cysts*	16.86	319	60	120	15	238(1) 213(2) 231(2)

Conclusion

In summary, the specialty society is recommending a physician work value of 15.60, based on survey results and a direct crosswalk to MPC code 60500.

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) 38572

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 Gynecology/Oncology How often? Commonly

Specialty Ob/Gyn How often? Commonly

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. A national frequency rate is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,281
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2013 Version of the RUC database

Specialty Gynecology/Oncology Frequency 1552 Percentage 68.04 %

Specialty OB/GYN Frequency 480 Percentage 21.04 %

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:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 38572

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE:

TAB:

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
REF	58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)		0.087			11.35			217	55					90			30					0.5					1								
CURRENT	38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple		0.053			9.34			242	60					120			30										2								
SVY	38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	23	0.115	10.00	12.00	14.00	16.75	30.00	304	60	15	15	20	45	60	120	240	30				1		1.0					2								
REC	38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple		0.082			9.34			220	40	3	10			60			30					1.0					1	1							

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	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
3	**ISSUE:**																																							
4	**TAB:**																																							
5						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
6	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
7	REF	51992	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)		0.069			14.87			324	60					120			20					2	1.0								2							
8	CURRENT	38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy		0.069			14.76			272	60					180																	2							
9	SVY	38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	32	0.092	9.50	12.00	15.00	17.25	25.50	314	45	15	10	30	60	90	120	300	30					1	1.0								2							
10	REC	38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy		0.084			12.00			250	40	3	10			90			30						1.0									1	1						
11																																								
12																																								
13																																								
14																																								
15																																								
16																																								

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	X	Y	Z	AA	AF	AG	AH	AI	AJ	AO	AP	AQ	AR	AS
1	**ISSUE:** Laparoscopy Lymphadenectomy																																				
2	**TAB:** 12																																				
3						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day								Office					SURVEY EXPERIENCE				
4	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
5	REF	58548	Laparoscopy, surgical, with	41	0.089			31.63			564	60	10	5			240			45				1	2	1.0			1	2							
6	*Crosswalk*	*60500*	*Parathyroidectomy or exploration of*		*0.086*			*15.60*			*313*	*40*	*12*	*20*			*120*			*40*						*0.5*				*2*	*1*					
7	CURRENT	38572	Laparoscopy, surgical; with bilate		0.064			16.94			375	87.5					180			30						1.0				1	1					
8	SVY	38572	Laparoscopy, surgical; with	97	0.148	6.00	20.00	24.00	29.30	40.00	341	60	15	15	30	90	120	180	250	30						1.0			1	1			0	11	25	45	125
9	REC				0.082	15.60					321	40	15	15			120			30						1.0			1	1							

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: 38570 Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple
Global Period: 010 Meeting Date: September 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The AUA Practice Expense Workgroup consists of six urologists from across the country in both academic and private practice. The clinical staff time, supplies and equipment were reviewed by this workgroup to determine what is necessary to perform the procedure in the facility setting.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: 38570 is the current CPT code. We will use the current PE direct inputs as the comparison.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: NA

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: NA

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Complete pre-service diagnostic and referral forms
Coordinate pre-service surgery services
Schedule space and equipment in facility
Provide pre-service education/obtain consent

Intra-Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

Follow-up phone calls and prescriptions

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: 38571 Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy
Global Period: 010 Meeting Date: September 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The AUA Practice Expense Workgroup consists of six urologists from across the country in both academic and private practice. The clinical staff time, supplies and equipment were reviewed by this workgroup to determine what is necessary to perform the procedure in the facility setting.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: 38571 is the current CPT code. We will use the current PE direct inputs as the comparison.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: NA

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: NA

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Complete pre-service diagnostic and referral forms
Coordinate pre-service surgery services
Schedule space and equipment in facility
Provide pre-service education/obtain consent

Intra-Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

Follow-up phone calls and prescriptions

CPT Code: 38572
Specialty Society('s): ACOG

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: *Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple*

Global Period: 010 **Meeting Date:** September 2014

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A standard RUC survey was conducted for physician work. An expert panel reviewed the recommendations for physician work and updated practice expense recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

CPT Code 38572 is an existing code. The current direct practice expense details are included on the spreadsheet.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The RUC database currently reflects PE clinical/equipment time for one post-operative visit. This is an error. The RUC database correctly includes two postoperative office visits from the previous review of this service. The current survey also indicates two postoperative office visits. As such, the correct clinical staff time needs to be updated to reflect current survey data.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
The standard inputs for 090-day codes have been recommended for this procedure. The approved time of 30 minutes for a 10-day global procedure requiring extensive use of clinical staff has been included. The patient will be placed under general anesthesia and is undergoing a major laparoscopic procedure. This will require at least 30 minutes of clinical staff pre-service time, which is only half of the standard time for most other major operations.

Intra-Service Clinical Labor Activities:
The standard time for discharge day management has been recommended for this procedure.

Post-Service Clinical Labor Activities:
Standard times to ready patient/records and assist physician at each post-op office visit have been applied.

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	**more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 38570**		**CPT Code # 38570**	
3	**Meeting Date: September 18-21, 2014 Tab: 12 Specialty: Urology**	**CMS Code**	**Staff Type**	CPT CODE DESCRIPTOR - Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple		CPT CODE DESCRIPTOR - Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**				**010**		**010**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**114.0**	**0.0**	**105.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**30.0**	**0.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**12.0**	**0.0**	**12.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**72.0**	**0.0**	**63.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	**L037D**	**RN/LPN/MTA**		**5**		**5**
13	Coordinate pre-surgery services	**L037D**	**RN/LPN/MTA**		**10**		**10**
14	Schedule space and equipment in facility	**L037D**	**RN/LPN/MTA**		**5**		**5**
15	Provide pre-service education/obtain consent	**L037D**	**RN/LPN/MTA**		**7**		**7**
16	Follow-up phone calls & prescriptions	**L037D**	**RN/LPN/MTA**		**3**		**3**
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available						
22	Obtain vital signs						
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies						
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure						
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff						
36	Clean Scope						
37	Clean Surgical Instrument Package						
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**12**	**n/a**	**12**
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
45	**End: Patient leaves office**						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	**more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 38570**		**CPT Code # 38570**	
3	**Meeting Date: September 18-21, 2014 Tab: 12 Specialty: Urology**	**CMS Code**	**Staff Type**	CPT CODE DESCRIPTOR - Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple		CPT CODE DESCRIPTOR - Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**				**010**		**010**
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27				**1**
52	99213 36 minutes		36		**2**		**1**
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**0.0**	**72.0**	**0.0**	**63.0**
56	*Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack		**2**		**2**
60	kit, suture removal	SA031	kit		**1**		**1**
61	pack, pelvic exam	SA051	pack		**1**		
62	drape,non-sterile,sheet 40inX60in	SB006	item		**1**		**1**
63							
64							
65	**EQUIPMENT**	**CODE**					
66	light, surgical	EF014			**36**		**63**
67	table,power	EF031			**36**		**63**
68							
69							
70							

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	**more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 38571**		**CPT Code # 38571**	
3	**Meeting Date: September 18-21, 2014 Tab: 12 Specialty: Urology**	**CMS Code**	**Staff Type**	CPT CODE DESCRIPTOR - Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy		CPT CODE DESCRIPTOR - Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**				**010**		**010**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**78.0**	**0.0**	**105.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**30.0**	**0.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**12.0**	**0.0**	**12.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**36.0**	**0.0**	**63.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	**L037D**	**RN/LPN/MTA**		**5**		**5**
13	Coordinate pre-surgery services	**L037D**	**RN/LPN/MTA**		**10**		**10**
14	Schedule space and equipment in facility	**L037D**	**RN/LPN/MTA**		**5**		**5**
15	Provide pre-service education/obtain consent	**L037D**	**RN/LPN/MTA**		**7**		**7**
16	Follow-up phone calls & prescriptions	**L037D**	**RN/LPN/MTA**		**3**		**3**
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available						
22	Obtain vital signs						
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies						
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	*Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure						
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff						
36	Clean Scope						
37	Clean Surgical Instrument Package						
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	*Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**12**	**n/a**	**12**
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
45	**End: Patient leaves office**						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	**more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**CPT Code # 38571**		**CPT Code # 38571**	
3	**Meeting Date: September 18-21, 2014 Tab: 12 Specialty: Urology**	**CMS Code**	**Staff Type**	CPT CODE DESCRIPTOR - Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy		CPT CODE DESCRIPTOR - Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**				**010**		**010**
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27				**1**
52	99213 36 minutes		36		**1**		**1**
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**0.0**	**36.0**	**0.0**	**63.0**
56	*Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack		**2**		**2**
60	kit, suture removal	SA031	kit		**1**		**1**
61	pack, pelvic exam	SA051	pack		**1**		
62	drape,non-sterile,sheet 40inX60in	SB006	item		**1**		**1**
63							
64							
65	**EQUIPMENT**	**CODE**					
66	light, surgical	EF014			**36**		**63**
67	table,power	EF031			**36**		**63**
68							
69							

	A	B	C	D	E	F	G
1	**REVISED - AT MEETING**			**current**		**recommend**	
2	**Please note: If a supply has a purchase price of $100 or more please*			**38572**		**38572**	
3	**Meeting Date: September 2014** **Tab 12: Laparoscopy Lymphadenectomy** **Specialty: ACOG, SGO**	**CMS Code**	**Staff Type**	*Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple*			
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0**	**105**	**0**	**131**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0**	**30**	**0**	**30**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0**	**12**	**0**	**12**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0**	**63**	**0**	**89**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		5		5
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		10		10
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		5		5
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		7		7
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		3		3
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA	n/a	12	n/a	12
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a	
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27		1		
52	99213 36 minutes		36		1		1
53	99214 53 minutes		53				1
54	99215 63 minutes		63				
55	**Total Office Visit Time**	L037D	RN/LPN/MTA	**0**	**63**	**0**	**89**
56	**Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack		2		2
60	kit, suture removal	SA031	kit		1		1
61	pack, pelvic exam	SA051	pack		1		1
62	drape, non-sterile, sheet 40in x 60in	SB006	item		1		1
63							
64	**EQUIPMENT**	**CODE**					
65	table, power	EF031			36		89
66	light, surgical	EF014					36
67	light, fiberoptic headlight w-source	EQ170			36		53

	A	B	C	D	E	F	G
1	**REVISED - AT MEETING**			**current**		**recommend**	
2	**Please note: If a supply has a purchase price of $100 or more please*			**38572**		**38572**	
3	**Meeting Date: September 2014** **Tab 12: Laparoscopy Lymphadenectomy** **Specialty: ACOG, SGO**	**CMS Code**	**Staff Type**	*Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple*			
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0**	**105**	**0**	**131**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0**	**30**	**0**	**30**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0**	**12**	**0**	**12**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0**	**63**	**0**	**89**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		5		5
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		10		10
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		5		5
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		7		7
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		3		3
17	*Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA	n/a	12	n/a	12
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a	
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27		1		
52	99213 36 minutes		36		1		1
53	99214 53 minutes		53				1
54	99215 63 minutes		63				
55	**Total Office Visit Time**	L037D	RN/LPN/MTA	**0**	**63**	**0**	**89**
56	**Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack		2		2
60	kit, suture removal	SA031	kit		1		1
61	pack, pelvic exam	SA051	pack		1		**0**
62	drape, non-sterile, sheet 40in x 60in	SB006	item		1		1
63							
64	**EQUIPMENT**	**CODE**					
65	table, power	EF031			36		89
66	light, surgical	EF014					36
67	light, fiberoptic headlight w-source	EQ170			36		53

AMA/Specialty Society RVS Update Committee Summary of Recommendations

October 2016

Laparoscopic Total Pelvic Lymphadenectomy

The CPT Editorial Panel created a new code to describe the laparoscopic bilateral total pelvic lymphadenectomy at their May 2016 meeting.

38573 Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(s), omentectomy, and diaphragmatic washings, including biopsy(s) when performed
The RUC reviewed the survey data from 65 gynecology and oncology physician providers and recommends the survey 25th percentile work RVU of 20.00. The RUC recommends the following physician time: pre-service time of 68 minutes, intra-service time of 180 minutes, and immediate post-service time of 30 minutes with a half day discharge day (0.5 – 99328) and two post-operative office visits (1 – 99213, 1 – 99214). The RUC compared this service to similar service 60650 *Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal* (work RVU=20.73, intra-service time of 180 minutes) and determined that both services have identical intra-service time and comparable physician work and should therefore be valued similarly. To validate a work RVU of 20.00, the RUC compared the survey code to top key reference code 38572 *Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple* (work RVU=15.60, intra-service time of 120 minutes) and noted that the reference code has lower intra-service time, and the survey respondents indicated that the survey code is somewhat to much more intense to perform, further justifying this valuation.

The RUC discussed the limited services with 010 day global periods and thus comparison to other major procedures with 010 global periods is difficult, however, the IWPUT is consistent with other major procedures. The typical patient has had a prior recent hysterectomy and the physician is concerned about injuring bowel and blood vessels while accessing the peritoneal cavity. Techniques such as an open approach (Hasson), or insertion of the verees needle and trocar in the left upper quadrant is considered. Additional adhesions are universally encountered, including inflammation related to the recent procedure. After development of appropriate spaces, and completion of the lymphadenectomy, the physician must bring the omentum into view. An omentectomy is challenging given the course of the transverse colon from the hepatic flexure to the splenic flexure. Attachments to the colon need to be taken down carefully to ensure the physician does not cause traumatic or thermal injury to the bowel. The lesser sac is eventually entered and then attachments just below the greater curvature of the stomach are taken down and the vessels sealed and cut. The physician must ensure avoidance of the vasculature in the splenic hilum as well as tearing of the splenic capsule. Finally, extraction of the omentum requires a larger incision than typically required for lymph nodes and hence a minilaparotomy is almost always necessary. Given the comparison codes and intensity of this service, the RUC determined the 25th percentile of the survey results accurately reflects the work of this service. **The RUC recommends a work RVU of 20.00 for CPT code 38573.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Practice Expense:
The Practice Expense Subcommittee reviewed the recommended equipment for this procedure and agreed that it was not typical to have EQ170 *light, fiberoptic headlight w-source*. The Subcommittee agreed to add the standard exam light (EQ168). In addition, the pelvic exam pack supply item SA051 was added. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●38573	J1	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(s), omentectomy, and diaphragmatic washings, including biopsy(s) when performed (Do not report 38573 in conjunction with 38562, 38564, 38570, 38571, 38572, 38589, 38770, 38780, 49255, 49320, 49326, 58541, 58542, 58543, 58544, 58548, 58550, 58552, 58553, 58554)	010	20.00

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:38573 Tracking Number J1 Original Specialty Recommended RVU: **24.00**
Presented Recommended RVU: **20.00**
Global Period: 010 RUC Recommended RVU: **20.00**

CPT Descriptor: Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling peritoneal washings, peritoneal biopsy(s), omentectomy, and diaphragmatic washings, including biopsy(s) when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62-year-old female has undergone a laparoscopic hysterectomy and bilateral salpingo-oophorectomy for what was thought to be a benign ovarian mass. Subsequently, the final pathology showed a grade 1 ovarian cancer. The patient was counseled about her risks of recurrence and was offered a laparoscopic surgical staging of the ovarian malignancy.

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 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 6% , Overnight stay-less than 24 hours 74% , Overnight stay-more than 24 hours 20%

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 31%

Description of Pre-Service Work: The history and physical exam are reviewed and updated. Medicine reconciliation is performed. Labs, imaging studies, and biopsies are reviewed. The discontinuation of any high risk medication is verified. Appropriate antibiotic coverage is determined consistent with procedure risks and patient's known allergies. The method and timing of DVT prophylaxis is considered and implementation is assured. The procedure is verified with the patient and any remaining questions are answered. Physician changes into scrub clothes. The instruments and anticipated supplies are checked for completeness and functionality. The appropriate images are displayed in the operating room. Following induction of anesthesia a second IV is inserted. The patient is placed safely in dorsal lithotomy position. The arms are wrapped in foam and safely tucked alongside the body and all joints are inspected to prevent nerve compression. A tilt test is performed to verify the patient will tolerate maximum trendelenberg from a cardiopulmonary status and physical positioning. There is verification that the IVs, arterial-line, pulse oximetry and blood pressure monitoring are functioning with the arms tucked. The patient is placed back into a horizontal position. An oral-gastric tube is placed to decompress the stomach. The face and eyes are protected with pads or shields. The extent of surgical prep is delineated. Physician scrubs. The surgical timeout is performed. The patient is draped.

Description of Intra-Service Work: A bimanual and rectovaginal exam is performed under anesthesia to assess nodularity in the cul de sac or pelvic masses. A foley catheter is inserted into the bladder. A sponge stick in placed in the vagina . A diagnostic laparoscopy is performed, 5-6 laparoscopic ports are placed in the abdomen ranging in size from 5-12mm. The patient is assessed for intra-abdominal metastases, diaphragmatic metastases and retroperitoneal adenopathy. Biopsies of any suspicious lesions are performed. Adhesions from the prior surgery involving bowel and omentum are lysed. The bowels and bowel mesentery are systematically evaluated for the presence of metastatic disease. Peritoneal cytology is obtained. Patient is placed in steep trendelenberg and the bowel is mobilized and dissected out of the pelvis. The retroperitoneum is opened bilaterally to identify the ureters, paravesical and pararectal spaces. A pelvic lymphadenectomy is performed. The nodes from the external and internal iliac, lower common illiac and obturator spaces are placed in a bag and removed separately. The peritoneum over the aorta and vena cava are opened and ureters, inferior mesenteric artery and renal vessels are identified. Peri-aortic lymph node sampling is performed. Lymph nodes are placed in a bag and

removed from the abdomen. An omentectomy is performed by dissecting it free from the transverse colon and stomach. The omentum is placed in a bag and removed through a small mini-laparotomy incision. After completing the staging, hemostasis is confirmed and the pelvis and abdomen are inspected for any injuries. The mini-laparotomy is closed. The instruments and ports are removed and all port sites are closed

Description of Post-Service Work: The oral-gastric tube is removed. The prep is washed off the skin. The transfer of patient to recovery area is supervised. Vital signs are checked and immediate pain assessment is made. Recovery and postoperative medications are ordered and initiated. Patient condition, findings and anticipated outcome is conveyed to family members. The anticipated recovery process and criteria for discharge are conveyed. Procedure documentation is created and reviewed. Labeled images from procedure are transferred to the medical record. The patient is assessed again later in the day to evaluate for any post-procedural complications and the findings at surgery are discussed with the patient. The patient is assessed again the following day, laboratory studies are obtained and reviewed and the patient is assessed for appropriateness of discharge. Plans for discharge are made. Prescriptions for pain medications, DVT prophylaxis, resuming home medications and home therapy are processed. Restrictions of activities and precautions are outlined. Post-procedure follow-up is scheduled.

First Visit: Level 4 Office Visit (99214)
The patient is first seen 1-2 days post-discharge. A detailed history is performed to assess for pain, cardio-pulmonary status, return of bowel function, ileus, nausea and vomiting, bladder function and urinary retention, signs of infection or eroma, retroperitoneal bleeding, lymphedema of the groin, lower abdomen, perineum, or lower extremities, assessment for DVTs and nerve damage. Medications are reviewed. A detailed exam including vitals, neurologic status, skin for infections, musculoskeletal for DVTs, cardio-pulmonary exam, exam of perineum, GI exam for bowel function or hernias and lymphatic exam for lymphedema. Laboratory studies are ordered, reviewed and prescriptions are filled as needed.

Second Visit: Level 4 Office Visit (99214)
The patient is next seen at 7-10 days after the procedure. A detailed history is taken to review pain, bowel and bladder function, vaginal bleeding or discharge, any signs of infection, DVTs, lymphedema, lymphocysts or post-operative complications. Medications are reviewed. Chronic medical conditions are assessed for changes in the post op period. A detailed exam is performed including general appearance, vital signs, cardiopulmonary exam, GI exam for bowel function and hernias, skin to assess for infection, lymphatic exam to assess for edema of groins, lower abdomen and external genitalia. An assessment for hematoma formation, seroma and lymphocyst formation is performed. Pathology is reviewed and timing for therapy is addressed. Prescriptions are filled as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	George A. Hill, MD, Jon Hathaway, MD, Mitch Schuster, MD, Barbara Goff, MD and Mark Shahin, MD				
Specialty(s):	Gynecology/Oncology				
CPT Code:	38573				
Sample Size:	827	**Resp N:**	65	**Response:** 7.8 %	
Description of Sample:	All US, practicing members of the Society of Gynecologic Oncology				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**8.00**	15.00	120.00
Survey RVW:	15.60	20.00	**24.00**	32.00	55.20
Pre-Service Evaluation Time:			**80.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	90.00	120.00	**180.00**	210.00	300.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**80.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **2.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	38573	**Recommended Physician Work RVU: 24.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**13.00**	**3.00**	**10.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**180.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**63.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
38572	010	15.60	**RUC Time**

CPT Descriptor Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58548	090	31.63	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
38571	010	12.00	**RUC Time**	12,229

CPT Descriptor 1 Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the 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: 33 **% of respondents:** 50.7 **%**

Number of respondents who choose 2nd Key Reference Code: 20 **% of respondents:** 30.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 38573	Top Key Reference CPT Code: 38572	2nd Key Reference CPT Code: **58548**
Median Pre-Service Time	68.00	70.00	75.00
Median Intra-Service Time	180.00	120.00	240.00
Median Immediate Post-service Time	30.00	30.00	45.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	38.00	118.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	63.0	63.00	86.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**360.00**	**321.00**	**564.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	1.00	0.85
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.03	0.85
Urgency of medical decision making	0.79	0.55
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.30	0.60
Physical effort required	1.33	0.65

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.06	0.85
Outcome depends on the skill and judgment of physician	1.12	0.75
Estimated risk of malpractice suit with poor outcome	0.88	0.55

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.24	0.80

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The CPT Editorial Panel created a new code (38573) for reporting bilateral total pelvic lymphadenectomy, peri-aortic lymph node sampling, peritoneal biopsies, and omentectomy.

Methodology

ACOG was granted research subcommittee approval to use a mixed global period (010 and 090) reference service list.

Survey Data

ACOG received 65 completed RUC physician work surveys. The ACOG RUC workgroup reviewed the survey data and believes the median work value of 24.00 RVUs appropriately ranks this new procedure with services in OB/GYN and MPCs.

	CPT	IWPUT	wRVU	Total Time	PreTime	Intra Time	Post Time	99232	99231	99238	99214	99213	99212
Other	38570	0.067	8.49	220	53	60	30			1		1	1
Other	58661	0.087	11.35	217	55	90	30			0.5		1	
MPC	38571	0.084	12.00	250	53	90	30			1		1	1
Reference	38572	0.082	15.60	321	70	120	30			1	1	1	
SURVEY	**38573**	**0.102**	**24.00**	**377**	**68**	**180**	**30**			**0.5**	**2**		
Reference	58548	0.089	31.63	585	76	240	45	1	2	1	1	2	

Positioning Time

The society requests 5 extra minutes of positioning time to put the patient in the dorsal lithotomy position. The society also requests 5 additional minutes of positioning time, for a total of 13 minutes. The additional 5 minutes are needed because an additional IV is placed since anesthesia will not have access to the arms. The arms are carefully wrapped in foam and confirmed to be in a neutral position. The arms are tucked along the side of the

abdomen. Confirmation that IV lines, BP cuff and pulse oximetry are functioning with the arms tucked is required. Confirmation that no compression of nerves in the arms, hands, legs and feet is also performed. The patient is then placed into steep trendelenberg to confirm that there is no compromise to the patient's cardiopulmonary function in this position. Once it is confirmed that steep trendelenberg position is well tolerated, the patient is placed back into a horizontal position. A naso gastric tube is placed to decompress the stomach. The face and eyes are padded or shielded to prevent injury

Intensity
The society is recommending an IWPUT of 0.102 for this new procedure. The society has limited services with 010 day global periods and thus comparison to other major procedures with 010 global periods is difficult. However, they believe this IWPUT is consistent with other major procedures.

This patient has had a prior recent hysterectomy and the physician has to be concerned about injuring bowel and blood vessels while accessing the peritoneal cavity. Techniques such as an open approach (Hasson), or insertion of the verees needle and trocar in the LUQ can be considered. Additional adhesions are universally encountered, including inflammation related to the recent procedure. After development of appropriate spaces, and completion of the lymphadenectomy, one has to bring the omentum into view. Omentectomy is challenging given the course of the transverse colon from the hepatic flexure to the splenic flexure. Attachments to the colon need to be taken down carefully to ensure one does not cause traumatic or thermal injury to the bowel. The lesser sac is eventually entered and then attachments just below the greater curvature of the stomach need to be taken down, vessels sealed and cut. As you get closer to the splenic flexure, one needs to ensure avoidance of the vasculature in the splenic hilum as well as tearing of the splenic capsule. Finally, extraction of the omentum requires a larger incision than typically required for lymph nodes and hence a minilaparatomy is almost always necessary.

Post Operative Visits
The society is requesting two level four office visits for this procedures, supported by survey data.

First Visit: Level 4 Office Visit (99214)
The patient is first seen 1-2 days post-discharge. A detailed history is performed to assess for pain, cardio-pulmonary status, return of bowel function, ileus, nausea and vomiting, bladder function and urinary retention, signs of wound hematoma or seroma, retroperitoneal bleeding, lymphedema of the groin, lower abdomen, perineum, or lower extremities, and assessment for DVTs and nerve damage. Medications are reviewed. A detailed exam including vital signs, neurologic status, skin for hematoma or seroma, lower extremity exam for DVTs, cardio pulmonary exam, exam of perineum for edema and bruising, GI exam for bowel function or hernias and lymphatic exam for lymphedema. Laboratory studies are ordered, reviewed and prescriptions are filled as needed.

Second Visit: Level 4 Office Visit (99214)
The patient is next seen at 7-10 days after the procedure. A detailed history is taken to review pain, bowel and bladder function, vaginal bleeding or discharge, any signs of infection, DVTs, lymphedema, lymphocysts or post-operative complications. Medications are reviewed. Chronic medical conditions are assessed for changes in the post op period. A detailed exam is performed including general appearance, vital signs, cardiopulmonary exam, GI exam for bowel function and hernias, skin to assess for infection, lymphatic exam to assess for edema of groins, lower abdomen and external genitalia. An assessment for hematoma formation, seroma and lymphocyst formation is performed. Pathology is reviewed and timing for therapy is addressed. Prescriptions are filled as needed.

Recommendation
The specialty society is recommending 24.00 work RVUs for this new procedure with a total time of 377 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 38572 and 49329

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 Gynecology/Oncology How often? Commonly

Specialty Obstetrics/Gynecology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 7000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty GynecologyOncology Frequency 5950 Percentage 85.00 %

Specialty ObstetricsGynecology Frequency 1050 Percentage 15.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate that 40% of the ovarian cancers are in the Medicare population. However, given the utilization of the unlisted code 49329, under current reporting mechanisms only roughly 1,000 could be current reported.

Specialty GynecologyOncology Frequency 2380 Percentage 85.00 %

Specialty ObstetricsGynecology Frequency 420 Percentage 15.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:

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. 58548

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	38573	**# of Respondents:**	65
Survey Code Descriptor:	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling peritoneal washings, peritoneal biopsy(s), omentectomy, and diaphragmatic washings, including biopsy(s) when performed		

Top Ref Code:	38572	**# of Respondents:**	33	**% of Respondents:**	51%
Top Ref Code Descriptor:	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple				

	Survey Code Compared to Top Ref Code				
	Survey Code is:				
Overall Intensity and Complexity:	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
	0%	0%	3%	69%	28%

		Less	Identical	More
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	0%	17%	83%
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0%	19%	81%
	Urgency of medical decision making	0%	42%	58%
Technical Skill:		0%	8%	92%
Physical Effort:		0%	8%	92%
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	0%	19%	81%
	Outcome depends on the skill and judgment of physician	0%	19%	81%
	Estimated risk of malpractice suite with poor outcome	0%	36%	64%

SS Rec Summary

ISSUE: Lymphadenectomy

TAB: 9

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11
1st REF	38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple	33	0.082			15.60			321	40	15	15			120			30						1.0		1	1			
2nd REF	58548	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	20	0.089			31.63			565	60	11	5			240			45				1	2	1.0		1	2			
CURRENT	38572	*Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node*		0.082			15.60			321	40	15	15			120			30						1.0		1	1			
CURRENT	49329	*Unlisted laparoscopy procedure, abdomen, peritoneum and omentum*		#DIV/0!			0.00			0																				
SVY	38573	*Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling peritoneal washings, peritoneal biopsy(s), omentectomy, and diaphragmatic washings, including biopsy(s) when performed*	65	0.085	15.60	20.00	24.00	32.00	55.20	483	80	20	15	90	120	180	210	300	30				1		1.0		2				
REC				0.083			20.00			360	40	13	15			180			30						0.5		1	1			

CPT Code: 38573
Specialty Society('s): ACOG

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling peritoneal washings, peritoneal biopsy(s), omentectomy, and diaphragmatic washings, including biopsy(s) when performed

(Do not report 38573 in conjunction with 38562, 38564, 38570, 38571, 38572, 38589, 38770, 38780, 49255, 49320, 49326, 58541, 58542, 58543, 58544, 58548, 58550, 58552, 58553, 58554)

Global Period: 010 **Meeting Date:** October 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

ACOG convened a workgroup consisting of their CPT/RUC committee members and SGO representatives. The workgroup developed these practice expense recommendations based on the physician survey results, the clinical aspects of the procedure and standard PE committee inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

We included CPT Code 38572 as a PE reference code. It was chosen as the key reference service on the physician work survey and includes similar direct practice expense inputs as the newly created service.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are requesting "Extensive use of Clinical Staff" for this 010 service. This procedure is typically performed to complete surgical staging of an unexpected cancer diagnosis and the timing of the procedure in relation to the antecedent operation is very short. Services with 010 global periods do not typically include a service of this intensity. Clinical staff is intimately involved with explanation to all stakeholders regarding this procedure. Clinical staff is involved with patient education as well as a new cancer diagnosis and the need for complete staging of the malignancy. The teaching for anticoagulation needs and preoperative prophylactic therapy associated with a cancer and a second pelvic operation is more robust. Management of medical co-morbidities associated with this procedure are complex and time-intensive.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Complete pre-service diagnostic and referral forms (5)
Clinical staff is utilized for explanation of need for the second operation to stakeholders (i.e. insurance carrier nurse) during a prior global period.

Coordinate pre-surgery services/review test/exam results (10)
Obtain pathology reports from referring clinical team and any other consulting pathology services. Obtain slides, if needed, for physician review. Obtain initial operative report to determine extent of gross pathology for surgical-procedure planning.

Schedule space and equipment in facility (5)
Standard scheduling protocols with additional notification of possible need for post-operative ICU care.

Provide pre-service education/obtain consent (7)
Standard consent with additional education for a new cancer diagnosis and explanation of need for complete surgical staging. Additional education for DVT prophylaxis, bowel prep, and comorbidity management with a second operation. Review of supplements and medications is critical with use of DVT prophylaxis.

PRE phone calls & prescriptions (3)
Anticoagulation prophylaxis and preoperative antibiotics for bowel prep.

Intra-Service Clinical Labor Activities

Standard Discharge Management (12)

Post-Service Clinical Labor Time

Post-Operative day 3 office visit (99214) to evaluate postoperative progress reviewing bowel, bladder, lymphatic, neurologic sequelae as well as DVT surveillance, seroma development and routine wound evaluation of multiple incisions. History involves multiple system discussion and physical exam includes vulvar and vaginal exam for seroma development in addition to routine post-operative evaluation of multiple systems.

Post-Operative day 10 office visit (99214) to evaluate postoperative progress reviewing bowel, bladder, lymphatic, neurologic sequelae as well as DVT surveillance, seroma development and routine wound evaluation of multiple incisions. History involves multiple system discussion and physical exam includes vulvar and vaginal exam for seroma development in addition to routine post-operative evaluation of multiple systems.

	A	B	C	D	E	F	G
1	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**REFERENCE CODE**		**RECOMMENDATIONS**	
2	**AT MEETING**			**38572**		**38573**	
3	**REVISED** **Meeting Date: October 2016** **Tab: 9 Lymphadenectomy** **Specialty: ACOG**	**CMS Code**	**Staff Type**	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple		Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling peritoneal washings, peritoneal biopsy(s), omentectomy, and diaphragmatic washings, including biopsy(s) when performed	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**
6	**TOTAL CLINICAL LABOR TIME**			**0**	**131**	**0**	**125**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0**	**30**	**0**	**30**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0**	**12**	**0**	**6**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0**	**89**	**0**	**89**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		5		5
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		10		10
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		5		5
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		7		7
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		3		3
17	Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available						
22	Obtain vital signs						
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies						
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Other Clinical Activity - specify:						
28	**Intra-service**						
29	Assist physician in performing procedure						
30	**Post-Service**						
31	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4						
32	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1						
33	Clean room/equipment by physician staff						
34	Clean Scope						
35	Clean Surgical Instrument Package						
36	Complete diagnostic forms, lab & X-ray requisitions						
37	Review/read X-ray, lab, and pathology reports						
38	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
39	Other Clinical Activity - *specify:*						
40	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a	6
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA	n/a	12	n/a	
42	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a	
43	**End: Patient leaves office**						

	A	B	C	D	E	F	G
1	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			REFERENCE CODE		RECOMMENDATIONS	
2	**AT MEETING**			**38572**		**38573**	
3	**REVISED** **Meeting Date: October 2016** **Tab: 9 Lymphadenectomy** **Specialty: ACOG**	**CMS Code**	**Staff Type**	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple		Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling peritoneal washings, peritoneal biopsy(s), omentectomy, and diaphragmatic washings, including biopsy(s) when performed	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**010**	**010**
44	**POST-SERVICE Period**						
45	**Start: Patient leaves office/facility**						
46	Conduct phone calls/call in prescriptions						
47	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
48	99211 16 minutes		16				
49	99212 27 minutes		27				
50	99213 36 minutes		36		1		1
51	99214 53 minutes		53		1		1
52	99215 63 minutes		63				
53	**Total Office Visit Time**			**0**	**89**	**0**	**89**
54	Other Clinical Activity - *specify:*						
55	**End: with last office visit before end of global period**						
56	**MEDICAL SUPPLIES***	**CODE**	**UNIT**				
57	pack, minimum multi-specialty visit	SA048	pack		2		2
58	kit, suture removal	SA031	kit		1		1
59	drape, non-sterile, sheet 40X60	SB006	item		1		2
60	pelvic exam pack	SA051	pack				1
61							
62							
63	**EQUIPMENT**	**CODE**					
64	light, surgical	EF014			36		
65	table, power	EF031			89		89
66	light, exam	EQ168					89
67	light, fiberoptic headlight w-source	EQ170			53		
68							

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2024

Transurethral Robotic-assisted Resection of Prostate – Tab 07

In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 0421T via the high-volume Category III codes screen with Medicare utilization over 1,000. The RAW requested an action plan for the September 2023 RUC meeting to determine if a Category I code should be created. In September 2023, the RAW recommended that this service be referred to the CPT Editorial Panel. In May 2024, the CPT Editorial Panel created a new Category I code to report transurethral robotic-assisted waterjet resection of the prostate, including ultrasound guidance. The existing Category III code and related parentheticals were deleted. The code family was surveyed for the September 2024 RUC meeting.

52500 ***Transurethral resection of bladder neck (separate procedure)***
The RUC reviewed the survey results from 57 urologists and determined that the survey 25th percentile work RVU of 6.00 appropriately accounts for the work required to perform this service. The RUC recommends 25 minutes pre-service evaluation time, 7 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 30 minutes intra-service time, 15 minutes immediate post-service time, 0.5-99238, 1-99214 and 1-99213, which totals 169 total minutes. The pre-service positioning time was increased from the pre-service time package of 3 minutes to 7 minutes as indicated by the survey respondents to account for placing the patient in the dorsal-lithotomy position. The RUC noted some variability of the pre-service positioning and scrub/dress/wait time across this family of codes but maintained the standard not to exceed times as indicated by the survey respondents.

This service is typically performed in the hospital setting. However, most patients are discharged on the same day, thus a half discharge day management visit is appropriate. The survey respondents indicated two post-operative office visits are necessary following this procedure. The RUC agreed with the specialty societies that the two post-operative office visit levels are one 99213 and one 99214. During the 99214 post-operative office visit, issues of moderate complexity, including the management of chronic illness with progression or side effects of treatment are addressed. The urinary catheter is removed. Typically following catheter removal, patients will develop urinary incontinence as their external urethral sphincter becomes solely responsible for the maintenance of continence following the opening up of the prostate or bladder neck. Patients also will typically have significant dysuria requiring significant counseling that this is a normal and expected outcome, secondary to the destruction or removal of prostate adenoma. The physician also discusses interventions of moderate risk, including prescription drug management. Prescription drug management is required to discuss and offer patients medications, including anticholinergic or beta-3 agonist medications to help limit post-operative symptoms within the 90-day global period. During the 99213 post-operative office visit, the physician will again discuss prescription drugs, change doses, and address side effects. However, the decision-making complexity is low with the management of a stable chronic illness.

This procedure is a resection of the bladder neck that requires the surgeon to work in a narrow space between the trigone of the bladder and the ureteral orifices and the hypertrophied bladder neck to relieve the patient's urinary obstruction. A cystoscope is inserted into the bladder through the

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penis and an electrical current is typically used to resect the hypertrophied bladder neck to relieve the patient's obstructive symptoms. Significant care must be taken to ensure the ureters are not injured, and to ensure that the bladder neck, while resected, is also preserved, and not perforated. Following the conclusion of the resection, care must be taken to ensure all tissue chips and blood clots are removed from the bladder to avoid obstruction of the urinary catheter.

The RUC compared the surveyed code to the top key reference code 53854 *Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy* (work RVU = 5.93, 25 minutes intra-service time and 137 minutes total time) and determined that these services require similar physician work and time to perform and are valued appropriately relative to one another. The RUC compared the surveyed code to the second top key reference service 57240 *Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed* (work RVU = 10.08, 60 minutes intra-service time and 211 minutes total time) and determined that the surveyed service requires less physician work and time to perform and thus is appropriately valued lower. For additional support, the RUC referenced MPC code 54530 *Orchiectomy, radical, for tumor; inguinal approach* (work RVU = 8.46, 30 minutes intra-service time and minutes 246.5 minutes total time), which requires more total time, thus valued higher. The RUC determined that the survey 25th percentile work value of 6.00 appropriately places CPT code 52500 relative to other services in the Medicare Physician Payment Schedule (MFS) based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 6.00 for CPT code 52500.**

52597 ***Transurethral robotic-assisted waterjet resection of prostate, including intraoperative planning, ultrasound guidance, control of postoperative bleeding, complete, including vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy, when performed***

The RUC reviewed the survey results from 50 urologists and determined that the survey 25th percentile work RVU of 10.25 appropriately accounts for the work required to perform this service. The RUC recommends 32 minutes pre-service evaluation time, 10 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 60 minutes intra-service time, 40 minutes immediate post-service time, 0.5-99238, 1-99214 and 1-99213, which totals 234 minutes. The pre-service positioning time was increased from the pre-service time package of 3 minutes to 10 minutes as indicated by the survey respondents to account for placing the patient in the dorsal-lithotomy position and positioning of the robotic arm and the transrectal ultrasound.

This service is typically performed in the hospital setting. Survey respondents indicated, and the RUC concurred, that an overnight stay and same-day post-operative hospital visit are typical. The RUC confirmed that the immediate post-service time of 40 minutes appropriately accounts for the immediate care of the patient (20 minutes), as well as the post-operative care for the patient within the next 23 hours (20 minutes). As per CMS' policy for 23-hour stay hospital outpatient services, the 20 minutes is derived from the intra-service time of the post-operative hospital visit that is typically performed on the same day. The survey respondents indicated that they perform a 99232 hospital visit and the RUC determined that the time should be captured in the immediate post-service time.

The survey respondents indicated that two post-operative office visits are necessary following this procedure. The RUC agreed with the specialty societies that the two post-operative office visits levels are one 99213 and one 99214. During the 99214 post-operative office, visit issues of moderate complexity, including the management of chronic illness with progression or side effects of treatment are addressed. The urinary catheter is

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removed. Typically following catheter removal, patients will develop urinary incontinence as their external urethral sphincter becomes solely responsible for the maintenance of continence following the opening up of the prostate or bladder neck. Patients also will typically have significant dysuria requiring significant counseling that this is a normal and expected outcome, secondary to the destruction or removal of prostate adenoma. The physician also discusses interventions of moderate risk, including prescription drug management. Prescription drug management is required to discuss and offer patients medications, including anticholinergic or beta-3 agonist medications to help limit post-operative symptoms within the 90-day global period. During the 99213 post-operative office visit, the physician will again discuss prescription drugs, change doses, and address side effects. However, the decision-making complexity is low with the management of a stable chronic illness.

This procedure requires precise ultrasound mapping of the contour of the prostate to ensure adequate waterjet resection without perforation of the prostate capsule, undermining of the bladder neck, or damage to the external urethral sphincter. Real-time ultrasound guidance is used throughout the robotic ablation process to ensure procedural success and patient safety. Following the conclusion of the waterjet resection, care must be taken to ensure adequate hemostasis using a resectoscope and cautery. All tissue chips and blood clots must be removed from the bladder, or the catheter will become obstructed causing discomfort and potential bladder perforation.

To support the survey 25th percentile work RVU of 10.25, the RUC compared the surveyed code to MPC codes 57240 *Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed* (work RVU = 10.08, 60 minutes intra-service time and 211 minutes total time) and 57250 *Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy* (work RVU = 10.08, 60 minutes intra-service time and 211 minutes total time), noting that these services all require the same intra-service time of 60 minutes and similar physician work.

For additional support, the RUC referenced MPC codes 54530 *Orchiectomy, radical, for tumor; inguinal approach* (work RVU = 8.46, 30 minutes intra-service time and minutes 246.5 minutes total time) and 54437 *Repair of traumatic corporeal tear(s)* (work RVU = 11.50, 60 minutes intra-service time and 264 minutes total time), which brackets the surveyed code. The RUC determined that the survey 25th percentile work value of 10.25 appropriately places CPT code 52597 relative to other services in the MFS based on time, work, intensity, and complexity**. The RUC recommends a work RVU of 10.25 for CPT code 52597.**

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)***
The RUC reviewed the survey results from 60 urologists and determined that the survey 25th percentile work RVU of 10.00 appropriately accounts for the work required to perform this service. The RUC recommends 26 minutes pre-service evaluation time, 7 minutes pre-service positioning time, 7 minutes pre-service scrub/dress/wait time, 60 minutes intra-service time, 40 minutes immediate post-service time, 0.5-99238, 1-99214 and 1-99213, which totals 222 minutes. The pre-service positioning time was increased from the pre-service time package of 3 minutes to 7 minutes as indicated by the survey respondents to account for placing the patient in the dorsal-lithotomy position. The RUC noted some variability of the pre-service positioning and scrub/dress/wait time across this family of codes, however maintained the standard not to exceed times as indicated by the survey respondents.

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This service is typically performed in the hospital setting. Survey respondents indicated, and the RUC concurred, that an overnight stay and same-day post-operative hospital visit are typical. The RUC confirmed that the immediate post-service time of 40 minutes appropriately accounts for the immediate care of the patient (20 minutes) as well as the post-operative care for the patient within the next 23 hours (20 minutes). As per CMS' policy for 23-hour stay hospital outpatient services, the 20 minutes is derived from the intra-service time of the post-operative hospital visit that is typically performed on the same day. The survey respondents indicated that they perform a 99232 hospital visit and the RUC determined that the time should be captured in the immediate post-service time.

The survey respondents indicated that two post-operative office visits are necessary following this procedure. The RUC agreed with the specialty societies that the two post-operative office visits levels are one 99213 and one 99214. During the 99214 post-operative office visit, issues of moderate complexity, including the management of chronic illness with progression or side effects of treatment are addressed. The urinary catheter is removed. Typically following catheter removal, patients will develop urinary incontinence as their external urethral sphincter becomes solely responsible for the maintenance of continence following the opening up of the prostate or bladder neck. Patients also will typically have significant dysuria requiring significant counseling that this is a normal and expected outcome, secondary to the destruction or removal of prostate adenoma. The physician also discusses interventions of moderate risk, including prescription drug management. Prescription drug management is required to discuss and offer patients medications, including anticholinergic or beta-3 agonist medications to help limit post-operative symptoms within the 90-day global period. During the 99213 post-operative office visit, the physician will again discuss prescription drugs, change doses, and address side effects. However, the decision-making complexity is low with the management of a stable chronic illness.

This procedure is intense throughout as the prostatic urethra sits between the trigone of the bladder and the external urethral sphincter. Care must be taken to prevent damage to the external sphincter, which can result in significant stress urinary incontinence, and prevent damage to the trigone of the bladder and the ureters. Care must also be taken to preserve the bladder neck as undermining of the bladder neck can lead to significant complications including urinary extravasation. Following the conclusion of the resection, care must be taken to ensure all tissue chips are removed from the bladder or the catheter will become obstructed causing discomfort and potential bladder perforation.

To support the survey 25th percentile work RVU of 10.00, the RUC compared the surveyed code to MPC codes 57240 *Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed* (work RVU = 10.08, 60 minutes intra-service time and 211 minutes total time) and 57250 *Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy* (work RVU = 10.08, 60 minutes intra-service time and 211 minutes total time), noting that these services all require the same intra-service time of 60 minutes and similar physician work. The RUC noted that 52601 also requires the same intra-service time and similar physician work as the 52597 in this family of services and should be valued similarly.

For additional support, the RUC referenced MPC codes 54530 *Orchiectomy, radical, for tumor; inguinal approach* (work RVU = 8.46, 30 minutes intra-service time and minutes 246.5 minutes total time) and 54437 *Repair of traumatic corporeal tear(s)* (work RVU = 11.50, 60 minutes intra-service time and 264 minutes total time) and determined that together these services bracket the surveyed code. The RUC determined that the survey 25th percentile work value of 10.00 appropriately places CPT code 52601 relative to other services in the MFS based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 10.00 for CPT code 52601.**

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I=New code s=Revised code :=Add-on code H=Modifier 51 exempt *=Telemedicine X=Audio-only ~=FDA approval pending #=Resequenced code **f**=Family Code **e**=Editorial **D**=Deleted

52630 ***Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)***
The RUC reviewed the survey results from 60 urologists and determined that given that there is no compelling evidence to indicate there has been a recent change in physician work, the RUC recommends maintaining the current work RVU of 6.55 for this service. The RUC recommends 26 minutes pre-service evaluation time, 7 minutes pre-service positioning time, 7 minutes pre-service scrub/dress/wait time, 50 minutes intra-service time, 40 minutes immediate post-service time, 0.5-99238, 1-99214 and 1-99213, which totals 212 minutes. The pre-service positioning time was increased from the pre-service time package of 3 minutes to 7 minutes as indicated by the survey respondents to account for placing the patient in the dorsal-lithotomy position. The RUC noted some variability of the pre-service positioning and scrub/dress/wait time across this family of codes, however maintained the standard not to exceed times as indicated by the survey respondents.

This service is typically performed in the hospital setting. Survey respondents indicated, and the RUC concurred, that an overnight stay and same-day post-operative hospital visit are typical. The RUC confirmed that the immediate post-service time of 40 minutes appropriately accounts for the immediate care of the patient (20 minutes) as well as the post-operative care for the patient within the next 23 hours (20 minutes). As per CMS' policy for 23-hour stay hospital outpatient services, the 20 minutes is derived from the intra-service time of the post-operative hospital visit that is typically performed on the same day. The survey respondents indicated that they perform a 99232 hospital visit and the RUC determined that the time should be captured in the immediate post-service time.

The survey respondents indicated that two post-operative office visits are necessary following this procedure. The RUC agreed with the specialty societies that the two post-operative office visits levels are one 99213 and one 99214. During the 99214 post-operative office visit, issues of moderate complexity, including the management of chronic illness with progression or side effects of treatment are addressed. The urinary catheter is removed. Typically following catheter removal, patients will develop urinary incontinence as their external urethral sphincter becomes solely responsible for the maintenance of continence following the opening up of the prostate or bladder neck. Patients also will typically have significant dysuria requiring significant counseling that this is a normal and expected outcome, secondary to the destruction or removal of prostate adenoma. The physician also discusses interventions of moderate risk, including prescription drug management. Prescription drug management is required to discuss and offer patients medications, including anticholinergic or beta-3 agonist medications to help limit post-operative symptoms within the 90-day global period. During the 99213 post-operative office visit, the physician will again discuss prescription drugs, change doses, and address side effects. However, the decision-making complexity is low with the management of a stable chronic illness.

The specialty societies indicated that the 10-minute decrease in intra-service time is most likely due to the diffusion of improved resection technology for completing transurethral resection of the prostate adding validity to the survey information. During the 50 minutes of intra-service, the intensity is the same throughout the procedure. A cystoscope is inserted into the bladder through the penis and an electrical current is used to resect residual or regrown prostate tissue following prior procedural intervention to relieve the patient's obstruction. This procedure typically is more intense, though performed in a shorter period of time due to the re-operative nature of the procedure. While less tissue typically has to be removed, the prostate does not regrow in a smooth or normal expected anatomic way following prior procedural intervention, and the surgeon must be careful to correctly identify regrown tissue compared to bladder, locate the ureters, and ensure that the resection performed safely to relieve the obstruction. Furthermore, the proliferation of bladder outlet procedure technologies has increased the complexity for the typical patient undergoing this re-operative restriction.

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The RUC compared the surveyed code to the top key reference code 53854 *Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy* (work RVU = 5.93, 25 minutes intra-service time and 137 minutes total time) and determined the surveyed code requires twice as much intra-service time and more physician work to resect the residual or regrowth of obstructive prostate tissue, including vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy, thus should be valued higher.

For additional support, the RUC compared the surveyed code to MPC codes 26113 *Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater* (work RVU = 7.13, 58 minutes intra-service time and 214 minutes total time) and 54530 *Orchiectomy, radical, for tumor; inguinal approach* (work RVU = 8.46, 30 minutes intra-service time and minutes 246.5 minutes total time) and determined that the current work value of 6.55 appropriately places CPT code 52630 relative to other services in the MFS based on time, work, intensity and complexity. **The RUC recommends a work RVU of 6.55 for CPT code 52630.**

52647 ***Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/ or dilation, and internal urethrotomy are included if performed)***
The specialty societies noted that the utilization of CPT code 52647 has always been low and continues to decline, with only 90 claims in the 2022 Medicare data. Additionally, the specialty society understands that the manufacturer of the device for laser coagulation of the prostate, which is used in services reported by CPT code 52647, is no longer making the necessary device. Given the low volume of 52647, the code could not be surveyed and properly valued within the code family. Therefore, AUA submitted a code change application (CCA) requesting the deletion of CPT code 52647 which was considered at the September 2024 CPT Editorial Panel meeting. **The CPT Editorial Panel approved the request to delete CPT code 52647 for CPT 2026.**

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)***
The RUC reviewed the survey results from 47 urologists and determined that the survey 25th percentile work RVU of 10.05 appropriately accounts for the work required to perform this service. The RUC recommends 32 minutes pre-service evaluation time, 7 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 60 minutes intra-service time, 35 minutes immediate post-service time, 0.5-99238, 1-99214 and 1-99213, which totals 226 minutes. The pre-service positioning time was increased from the pre-service time package of 3 minutes to 7 minutes as indicated by the survey respondents to account for placing the patient in the dorsal-lithotomy position. The RUC noted some variability of the pre-service positioning and scrub/dress/wait time across this family of codes, however maintained the standard not to exceed times as indicated by the survey respondents.

This service is typically performed in the hospital setting. Survey respondents indicated, and the RUC concurred, that an overnight stay and same-day post-operative hospital visit are typical. The RUC confirmed that the immediate post-service time of 35 minutes appropriately accounts for the immediate care of the patient (15 minutes) as well as the post-operative care for the patient within the next 23 hours (20 minutes). As per CMS' policy for 23-hour stay hospital outpatient services, the 20 minutes is derived from the intra-service time of the post-operative hospital visit that is typically performed on the same day.

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The targeted survey respondents indicated that two post-operative office visits are necessary following this procedure. The RUC agreed with the specialty societies that the two post-operative office visits levels are one 99213 and one 99214. During the 99214 post-operative office visit, issues of moderate complexity, including the management of chronic illness with progression or side effects of treatment are addressed. The urinary catheter is removed. Typically following catheter removal, patients will develop urinary incontinence as their external urethral sphincter becomes solely responsible for the maintenance of continence following the opening up of the prostate or bladder neck. Patients also will typically have significant dysuria requiring significant counseling that this is a normal and expected outcome, secondary to the destruction or removal of prostate adenoma. The physician also discusses interventions of moderate risk, including prescription drug management. Prescription drug management is required to discuss and offer patients medications, including anticholinergic or beta-3 agonist medications to help limit post-operative symptoms within the 90-day global period. During the 99213 post-operative office visit, the physician will again discuss prescription drugs, change doses, and address side effects. However, the decision-making complexity is low with the management of a stable chronic illness.

To complete this procedure, a cystoscope is inserted into the bladder through the penis and laser energy is used to vaporize the enlarged, obstructing prostate, to relieve the patient's urinary obstruction. The laser is also used to achieve appropriate hemostasis at the conclusion of vaporization. CPT code 52648 involves the prostatic urethra, which sits between the trigone of the bladder and the external urethral sphincter. Care must be taken throughout laser vaporization to prevent damage to the external sphincter, which can result in significant stress urinary incontinence, and prevent damage to the trigone of the bladder and the ureters. Care must also be taken to preserve the bladder neck as undermining the bladder neck can lead to significant complications including urinary extravasation. Following the conclusion of the resection, care must be taken to ensure all tissue chips and blood clots are removed from the bladder or the catheter will become obstructed causing discomfort and potential bladder perforation. CPT code 52648 uses laser vaporization, which is a different technology than that used to perform CPT codes 52601 and 52597, however, ultimately the physician work is the same.

To support the survey 25th percentile work RVU of 10.05, the RUC compared the surveyed code to MPC codes 57240 *Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed* (work RVU = 10.08, 60 minutes intra-service time and 211 minutes total time) and 57250 *Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy* (work RVU = 10.08, 60 minutes intra-service time and 211 minutes total time), noting that these services all require the same intra-service time of 60 minutes and similar physician work. The RUC noted that 52648 also requires the same intra-service time and similar physician work as codes 52597 and 52601 in this family of services and should be valued similarly.

For additional support, the RUC referenced MPC codes 50590 *Lithotripsy, extracorporeal shock wave* (work RVU = 9.77, 60 minutes intra-service time and 207 minutes total time) and 54437 *Repair of traumatic corporeal tear(s)* (work RVU = 11.50, 60 minutes intra-service time and 264 minutes total time) and determined that together these services appropriately bracket the surveyed code. The RUC determined that the survey 25th percentile work value of 10.05 appropriately places CPT code 52648 relative to other services in the MFS based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 10.05 for CPT code 52648.**

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52649 ***Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)***
The RUC reviewed the survey results from 30 urologists and determined maintaining the current work RVU of 14.56 appropriately accounts for the work required to perform this service. The RUC recommends 36 minutes pre-service evaluation time, 10 minutes pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 90 minutes intra-service time, 40 minutes immediate post-service time, 0.5-99238, 1-99214 and 1-99213, which totals 263 minutes. The pre-service positioning time was increased from the pre-service time package of 3 minutes to 10 minutes as indicated by the survey respondents to account for placing the patient in the dorsal-lithotomy position. The RUC noted some variability of the pre-service positioning and scrub/dress/wait time across this family of codes, however maintained the standard not to exceed times as indicated by the survey respondents.

This service is typically performed in the hospital setting. Survey respondents indicated, and the RUC concurred, that an overnight stay and same-day post-operative hospital visit are typical. The RUC confirmed that the immediate post-service time of 40 minutes appropriately accounts for the immediate care of the patient (20 minutes) as well as the post-operative care for the patient within the next 23 hours (20 minutes). As per CMS' policy for 23-hour stay hospital outpatient services, the 20 minutes is derived from the intra-service time of the post-operative hospital visit that is typically performed on the same day. The survey respondents indicated that they perform a 99232 hospital visit and the RUC determined that the time should be captured in the immediate post-service time.

The random survey respondents indicated that two post-operative office visits are necessary following this procedure. The RUC agreed with the specialty societies that the two post-operative office visits levels are one 99213 and one 99214. During the 99214 post-operative office visit, issues of moderate complexity, including the management of chronic illness with progression or side effects of treatment are addressed. The urinary catheter is removed. Typically following catheter removal, patients will develop urinary incontinence as their external urethral sphincter becomes solely responsible for the maintenance of continence following the opening up of the prostate or bladder neck. Patients also will typically have significant dysuria requiring significant counseling that this is a normal and expected outcome, secondary to the destruction or removal of prostate adenoma. The physician also discusses interventions of moderate risk, including prescription drug management. Prescription drug management is required to discuss and offer patients medications, including anticholinergic or beta-3 agonist medications to help limit post-operative symptoms within the 90-day global period. During the 99213 post-operative office visit, the physician will again discuss prescription drugs, change doses, and address side effects. However, the decision-making complexity is low with the management of a stable chronic illness.

The specialty societies indicated that the 30-minute decrease in intra-service time from when this was last surveyed in 2010 has likely occurred due to the diffusion of skilled surgeons performing this procedure nationally. Utilization of this code has increased substantially over the past ten years as increasing surgeon skill has allowed for the treatment of larger prostate glands with laser enucleation of the prostate. Studies have demonstrated improved voiding outcomes for patients with prostates greater than 100 grams undergoing laser enucleation compared to other bladder outlet procedure options. The increase in the typical prostate being treated with laser enucleation has led to a significant increase in procedural intensity.

CPT code 52649 involves laser enucleation to remove a majority of the patient's prostate adenoma from the inside out, as opposed to the other procedures in this family. For this service, the surgeon introduces a cystoscope with a laser bridge through the penis and makes an incision in the prostate adenoma using the laser. The laser is then used to continue this incision between the prostate capsule and the adenoma to the level of the

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prostatic capsule of the apex. The surgeon then carefully works towards the base of the prostate, enucleating the adenoma, and slowly dissecting it away from the capsule, pushing it into the bladder. Following the enucleation of the adenoma, a morcellator is introduced to the cystoscope, and the adenoma is morcellated within the bladder. Significant care must be taken throughout enucleation to prevent damage to the external sphincter, the bladder neck, and the ureters. Significant care must be taken during morcellation to prevent damage to the bladder from the morcellation process.

Care must also be taken to avoid perforating the capsule posteriorly and damaging the rectum, as the planes are quite challenging to see, especially with large prostate adenomas. Compared to the other procedures included in this family of codes, the concern for rectal injury caused by posterior perforation of the capsule is significantly higher, due to the inside-out approach that occurs with laser enucleation of the prostate. This approach does allow a greater amount of prostate tissue to be removed but significantly increases the difficulty and intensity required to perform CPT code 52649 compared to the other codes within this family. Therefore, the RUC believes the current value of 14.56 appropriately values this service using magnitude estimation compared to services within this family.

The RUC compared the surveyed code to the top key reference code 55821 *Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages* (work RVU = 15.18, 120 minutes intra-service time and 315 minutes total time) and noted that half of the survey respondents who chose this key reference service indicated that the surveyed code was more to much more intense and complex to perform overall. The RUC determined that these services require similar physician work to perform, thus, should be valued similarly.

For additional support, the RUC referenced MPC codes 53440 *Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)* (work RVU = 13.36, 90 minutes intra-service time and 248 minutes total time), which requires less intensity to perform than the surveyed code and 19303 *Mastectomy, simple, complete* (work RVU = 15.00, 90 minutes intra-service time and minutes 283 minutes total time) and determined that these services appropriately bracket the surveyed code. The RUC determined that the current work value of 14.56 appropriately places CPT code 52649 relative to other services in the MFS based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 14.56 for CPT code 52649.**

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made no modifications to the standard 090-day global inputs. **The RUC recommends the direct practice expense inputs as submitted by the specialty society.**

New Technology/New Services List
CPT code 52597 will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.

Work Neutrality
The RUC's recommendation for these codes will result in overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Urinary System** **Bladder** **Vesical Neck and Prostate** ...				
(f)52500	I1	Transurethral resection of bladder neck (separate procedure)	090	6.00 (2024 Work RVU = 8.14)
●52597	I2	Transurethral robotic-assisted waterjet resection of prostate, including intraoperative planning, ultrasound guidance, control of postoperative bleeding, complete, including vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy, when performed (Do not report 52597 in conjunction with 52500, 52601, 52630, 76872)	090	10.25
(f)52601	I3	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) (For transurethral waterjet ablation of prostate, use 52597~~0421T~~) (For other approaches, see 55801-55845) (52612, 52614, 52620 have been deleted. For first stage transurethral partial resection of prostate, use 52601. For second stage partial resection of prostate, use 52601 with modifier 58. For transurethral resection of residual or regrowth of obstructive prostate tissue, use 52630)	090	10.00 (2024 Work RVU = 13.16)

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(f)52630	I4	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) (For resection of residual prostate tissue performed within the postoperative period of a related procedure performed by the same physician, append modifier 78) (For transurethral waterjet ablation of prostate, use 52597~~0421T~~)	090	6.55 (No Change) (2024 Work RVU = 6.55)
(f)52647	I5	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/ or dilation, and internal urethrotomy are included if performed)	090	Deleted at Sept 2024 CPT Editorial Panel Meeting for CPT 2026 (2024 Work RVU = 11.30)
(f)52648	I6	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)	090	10.05 (2024 Work RVU = 12.15)
(f)52649	I7	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed) (Do not report 52649 in conjunction with 52000, 52276, 52281, 52601, 52647, 52648, 53020, 55250)	090	14.56 (No Change) (2024 Work RVU = 14.56)
... **Radiology** **Diagnostic Ultrasound** **Genitalia** *76872* *Ultrasound, transrectal*				

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(Do not report 76872 in conjunction with 45341, 45342, 45391, 45392, 46948, 52597, ~~0421T~~ 0619T)

Category III Codes

~~0421T~~ ~~Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)~~

~~(Do not report 0421T in conjunction with 52500, 52630, 76872)~~

(0421T has been deleted)

(For transurethral robotic-assisted waterjet resection of prostate, use 52597)

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American Urological Association

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August 26, 2024

Ezequiel Silva III, MD
Chair, AMA / Specialty Society Relative Value Update Committee
AMA Department of Physician Payment Policy and Systems
330 North Wabash, Office 45-372
Chicago, IL 60611
Attention: Susan Clark and Sherry Smith

Re: CPT code 52647

Dear Ms. Susan Clark and Ms. Smith,

The American Urological Association (AUA) is preparing survey recommendations for Tab 7, Transurethral Robotic-assisted Resection of Prostate, including CPT codes 52500, 52XX1, 52601, 52630, 52647, 52648, and 52649 for consideration at the September 2024 RUC panel meeting. When preparing for the survey, we realized that utilization for a code in the family to be surveyed was very low. Utilization for CPT code 52647 as captured in the current RUC database shows decreasing usage of this procedure over the last fifteen years, from a high of 3,590 services in 2008 to only 90 services in 2023. It is our understanding that the company Indigo, the manufacturer of the device for laser coagulation of the prostate, which is used in services reported by CPT code 52647, is no longer making the necessary device. Given the low volume of 52647, the code could not be surveyed and properly valued within the code family. Therefore, AUA has submitted a code change application (CCA) requesting the deletion of CPT code 52647 for consideration at the September 2024 CPT meeting.

Should you have any questions about this issue, please contact Justice Hempfield at Jhempfield@auanet.org. Thank you for your consideration. We look forward to collaborating with you on these important issues.

Sincerely,

Jonathan Kiechle, MD
RUC Advisor and Presenter for the American Urological Association

Headquarters

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AUA 2025
APRIL 26-29 Las Vegas
AUAnet.org/AnnualMeeting

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:52500 Tracking Number I1 Original Specialty Recommended RVU: **6.00**
Presented Recommended RVU: **6.00**
Global Period: 090 Current Work RVU: **8.14** RUC Recommended RVU: **6.00**

CPT Descriptor: Transurethral resection of bladder neck (separate procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old man has an American Urological Association (AUA) symptom index of 29/35. Prior medical treatment with both finasteride and alpha blockers was unsuccessful in improving his urinary symptoms. Peak urinary flow rate is 3 ml/sec, cystometrogram is normal. Cystoscopy reveals a small prostate with a tight, hypertrophied, bladder neck.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 52.63% , In the ASC 43.86%, In the office 3.51%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 73.33% , Overnight stay-less than 24 hours 23.33% , Overnight stay-more than 24 hours 3.33%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Select and order the appropriate antibiotic(s). Confirm timing and administration. Review results of previous testing and imaging. Review preoperative laboratory tests including urinalysis and urine culture. Review the planned procedure and postoperative management with the patient and family/caregiver. Review and obtain informed consent. Review the length and type of anesthesia with the anesthesiologist. Verify availability of all required instruments and supplies. Check video equipment for white balance. Provide assistance in placing patient in dorsal lithotomy position. Prepare and drape the penis and perineal area. Scrub and gown. Perform a surgical time out with the operating surgical team and anesthesia team.

Description of Intra-Service Work: Place the resectoscope per urethra to the bladder. Perform full cystoscopy to evaluate the bladder for any abnormalities and to identify anatomic landmarks including the ureteral orifices. The hypertrophied bladder neck is identified. The electrocautery loop and handpiece are introduced through the resectoscope sheath. Full circumferential resection of the bladder neck is performed to relieve the urinary obstruction. Following resection all bleeding vessels are cauterized. The bladder is irrigated with the Ellick evacuator to remove blood clots and tissue chips. Cystoscopy is repeated to ensure complete evacuation of all resected tissue and confirm lack of injury to the ureteral orifices and external urethral sphincter. The resectoscope is removed. Three way catheter is placed and continuous bladder irrigation is initiated.

Description of Post-Service Work: Remove drapes and assist with transitioning the patient from dorsal lithotomy to supine position. Write a brief operative note. Monitor patient stabilization in the recovery room. Post-operative orders are written and the procedure and expected care are reviewed with the recovery room nursing staff including the need to titrate continuous bladder irrigation. The procedure, expected outcome, planned postoperative care in the hospital, and expected outpatient follow-up are discussed with the patient's family. The procedure is discussed with the patient in the recovery room when awake. A postoperative pain assessment is conducted, and proper drainage of the catheter is ensured. Dictate an operative report and complete medical record documentation. During office visits, examine the patient. Check vital signs and inspect urine drainage from the catheter. Prior to removal of the Foley catheter, fill the bladder with 250 ml of sterile saline with a Toomey syringe. then remove the urinary catheter. Check a post-void residual volume. Answer questions

from the patient and/or family. Discuss remaining or new urinary symptoms including the likelihood of dysuria following catheter removal. Discuss possible medication adjustments for any new or residual urinary symptoms. Schedule the next office visit. Mark the appropriate diagnosis and CPT code on the encounter form. Dictate patient progress notes for the office medical record and a letter to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Dr. Jonathan Kiechle, Dr. Seth Cohen					
Specialty Society(ies):	AUA					
CPT Code:	52500					
Sample Size:	2500	**Resp N:**	57			
Description of Sample:	AUA surveyed a total of 2,000 of its members and 500 experts from the vendor approved list.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**4.00**	6.00	400.00
Survey RVW:	3.50	6.00	**8.00**	10.00	15.50
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**7.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	10.00	20.00	**30.00**	40.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	52500	**Recommended Physician Work RVU: 6.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**7.00**	**3.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**28.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	63.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
53854	090	5.93	**RUC Time**

CPT Descriptor Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
57240	090	10.08	**RUC Time**

CPT Descriptor Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54530	090	8.46	**RUC Time**	1,012

CPT Descriptor 1 Orchiectomy, radical, for tumor; inguinal approach

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50590	090	9.77	**RUC Time**	41,182

CPT Descriptor 2 Lithotripsy, extracorporeal shock wave

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 30 **% of respondents:** 52.63 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 7.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 52500	Top Key Reference CPT Code: 53854	2nd Key Reference CPT Code: **57240**
Median Pre-Service Time	42.00	28.00	56.00
Median Intra-Service Time	30.00	25.00	60.00
Median Immediate Post-service Time	15.00	15.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	0.00	19.00
Median Office Visit Time	63.0	69.00	46.00
Median Total Time	**169.00**	**137.00**	**211.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	7%	27%	40%	23%	3%

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	47%	23%	30%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	37%	40%	23%
Physical effort required	27%	40%	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	33%	43%	24%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	25%	25%	50%	0%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	25%	50%	25%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	50%	25%	25%
Physical effort required	50%	25%	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	25%	75%	0%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
52500 was included in the family of codes for endoscopic management of bladder outlet obstruction. The family was identified for re-evaluation due to the creation of the new category I code 52597.

Recommendation:
We are recommending the survey 25th percentile RVW of 6.00. We had a strong survey with 57 respondents with a median experience of 4 procedures. Median intraservice time was 30 minutes, a 15 minute decrease compared to the prior survey of this code in 2010. This decrease in time has likely occurred due to improved cystoscopic technology for completing bladder neck resection adding validity to the survey information. During the 30 minutes of intra-service time however the procedure is quite intense as resection of the bladder neck requires the surgeon to work in a narrow space between the trigone of the bladder and the ureteral orifices and the hypertrophied bladder neck. Significant care must be taken throughout the entirety of the resection to ensure the ureters are not injured. Following conclusion of the resection, care

must be taken to ensure all tissue chips are removed from the bladder or the catheter will become obstructed causing discomfort and potential bladder perforation.

We are recommending median intraservice time of 30 minutes and a total time of 169 minutes with a half day discharge day. The survey did recommend two level three post-operative visits in the 90 day global period. We are recommending one level 4 visit and one level 3 visit. During the post-operative period, prescription medication management typically takes places as pre-operative bladder outlet medications will be stopped and new medications for bladder overactivity and/or dysuria are often prescribed. The side effects of treatment of the patient's chronic illness which has been managed surgically are discussed and managed.

A database search demonstrates 16 RUC reviewed codes with a 090 day global reviewed since 2014 with an intra-service time between 25 and 35 minutes. 52500 with an RVW of 6.00, intra-service time of 30 minutes and total time of 169 minutes would fit well within this portion of the fee schedule with an RVW range of 3.91-12.13.

Pre-time package 3 and Post-time package 8b are selected. Evaluation time and scrub, dress, wait time are reduced to be consistent with the survey median. The positioning time was increased as the patient will be positioning in dorsal-lithotomy. Post-time is reduced to be consistent with the survey.

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) 52500

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 UROLOGY How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 4,000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on current claims data.

Specialty Urology Frequency 4,000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,334
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

Specialty Urology Frequency 2334 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Turp

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 52500

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:52597 Tracking Number I2 Original Specialty Recommended RVU: **10.25**
Presented Recommended RVU: **10.25**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **10.25**

CPT Descriptor: Transurethral robotic-assisted waterjet resection of prostate, including intraoperative planning, ultrasound guidance, control of postoperative bleeding, complete, including vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy, when performed (Do not report 52597 in conjunction with 52500, 52601, 52630, 76872)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male presents with worsening obstructive, lower urinary tract symptoms while on medical therapy with alpha blockers and five-alpha reductase inhibitors. Digital rectal examination reveals a smooth 100-gram prostate without nodularity. The patient elects to proceed with transurethral robotic-assisted waterjet resection of the prostate.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 96% , In the ASC 4%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 18% , Overnight stay-less than 24 hours 60% , Overnight stay-more than 24 hours 21.83%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 94.87%

Description of Pre-Service Work: Select and order the appropriate antibiotic(s). Confirm timing and administration. Review results of previous testing and imaging. Review preoperative laboratory tests including urinalysis and urine culture. Review the planned procedure and postoperative management with the patient and family/caregiver. Review and obtain informed consent. Review the length and type of anesthesia with the anesthesiologist. Verify availability of all required instruments and supplies. Check video equipment for white balance. Prime the water ablation tubing. Provide assistance in placing patient in dorsal lithotomy position. Ensure the robotic arms are appropriately attached to the surgical table. Prepare and drape the penis and perineal area. Scrub and gown. Perform a surgical time out with the operating surgical team and anesthesia team.

Description of Intra-Service Work: Ultrasound gel is injected per rectum using the toomey syringe. The ultrasound is placed into the patient's rectum after attached the device to the stepper unit. Multi-planar images of the prostate and bladder are obtained to identify critical structures inlcuding the prostatic capsule, bladder neck and prostatic apex. Prostate volume measurements are obtained. The water ablation handpiece is inserted per urethra under direct vision. Pancystoscopy is performed to evaluate the bladder for any abnormalities. The water ablation handpiece is secured to the robotic articulating arm. Appropriate alignment of the handpiece and ultrasound images are confirmed by direct vision and ultrasound imaging. Test water jets from the handpiece are utilized to verify alignment of the robotic water jet. Treatment zones are planned using real time transrectal ultrasound to align treatment zones with patient's prostatic anatomy. Contouring is performed using 5 individual zonal locators throught the robotic software. The bladder neck zone is carefully mapped out as this area is treated with 120 degrees of ablation instead of 165 degrees for other treatment zones. The verumontanum protection zone is also carefully mapped out for preservation. Ablation of the prostate gland is initiated at the bladder neck. The surgeon carefully monitors the ablation zone with ultrasound imaging throughout ablation. At the level of the bladder neck care is taken to ensure undermining of the bladder neck and subsequent extaravsation of urine does not occur. Pump pressures are monitored and increased or decreased as necessary throughout ablation to open the urinary channel without

perforating the capsule. The suction is carefully monitored to ensure that no tissue occludes the water evacuation system during ablation as this can lead to bladder perforation. After completion of the first treatment pass, repeat ultrasound images are used and treatment plan adjustments are made. The robotic water-jet is again aligned at the bladder neck and second pass treatment is initiated. Second pass treatment is again monitored in real time to ensure adeqaute ablation on ultrasound imaging without undermining or perforation. The robotic waterjet handpiece is removed. Resectoscope is placed per urethra and bipolar cautery is used to achieve adequate hemostasis. Ellick evacuator is used to remove and remaining clot or tissue fragments. A catheter is placed and continuous bladder irrigation is initiated.

Description of Post-Service Work: Remove drapes and assist with transitioning the patient from dorsal lithotomy to supine position. Write a brief operative note. Monitor patient stabilization in the recovery room. Post-operative orders are written and the procedure and expected care are reviewed with the recovery room nursing staff including the need to titrate continuous bladder irrigation. The procedure, expected outcome, planned postoperative care in the hospital, and expected outpatient follow-up are discussed with the patient's family. The procedure is discussed with the patient in the recovery room when awake. A postoperative pain assessment is conducted, and proper drainage of the catheter is ensured. Dictate an operative report and complete medical record documentation. After discharge of the patient from the recovery area, the patient is examined, and any postoperative laboratory test results are assessed. Postoperative pain assessment is conducted, and the catheter is hand irrigated to remove any accumulated blood clots. The need for continued catheter traction or continued continuous bladder irrigation is determined. Patient hospital medical record notes, such as nursing, pharmacy, and discharge planning, are reviewed. Patient and family questions are answered. Nurses questions are answered. Any additional orders are written. A progress note is prepared for the medical record. On the day of discharge, the patient is examined. Review all patient hospital medical records and answer questions from patient and/or family. Write orders for postdischarge care and prescriptions for postoperative medications. Discuss postoperative care of the catheter with patient and/or family. Dictate a detailed hospital discharge summary. During office visits, examine the patient. Check vital signs and inspect urine drainage from the catheter. Prior to removal of the Foley catheter, fill the bladder with 250 ml of sterile saline with a Toomey syringe. then remove the urinary catheter. Check a post-void residual volume. Answer questions from the patient and/or family. Discuss remaining or new urinary symptoms including the likelihood of dysuria following catheter removal. Discuss possible medication adjustments for any new or residual urinary symptoms. Schedule the next office visit. Mark the appropriate diagnosis and CPT code on the encounter form. Dictate patient progress notes for the office medical record and a letter to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Dr. Jonathan Kiechle, Dr. Seth Cohen					
Specialty Society(ies):	AUA					
CPT Code:	52597					
Sample Size:	2500	**Resp N:**	50			
Description of Sample:	AUA surveyed a total of 2,000 of its members and 500 experts from the vendor approved list.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**20.00**	40.00	101.00
Survey RVW:	3.50	10.25	**15.00**	17.55	24.00
Pre-Service Evaluation Time:			**32.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	1.00	45.00	**60.00**	89.00	180.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	52597	**Recommended Physician Work RVU: 10.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**32.00**	**33.00**	**-1.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**40.00**	**33.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	63.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
55880	090	17.73	**RUC Time**

CPT Descriptor Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
53854	090	5.93	**RUC Time**

CPT Descriptor Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy

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
54530	090	8.46	**RUC Time**	1,012

CPT Descriptor 1 Orchiectomy, radical, for tumor; inguinal approach

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
53445	090	13.00	**RUC Time**	1,959

CPT Descriptor 2 Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 **% of respondents:** 38.0 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 24.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 52597	Top Key Reference CPT Code: 55880	2nd Key Reference CPT Code: **53854**
Median Pre-Service Time	52.00	58.00	28.00
Median Intra-Service Time	60.00	180.00	25.00
Median Immediate Post-service Time	40.00	30.00	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	19.0	19.00	0.00
Median Office Visit Time	63.0	86.00	69.00
Median Total Time	**234.00**	**373.00**	**137.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	32%	37%	31%

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	5%	37%	58%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	11%	37%	52%
Physical effort required	16%	26%	58%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	5%	21%	74%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	8%	25%	33%	17%	17%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	33%	25%	42%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	42%	8%	50%
Physical effort required	33%	25%	42%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	50%	8%	42%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
52597 is a new category I code that describes transurethral robotic-assisted waterjet resection of prostate, including intraoperative planning, ultrasound guidance. This new category I code replaces the prior category III code 0421T.

Recommendation:
We are recommending the survey 25th percentile RVW of 10.25. We had a strong survey with 50 respondents with a median experience of 20 procedures. Median intraservice time was 60 minutes. The procedure involves careful mapping of the contour of the prostate to ensure adequate waterjet resection without perforation of the prostate capsule, undermining of the bladder neck, or damage to the external urethral sphincter. Real time ultrasound guidance is used throughout the robotic ablation process to ensure procedural success and patient safety. Following conclusion of the waterjet resection, care must be taken to ensure adequate hemostasis using a resectoscope and cautery. All tissue chips and blood clots must be removed from the bladder or the catheter will become obstructed causing discomfort and potential bladder perforation.

We are recommending median intraservice time of 60 minutes and a total time of 234 minutes with a half day discharge day. Immediate post-service time was increased by twenty minutes for same-day evaluation and management services. The survey did recommend two level three post-operative visits in the 90 day global period. We are recommending one level 4 visit and one level 3 visit. During the post-operative period, prescription medication management typically takes places as pre-operative bladder outlet medications will be stopped and new medications for bladder overactivity and/or dysuria are typically prescribed. The side effects of treatment of the patient's chronic illness which has been managed surgically are discussed and managed.

A database search demonstrates 30 RUC reviewed codes with a 090 day global reviewed since 2014 with an intra-service time between 55 and 65 minutes. 52597 with an RVW of 10.25, intra-service time of 60 minutes and total time of 234 minutes fits well within this portion of the fee schedule with an overall RVW range of 3.04-14.84.

Pre-time package 3 and Post-time package 9B are selected. Evaluation time and scrub, dress, wait time are reduced to be consistent with the survey median. The positioning time was increased as the patient will be positioning in dorsal-lithotomy. Post-times are reduced based on survey results.

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) Category III code 0421T

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 UROLOGY How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 7,000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Urology Frequency 7000 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 5,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Urology Frequency 5000 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Turp

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. 52601

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:52601 Tracking Number I3 Original Specialty Recommended RVU: **10.00**
Presented Recommended RVU: **10.00**
Global Period: 090 Current Work RVU: **13.16** RUC Recommended RVU: **10.00**

CPT Descriptor: Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
(For transurethral waterjet ablation of prostate, use 52597)
(For other approaches, see 55801-55845) (52612, 52614, 52620 have been deleted. For first stage transurethral partial resection of prostate, use 52601. For second stage partial resection of prostate, use 52601 with modifier 58. For transurethral resection of residual or regrowth of obstructive prostate tissue, use 52630)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 78-year-old male presents with urinary retention and wears a urinary catheter. He has failed alpha-blocker and 5-alpha-reductase inhibitor therapy. Digital rectal exam reveals a 65-gram prostate. The patient elects to have a transurethral resection of the prostate (TURP).

Percentage of Survey Respondents who found Vignette to be Typical: 96.67%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 91.67% , In the ASC 8.33%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 20% , Overnight stay-less than 24 hours 72.73% , Overnight stay-more than 24 hours 7.27%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 86.36%

Description of Pre-Service Work: Select and order the appropriate antibiotic(s). Confirm timing and administration. Review results of previous testing and imaging. Review preoperative laboratory tests including urinalysis and urine culture. Review the planned procedure and postoperative management with the patient and family/caregiver. Review and obtain informed consent. Review the length and type of anesthesia with the anesthesiologist. Verify availability of all required instruments and supplies. Check video equipment for white balance. Provide assistance in placing patient in dorsal lithotomy position. Prepare and drape the penis and perineal area. Scrub and gown. Perform a surgical time out with the operating surgical team and anesthesia team.

Description of Intra-Service Work: The resectoscope is used to enter the bladder per urethra. Perform full cystoscopy to evaluate the bladder for any abnormalities and to identify anatomic landmarks including the ureteral orifices. The prostatic anatomy is carefully evaluated including the presence of a median lobe and the location of the verumontanum. The cutting loop is introduced through the scope. Resection is begun the midline to begin opening a channel and improve flow of irrigation through the scope. If a median lobe is present, the median lobe is resected taking care to avoid the ureteral orifices. Resection continues of the bilateral lateral lobes to completely open a wide channel into the bladder through the prostatic urethra. The external urinary sphincter is carefully preserved. Following vaporization all bleeding vessels are cauterized. The bladder is irrigated with the Ellick evacuator to remove blood clots and any tissue chips. Cystoscopy is repeated to ensure complete evacuation of all resected tissue and confirm lack of injury to the ureteral orifices and external urethral sphincter. The resectoscope is removed. Three way catheter is placed and continuous bladder irrigation is initiated.

Description of Post-Service Work: Remove drapes and assist with transitioning the patient from dorsal lithotomy to supine position. Write a brief operative note. Monitor patient stabilization in the recovery room. Post-operative orders are written and the procedure and expected care are reviewed with the recovery room nursing staff including the need to titrate

continuous bladder irrigation. The procedure, expected outcome, planned postoperative care in the hospital, and expected outpatient follow-up are discussed with the patient's family. The procedure is discussed with the patient in the recovery room when awake. A postoperative pain assessment is conducted, and proper drainage of the catheter is ensured. Dictate an operative report and complete medical record documentation. After discharge of the patient from the recovery area, the patient is examined, and any postoperative laboratory test results are assessed. Postoperative pain assessment is conducted, and the catheter is hand irrigated to remove any accumulated blood clots. The need for continued catheter traction or continued continuous bladder irrigation is determined. Patient hospital medical record notes, such as nursing, pharmacy, and discharge planning, are reviewed. Patient and family questions are answered. Nurses questions are answered. Any additional orders are written. A progress note is prepared for the medical record. On the day of discharge, the patient is examined. Review all patient hospital medical records and answer questions from patient and/or family. Write orders for postdischarge care and prescriptions for postoperative medications. Discuss postoperative care of the catheter with patient and/or family. Dictate a detailed hospital discharge summary. During office visits, examine the patient. Check vital signs and inspect urine drainage from the catheter. Prior to removal of the Foley catheter, fill the bladder with 250 ml of sterile saline with a Toomey syringe. then remove the urinary catheter. Check a post-void residual volume. Answer questions from the patient and/or family. Discuss remaining or new urinary symptoms including the likelihood of dysuria following catheter removal. Discuss possible medication adjustments for any new or residual urinary symptoms. Schedule the next office visit. Mark the appropriate diagnosis and CPT code on the encounter form. Dictate patient progress notes for the office medical record and a letter to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024		
Presenter(s):	Dr. Jonathan Kiechle, Dr. Seth Cohen		
Specialty Society(ies):	AUA		
CPT Code:	52601		
Sample Size:	2500	**Resp N:**	60
Description of Sample:	AUA surveyed a total of 2,000 of its members and 500 experts from the vendor approved list.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	10.00	**16.00**	30.00	117.00
Survey RVW:	5.00	10.00	**12.46**	14.85	21.00
Pre-Service Evaluation Time:			**26.00**		
Pre-Service Positioning Time:			**7.00**		
Pre-Service Scrub, Dress, Wait Time:			**7.00**		
Intra-Service Time:	15.00	45.00	**60.00**	72.00	180.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	52601	**Recommended Physician Work RVU: 10.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**26.00**	**33.00**	**-7.00**
Pre-Service Positioning Time:		**7.00**	**3.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**7.00**	**15.00**	**-8.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**40.00**	**33.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	63.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
53440	090	13.36	**Other**

CPT Descriptor Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
53854	090	5.93	**RUC Time**

CPT Descriptor Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy

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
54530	090	8.46	**RUC Time**	1,012

CPT Descriptor 1 Orchiectomy, radical, for tumor; inguinal approach

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54437	090	11.50	**RUC Time**	44

CPT Descriptor 2 Repair of traumatic corporeal tear(s)

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: 12 **% of respondents:** 20.0 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 15.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 52601	Top Key Reference CPT Code: 53440	2nd Key Reference CPT Code: **53854**
Median Pre-Service Time	40.00	55.00	28.00
Median Intra-Service Time	60.00	90.00	25.00
Median Immediate Post-service Time	40.00	22.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	19.00	0.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	63.0	62.00	69.00
Median Total Time	**222.00**	**248.00**	**137.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	33%	67%	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	8%	75%	17%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	75%	17%
Physical effort required	8%	92%	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	8%	56%	36%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	11%	33%	44%	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	11%	44%	45%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	22%	22%	56%
Physical effort required	11%	56%	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	22%	33%	45%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
52601 was included in the family of codes for endoscopic management of bladder outlet obstruction. The family was identified for re-evaluation due to the creation of the new category I code 52597.

Recommendation:
We are recommending the survey 25th percentile RVW of 10.00. We had a strong survey with 60 respondents with a median experience of 16 procedures. Median intraservice time was 60 minutes, a 15 minute decrease compared to the prior survey of this code in 2016. This decrease in time has likely occurred due to the diffusion of improved resection technology for completing transurethral resection of the prostate adding validity to the survey information. During the 60 minutes of intra-service time however the procedure is intense throughout as the prostatic urethra sits between the trigone of the bladder and the external urethral sphincter. Care must be taken to prevent damage to the external sphincter- which can result in significant stress urinary incontinence, and prevent damage to the trigone of the bladder and the ureters. Care must also be taken to preserve the bladder neck as undermining of the bladder neck can lead to significant complications including urinary

extravasation. Following conclusion of the resection, care must be taken to ensure all tissue chips are removed from the bladder or the catheter will become obstructed causing discomfort and potential bladder perforation.

We are recommending median intraservice time of 60 minutes and a total time of 222 minutes with a half day discharge day. Immediate post-service time was increased by twenty minutes for same-day evaluation and management services. The survey did recommend two level three post-operative visits in the 90 day global period. We are recommending one level 4 visit and one level 3 visit. During the post-operative period, prescription medication management typically takes places as pre-operative bladder outlet medications will be stopped and new medications for bladder overactivity and/or dysuria are typically prescribed. The side effects of treatment of the patient's chronic illness which has been managed surgically are discussed and managed.

A database search demonstrates 30 RUC reviewed codes with a 090 day global reviewed since 2014 with an intra-service time between 55 and 65 minutes. 52601 with an RVW of 10.00, intra-service time of 60 minutes and total time of 222 minutes would fit well within this portion of the fee schedule with an overall RVW range of 3.04-14.84.

Pre-time package 3 and post-time package 9B are selected. Evaluation time and scrub, dress, wait time are reduced to be consistent with the survey median. The positioning time was increased as the patient will be positioning in dorsal-lithotomy. Post-time is reduced based on the survey.

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) 52601

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 UROLOGY How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 50,000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Urology Frequency 50,000 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 39,607 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 claims data

Specialty Urology Frequency 39607 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:

BETOS Sub-classification Level II:

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 52601

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:52630 Tracking Number I4 Original Specialty Recommended RVU: **6.55**
Presented Recommended RVU: **6.55**
Global Period: 090 Current Work RVU: **6.55** RUC Recommended RVU: **6.55**

CPT Descriptor: Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) (For resection of residual prostate tissue performed within the postoperative period of a related procedure performed by the same physician, append modifier 78) (For transurethral waterjet ablation of prostate, use 52597).

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 78 year old man 18 years post transurethral resection of the prostate (TURP) has developed significant obstructive voiding symptoms. In spite of 5 alpha reductase inhibitors, at cystoscopy the patient was found to have marked prostatic regrowth. He has elected transurethral resection of re-growth of prostate tissue.

Percentage of Survey Respondents who found Vignette to be Typical: 98.33%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 76% , In the ASC 23.33%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 28.26% , Overnight stay-less than 24 hours 71.74% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 81.82%

Description of Pre-Service Work: Select and order the appropriate antibiotic(s). Confirm timing and administration. Review results of previous testing and imaging. Review preoperative laboratory tests including urinalysis and urine culture. Review the planned procedure and postoperative management with the patient and family/caregiver. Review and obtain informed consent. Review the length and type of anesthesia with the anesthesiologist. Verify availability of all required instruments and supplies. Check video equipment for white balance. Provide assistance in placing patient in dorsal lithotomy position. Prepare and drape the penis and perineal area. Scrub and gown. Perform a surgical time out with the operating surgical team and anesthesia team.

Description of Intra-Service Work: The resectoscope is used to enter the bladder per urethra. Perform full cystoscopy to evaluate the bladder for any abnormalities and to identify anatomic landmarks including the ureteral orifices. The prostatic anatomy is carefully evaluated including the presence of a median lobe and the location of the verumontanum. The cutting loop is introduced through the scope. Resection is begun the midline to begin opening a channel and improve flow of irrigation through the scope. If a median lobe is present, the median lobe is resected taking care to avoid the ureteral orifices. Resection continues of regrown tissue to completely open a wide channel into the bladder through the prostatic urethra. The external urinary sphincter is carefully preserved. Following vaporization all bleeding vessels are cauterized. The bladder is irrigated with the Ellick evacuator to remove blood clots and any tissue chips. Cystoscopy is repeated to ensure complete evacuation of all resected tissue and confirm lack of injury to the ureteral orifices and external urethral sphincter. The resectoscope is removed. Three way catheter is placed and continuous bladder irrigation is initiated.

Description of Post-Service Work: Remove drapes and assist with transitioning the patient from dorsal lithotomy to supine position. Write a brief operative note. Monitor patient stabilization in the recovery room. Post-operative orders are written and the procedure and expected care are reviewed with the recovery room nursing staff including the need to titrate continuous bladder irrigation. The procedure, expected outcome, planned postoperative care in the hospital, and expected

outpatient follow-up are discussed with the patient's family. The procedure is discussed with the patient in the recovery room when awake. A postoperative pain assessment is conducted, and proper drainage of the catheter is ensured. Dictate an operative report and complete medical record documentation. After discharge of the patient from the recovery area, the patient is examined, and any postoperative laboratory test results are assessed. Postoperative pain assessment is conducted, and the catheter is hand irrigated to remove any accumulated blood clots. The need for continued catheter traction or continued continuous bladder irrigation is determined. Patient hospital medical record notes, such as nursing, pharmacy, and discharge planning, are reviewed. Patient and family questions are answered. Nurses questions are answered. Any additional orders are written. A progress note is prepared for the medical record. On the day of discharge, the patient is examined. Review all patient hospital medical records and answer questions from patient and/or family. Write orders for postdischarge care and prescriptions for postoperative medications. Discuss postoperative care of the catheter with patient and/or family. Dictate a detailed hospital discharge summary. During office visits, examine the patient. Check vital signs and inspect urine drainage from the catheter. Prior to removal of the Foley catheter, fill the bladder with 250 ml of sterile saline with a Toomey syringe. then remove the urinary catheter. Check a post-void residual volume. Answer questions from the patient and/or family. Discuss remaining or new urinary symptoms including the likelihood of dysuria following catheter removal. Discuss possible medication adjustments for any new or residual urinary symptoms. Schedule the next office visit. Mark the appropriate diagnosis and CPT code on the encounter form. Dictate patient progress notes for the office medical record and a letter to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Dr. Jonathan Kiechle, Dr. Seth Cohen					
Specialty Society(ies):	AUA					
CPT Code:	52630					
Sample Size:	2500	**Resp N:**	60			
Description of Sample:	AUA surveyed a total of 2,000 of its members and 500 experts from the vendor approved list.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	3.00	**5.00**	10.00	35.00
Survey RVW:	5.00	8.95	**11.69**	12.63	20.00
Pre-Service Evaluation Time:			**26.00**		
Pre-Service Positioning Time:			**7.00**		
Pre-Service Scrub, Dress, Wait Time:			**7.00**		
Intra-Service Time:	8.00	38.00	**50.00**	60.00	180.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	52630	**Recommended Physician Work RVU: 6.55**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**26.00**	**33.00**	**-7.00**
Pre-Service Positioning Time:		**7.00**	**3.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**7.00**	**15.00**	**-8.00**
Intra-Service Time:		**50.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**40.00**	**33.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	63.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
53854	090	5.93	**RUC Time**

CPT Descriptor Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
53440	090	13.36	**Other**

CPT Descriptor Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)

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
54530	090	8.46	**RUC Time**	1,012

CPT Descriptor 1 Orchiectomy, radical, for tumor; inguinal approach

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50590	090	9.77	**RUC Time**	41,182

CPT Descriptor 2 Lithotripsy, extracorporeal shock wave

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: 12 **% of respondents:** 20.0 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 15.00 **%**

TIME ESTIMATES (Median)

	CPT Code: 52630	Top Key Reference CPT Code: 53854	2nd Key Reference CPT Code: **53440**
Median Pre-Service Time	40.00	28.00	55.00
Median Intra-Service Time	50.00	25.00	90.00
Median Immediate Post-service Time	40.00	15.00	22.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	0.00	19.00
Median Office Visit Time	63.00	69.00	62.00
Median Total Time	**212.00**	**137.00**	**248.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	8%	33%	59%	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	8%	42%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	33%	59%
Physical effort required	0%	50%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	50%	50%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	11%	67%	11%	11%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	22%	67%	11%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	22%	78%	0%
Physical effort required	22%	56%	22%

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	22%	45%	33%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
52630 was included in the family of codes for endoscopic management of bladder outlet obstruction. The family was identified for re-evaluation due to the creation of the new category I code 52597.

Recommendation:
We are recommending maintaining the current value of 6.55 for 52630 which is below the survey 25th percentile RVW of 8.95. We had a strong survey with 60 respondents with a median experience of 5 procedures. Median intraservice time was 50 minutes, a 10 minute decrease compared to the prior survey of this code in 2010. This decrease in time has likely occurred due to the diffusion of improved resection technology for completing transurethral resection of the prostate adding validity to the survey information. During the 50 minutes of intra-service time however the procedure is intense throughout as the prostatic urethra sits between the trigone of the bladder and the external urethral sphincter. Care must be taken to prevent damage to the external sphincter- which can result in significant stress urinary incontinence, and prevent damage to the trigone of the bladder and the ureters. Care must also be taken to preserve the bladder neck as undermining of the bladder neck can lead to significant complications including urinary extravasation. Following conclusion of the resection,

care must be taken to ensure all tissue chips are removed from the bladder or the catheter will become obstructed causing discomfort and potential bladder perforation.

We are recommending median intraservice time of 50 minutes and a total time of 212 minutes with a half day discharge day. Immediate post-service time was increased by twenty minutes for same-day evaluation and management services. We are also recommending one level 4 visit and one level 3 visit. During the post-operative period, prescription medication management typically takes places as pre-operative bladder outlet medications will be stopped and new medications for bladder overactivity and/or dysuria are typically prescribed. The side effects of treatment of the patient's chronic illness which has been managed surgically are discussed and managed.

A database search demonstrates 21 RUC reviewed codes with a 090 day global reviewed since 2014 with an intra-service time between 45 and 55 minutes. 52630 with an RVW of 6.55, intra-service time of 50 minutes and total time of 212 minutes would be the second lowest value code within this portion of the fee schedule that has an overall RVW range of 5.42-14.00.

Pre-time package 3 and post-time package 9B are selected. Evaluation time and scrub, dress, wait time are reduced to be consistent with the survey median. The positioning time was increased as the patient will be positioning in dorsal-lithotomy. Post-time is reduced to be consistent with survey results.

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) 52630

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 UROLOGY How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 7,500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on current claims data.

Specialty Urology Frequency 7,500 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4,929
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 claims data.

Specialty Urology Frequency 4929 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Turp

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 52630

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:52648 Tracking Number I6 Original Specialty Recommended RVU: **10.05**
Presented Recommended RVU: **10.05**
Global Period: 090 Current Work RVU: **12.15** RUC Recommended RVU: **10.05**

CPT Descriptor: 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)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male presents with worsening obstructive, lower urinary tract symptoms while on medical therapy with alpha blockers and five-alpha reductase inhibitors. Digital rectal examination reveals a smooth 100-gram prostate without nodularity. The patient elects to proceed with laser vaporization of the prostate.

Percentage of Survey Respondents who found Vignette to be Typical: 70.21%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 70% , In the ASC 29%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 48% , Overnight stay-less than 24 hours 51% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 76.47%

Description of Pre-Service Work: Select and order the appropriate antibiotic(s). Confirm timing and administration. Review results of previous testing and imaging. Review preoperative laboratory tests including urinalysis and urine culture. Review the planned procedure and postoperative management with the patient and family/caregiver. Review and obtain informed consent. Review the length and type of anesthesia with the anesthesiologist. Verify availability of all required instruments and supplies. Check video equipment for white balance. Provide assistance in placing patient in dorsal lithotomy position. Prepare and drape the penis and perineal area. Scrub and gown. Perform a surgical time out with the operating surgical team and anesthesia team.

Description of Intra-Service Work: The laser resectoscope is used to enter the bladder per urethra. Perform full cystoscopy to evaluate the bladder for any abnormalities and to identify anatomic landmarks including the ureteral orifices. The prostatic anatomy is carefully evaluated including the presence of a median lobe and the location of the verumontanum. The laser is introduced through the scope. Vaporization is begun the midline to begin opening a channel and improve flow of irrigation through the scope. If a median lobe is present, the median lobe is vaporized taking care to avoid the ureteral orifices. Vaporization continues of the bilateral lateral lobes to completely open a wide channel into the bladder through the prostatic urethra. The external urinary sphincter is carefully preserved. Following vaporization all bleeding vessels are cauterized. The bladder is irrigated with the Ellick evacuator to remove blood clots and any tissue chips. Cystoscopy is repeated to ensure complete evacuation of all resected tissue and confirm lack of injury to the ureteral orifices and external urethral sphincter. The resectoscope is removed. Three way catheter is placed and continuous bladder irrigation is initiated.

Description of Post-Service Work: Remove drapes and assist with transitioning the patient from dorsal lithotomy to supine position. Write a brief operative note. Monitor patient stabilization in the recovery room. Post-operative orders are written and the procedure and expected care are reviewed with the recovery room nursing staff including the need to titrate continuous bladder irrigation. The procedure, expected outcome, planned postoperative care in the hospital, and expected outpatient follow-up are discussed with the patient's family. The procedure is discussed with the patient in the recovery room when awake. A postoperative pain assessment is conducted, and proper drainage of the catheter is ensured. Dictate an

operative report and complete medical record documentation. After discharge of the patient from the recovery area, the patient is examined, and any postoperative laboratory test results are assessed. Postoperative pain assessment is conducted, and the catheter is hand irrigated to remove any accumulated blood clots. The need for continued catheter traction or continued continuous bladder irrigation is determined. Patient hospital medical record notes, such as nursing, pharmacy, and discharge planning, are reviewed. Patient and family questions are answered. Nurses questions are answered. Any additional orders are written. A progress note is prepared for the medical record. On the day of discharge, the patient is examined. Review all patient hospital medical records and answer questions from patient and/or family. Write orders for postdischarge care and prescriptions for postoperative medications. Discuss postoperative care of the catheter with patient and/or family. Dictate a detailed hospital discharge summary. During office visits, examine the patient. Check vital signs and inspect urine drainage from the catheter. Prior to removal of the Foley catheter, fill the bladder with 250 ml of sterile saline with a Toomey syringe. then remove the urinary catheter. Check a post-void residual volume. Answer questions from the patient and/or family. Discuss remaining or new urinary symptoms including the likelihood of dysuria following catheter removal. Discuss possible medication adjustments for any new or residual urinary symptoms. Schedule the next office visit. Mark the appropriate diagnosis and CPT code on the encounter form. Dictate patient progress notes for the office medical record and a letter to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Dr. Johnathan Kiechle, Dr. Seth Cohen					
Specialty Society(ies):	AUA					
CPT Code:	52648					
Sample Size:	2500	**Resp N:**	47			
Description of Sample:	AUA surveyed a total of 2,000 of its members and 500 experts from the vendor approved list.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	11.00	50.00
Survey RVW:	5.00	10.05	**12.15**	13.43	20.00
Pre-Service Evaluation Time:			**32.00**		
Pre-Service Positioning Time:			**7.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	8.00	45.00	**60.00**	65.00	180.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	52648	**Recommended Physician Work RVU: 10.05**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**32.00**	**33.00**	**-1.00**
Pre-Service Positioning Time:		**7.00**	**3.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**35.00**	**33.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	63.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
53854	090	5.93	**RUC Time**

CPT Descriptor Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
53440	090	13.36	**Other**

CPT Descriptor Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)

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
50590	090	9.77	**RUC Time**	41,182

CPT Descriptor 1 Lithotripsy, extracorporeal shock wave

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54437	090	11.50	**RUC Time**	44

CPT Descriptor 2 Repair of traumatic corporeal tear(s)

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:** 21.2 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 12.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 52648	Top Key Reference CPT Code: 53854	2nd Key Reference CPT Code: **53440**
Median Pre-Service Time	49.00	28.00	55.00
Median Intra-Service Time	60.00	25.00	90.00
Median Immediate Post-service Time	35.00	15.00	22.00
Median Critical Care Time	0.00	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.00	0.00	19.00
Median Office Visit Time	63.0	69.00	62.00
Median Total Time	**226.00**	**137.00**	**248.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	10%	10%	60%	20%	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	20%	50%	30%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	20%	20%	60%
Physical effort required	10%	40%	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%	70%	20%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	50%	33%	17%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	67%	16%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	50%	50%	0%
Physical effort required	33%	50%	17%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	33%	50%	17%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
52648 was included in the family of codes for endoscopic management of bladder outlet obstruction. The family was identified for re-evaluation due to the creation of the new category I code 52597.

Recommendation:
We are recommending the survey 25th percentile RVW of 10.05. We had a strong survey with 47 respondents with a median experience of 5 procedures. Median intraservice time was 60 minutes, the same intra-service time as the prior survey in 1994. The prostatic urethra sits between the trigone of the bladder and the external urethral sphincter. Care must be taken throughout laser vaporization to prevent damage to the external sphincter- which can result in significant stress urinary incontinence, and prevent damage to the trigone of the bladder and the ureters. Care must also be taken to preserve the bladder neck as undermining of the bladder neck can lead to significant complications including urinary extravasation. Following conclusion of the resection, care must be taken to ensure all tissue chips and blood clots are removed from the bladder or the catheter will become obstructed causing discomfort and potential bladder perforation.

We are recommending median intraservice time of 60 minutes and a total time of 226 minutes with a half day discharge day. Immediate post-service time was increased by twenty minutes for same-day evaluation and management services. The survey did recommend two level three post-operative visits in the 90 day global period. We are recommending one level 4 visit and one level 3 visit. During the post-operative period, prescription medication management typically takes places as pre-operative bladder outlet medications will be stopped and new medications for bladder overactivity and/or dysuria are typically prescribed. The side effects of treatment of the patient's chronic illness which has been managed surgically are discussed and managed.

A database search demonstrates 30 RUC reviewed codes with a 090 day global reviewed since 2014 with an intra-service time between 55 and 65 minutes. 52648 with an RVW of 10.05, intra-service time of 60 minutes and total time of 226 minutes would fit well within this portion of the fee schedule with an overall RVW range of 3.04-14.84.

Pre-time package 3 and Post-time package 9B are selected. Evaluation time and scrub, dress, wait time are reduced to be consistent with the survey median. The positioning time was increased as the patient will be positioning in dorsal-lithotomy. Post-time is reduced mased on survey.

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) 52648

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 UROLOGY How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 25,000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Urology Frequency 25,000 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 14,767 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

Specialty Urology Frequency 14767 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:

BETOS Sub-classification Level II:

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 52648

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:52649 Tracking Number I7 Original Specialty Recommended RVU: **14.93**
Presented Recommended RVU: **14.93**
Global Period: 090 Current Work RVU: **14.56** RUC Recommended RVU: **14.56**

CPT Descriptor: Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed) (Do not report 52649 in conjunction with 52000, 52276, 52281, 52601, 52647, 52648, 53020, 55250)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 63 year-old male with a long history of obstructive voiding symptoms experiences nocturia 5 to 6 times and a poor stream. His American Urological Association (AUA) symptom score is 32. On rectal examination, he is noted to have a markedly enlarged prostate which is smooth and symmetrical. A prostate-specific antigen (PSA) is 3.9 and a transrectal ultrasound reveals a 262 gm prostate. The patient elects laser Enucleation as a definitive treatment for his benign prostatic hyperplasia (BPH).

Percentage of Survey Respondents who found Vignette to be Typical: 83.33%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 96.67% , In the ASC 3.33%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 20% , Overnight stay-less than 24 hours 65.52% , Overnight stay-more than 24 hours 13.79%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 86.96%

Description of Pre-Service Work: Select and order the appropriate antibiotic(s). Confirm timing and administration. Review results of previous testing and imaging. Review preoperative laboratory tests including urinalysis and urine culture. Review the planned procedure and postoperative management with the patient and family/caregiver. Review and obtain informed consent. Review the length and type of anesthesia with the anesthesiologist. Verify availability of all required instruments and supplies. Check video equipment for white balance. Provide assistance in placing patient in dorsal lithotomy position. Prepare and drape the penis and perineal area. Scrub and gown. Perform a surgical time out with the operating surgical team and anesthesia team.

Description of Intra-Service Work: The laser resectoscope is used to enter the bladder per urethra. Perform full cystoscopy to evaluate the bladder for any abnormalities and to identify anatomic landmarks including the ureteral orifices. The prostatic anatomy is carefully evaluated including the presence of a median lobe and the location of the verumontanum. The laser bridge, a 7 French laser stabilizing catheter and a 550 micron end firing holmium laser fiber are utilized. The holmium laser is set at 100 watts for dissection. Inspection of the prostatic urethra reveals a very large prostate with tri-lobar enlargement. Enucleation is begun by making an incision at the 5 o'clock location between the median lobe and left lateral lobe. Dissection is carried down to the capsule and from the bladder neck to the veru montanum. Once the groove has been cut, it is undermined on each side, thereby enucleating each lateral lobe of the prostate, as well as the median lobe. The anterior commissure is then divided at the 12 o'clock location and the anterior lobe dissected free. Hemostasis is achieved by defocusing the laser fiber. The large pieces of prostate tissue are then morcellated and extracted with an Ellik evacuator. Repeat cystoscopy is performed to confirm adequate hemostasis following morcellation. The cystoscope is removed. Three way catheter is placed and continuous bladder irrigation is initiated.

Description of Post-Service Work: Remove drapes and assist with transitioning the patient from dorsal lithotomy to supine position. Write a brief operative note. Monitor patient stabilization in the recovery room. Post-operative orders are written and the procedure and expected care are reviewed with the recovery room nursing staff including the need to titrate continuous bladder irrigation. The procedure, expected outcome, planned postoperative care in the hospital, and expected outpatient follow-up are discussed with the patient's family. The procedure is discussed with the patient in the recovery room when awake. A postoperative pain assessment is conducted, and proper drainage of the catheter is ensured. Dictate an operative report and complete medical record documentation. After discharge of the patient from the recovery area, the patient is examined, and any postoperative laboratory test results are assessed. Postoperative pain assessment is conducted, and the catheter is hand irrigated to remove any accumulated blood clots. The need for continued catheter traction or continued continuous bladder irrigation is determined. Patient hospital medical record notes, such as nursing, pharmacy, and discharge planning, are reviewed. Patient and family questions are answered. Nurses questions are answered. Any additional orders are written. A progress note is prepared for the medical record. On the day of discharge, the patient is examined. Review all patient hospital medical records and answer questions from patient and/or family. Write orders for postdischarge care and prescriptions for postoperative medications. Discuss postoperative care of the catheter with patient and/or family. Dictate a detailed hospital discharge summary. During office visits, examine the patient. Check vital signs and inspect urine drainage from the catheter. Prior to removal of the Foley catheter, fill the bladder with 250 ml of sterile saline with a Toomey syringe. then remove the urinary catheter. Check a post-void residual volume. Answer questions from the patient and/or family. Discuss remaining or new urinary symptoms including the likelihood of dysuria following catheter removal. Discuss possible medication adjustments for any new or residual urinary symptoms. Schedule the next office visit. Mark the appropriate diagnosis and CPT code on the encounter form. Dictate patient progress notes for the office medical record and a letter to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Dr. Jonathan Kiechle, Dr. Seth Cohen					
Specialty Society(ies):	AUA					
CPT Code:	52649					
Sample Size:	2500	**Resp N:**	30			
Description of Sample:	AUA surveyed a total of 2,000 of its members and 500 experts from the vendor approved list.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**1.00**	6.00	150.00	
Survey RVW:	7.50	14.93	**15.20**	17.75	29.00	
Pre-Service Evaluation Time:			**36.00**			
Pre-Service Positioning Time:			**10.00**			
Pre-Service Scrub, Dress, Wait Time:			**5.00**			
Intra-Service Time:	8.00	60.00	**90.00**	120.00	180.00	
Immediate Post Service-Time:	**20.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	52649	**Recommended Physician Work RVU: 14.56**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**36.00**	**33.00**	**3.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**15.00**	**-10.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**40.00**	**33.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	63.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
55821	090	15.18	**RUC Time**

CPT Descriptor Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
55880	090	17.73	**RUC Time**

CPT Descriptor Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance

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
53445	090	13.00	**RUC Time**	1,959

CPT Descriptor 1 Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
53440	090	13.36	**Other**	1,029

CPT Descriptor 2 Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)

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:** 33 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 23.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 52649	Top Key Reference CPT Code: 55821	2nd Key Reference CPT Code: **55880**
Median Pre-Service Time	51.00	46.00	58.00
Median Intra-Service Time	90.00	120.00	180.00
Median Immediate Post-service Time	40.00	25.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	40.00	0.00
Median Discharge Day Management Time	19.0	38.00	19.00
Median Office Visit Time	63.0	46.00	86.00
Median Total Time	**263.00**	**315.00**	**373.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	20%	30%	40%	10%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	60%	30%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	20%	40%	40%
Physical effort required	20%	60%	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	30%	50%	20%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	14%	29%	57%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	14%	86%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	14%	86%
Physical effort required	14%	29%	57%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	43%	57%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
52649 was included in the family of codes for endoscopic management of bladder outlet obstruction. The family was identified for re-evaluation due to the creation of the new category I code 52597.

Recommendation:
We are recommending the survey 25th percentile RVW of 14.93. We had a strong survey with 30 respondents with a median experience of 1 procedures. Median intraservice time was 90 minutes, a 30 minute decrease compared to the prior survey of this code in 2010. This decrease in time has likely occurred due to the diffusion of skilled surgeons performing this procedure nationally. We are recommending an increase in RVW for this code in the family. Utilization of this code has increased substantially over the past ten years as increasing surgeon skill has allowed for the treatment of larger prostate glands with laser enucleation of the prostate. Studies have demonstrated improved voiding outcomes for patients

with prostates greater than 100 grams undergoing laser enucleation compared to other bladder outlet procedure options. The increase in the typical prostate being treated with laser enucleation has led to a significant increase in procedural intensity. The prostatic urethra sits between the trigone of the bladder and the external urethral sphincter. Care must be taken to prevent damage to the external sphincter- which can result in significant stress urinary incontinence, and prevent damage to the trigone of the bladder and the ureters. Care must also be taken to preserve the bladder neck as undermining of the bladder neck can lead to significant complications including urinary extravasation. Care must also be taken to preserve the capsule of the prostate as too deep of an enucleation can lead to rectal injury or anterior pubo-prostatic fistulae. Following conclusion of the enucleation and morcellation, care must be taken to ensure all tissue chips are removed from the bladder or the catheter will become obstructed causing discomfort and potential bladder perforation.

We are recommending median intraservice time of 90 minutes and a total time of 263 minutes with a half day discharge day. Immediate post-service time was increased by twenty minutes for same-day evaluation and management services. The survey did recommend one level three post-operative visits in the 90 day global period. We are recommending one level 4 visit and one level 3 visit consistent with other codes within the family. During the post-operative period, prescription medication management typically takes places as pre-operative bladder outlet medications will be stopped and new medications for bladder overactivity and/or dysuria are typically prescribed. The side effects of treatment of the patient's chronic illness which has been managed surgically are discussed and managed.

A database search demonstrates 21 RUC reviewed codes with a 090 day global reviewed since 2014 with an intra-service time between 85 and 95 minutes. 52649 with an RVW of 14.93, intra-service time of 90 minutes and total time of 263 minutes would fit well within this portion of the fee schedule with an overall RVW range of 9.98-18.54.

Pre-time package 3 and Post-time package 9B are selected. Evaluation time and scrub, dress, wait time are reduced to be consistent with the survey median. The positioning time was increased as the patient will be positioned in dorsal-lithotomy. Post time is reduced based on survey results.

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) 52649

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 UROLOGY How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 12,500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on claims data

Specialty Urology Frequency 12,500 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,122
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 claims data

Specialty Urology Frequency 7122 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Turp

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 52649

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Transurethral Robotic-assisted Resection of Prostate

TAB: 7

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	53854	Transurethral destruction of prostate tissue; by	90	2013	30	0.085	0.043			5.93			137	17	6	5			25			15								3								
2nd REF	57240	Anterior colporrhaphy, repair of cystocele with or without repair	90	2017	4	0.096	0.048			10.08			211	33	8	15			60			30						0.5		2								
CURRENT	52500	Transurethral resection of bladder neck (separate	90	2010		0.058	0.035			8.14			230.5	45	10	15			45			27.5						0.5		3								
SVY	52500	Transurethral resection of bladder neck (separate	90		57	0.164	0.060	3.50	6.00	8.00	10.00	15.50	133	25	7	10	10	20	30	40	90	15								2					0	2	4	6	400
RANDOM	52500	Transurethral resection of bladder neck (separate	90		34	0.138	0.054	3.50	6.00	7.30	10.00	13.36	136	26	7	9	10	21	30	40	55	18								2					0	2	4	6	30
TARGET	52500	Transurethral resection of bladder neck (separate	90		23	0.171	0.062	5.95	7.28	8.00	9.55	15.50	130	25	7	10	15	20	30	33	90	15					1			1					0	1	5	8	400
REC	52500	Transurethral resection of bladder neck (separate procedure)	90			0.059	0.036			6.00			169	25	7	10			30			15						0.5		1	1							

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	55880	Ablation of malignant prostate tissue, transrectal, with high	90	2006	19	0.066	0.048			17.73			373	33	15	10			180			30						0.5		1	2							
2nd REF	53854	Transurethral destruction of prostate tissue; by	90	2013	12	0.085	0.043			5.93			137	17	6	5			25			15								3								
CURRENT						-	-						0																								
SVY	52597	Transurethral robotic-assisted waterjet resection of prostate,	90		50	0.149	0.059	3.50	10.25	15.00	17.55	24.00	256	32	10	10	1	45	60	89	180	20				1		1.0		2					0	5	20	40	101
RANDOM	52597	Transurethral robotic-assisted waterjet resection of prostate,	90		25	0.151	0.058	3.50	8.90	15.25	17.00	2.00	262	30	10	10	1	45	60	80	180	28				1		1.0		2					0	0	15	5	50
TARGET	52597	Transurethral robotic-assisted waterjet resection of prostate,	90		25	0.149	0.059	9.00	13.00	15.00	17.73	24.00	256	32	10	10	30	45	60	90	120	20				1		1.0		2					3	10	25	50	101
REC	52597	Transurethral robotic-assisted waterjet resection of prostate,	90			0.087	0.044			10.25			234	32	10	10			60			40						0.5		1	1							

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	53440	Sling operation for correction of male urinary incontinence (eg,	90	2010	12	0.098	0.054			13.36			248	33	7	15			90			22						0.5		2	1							
2nd REF	53854	Transurethral destruction of prostate tissue; by	90	2013	9	0.085	0.043			5.93			137	17	6	5			25			15								3								
CURRENT	52601	Transurethral electrosurgical resection of prostate, including	90	2016		0.114	0.056			13.16			236	33	8	10			75			45						0.5		2								
SVY	52601	Transurethral electrosurgical resection of prostate, including	90		60	0.110	0.051	5.00	10.00	12.46	14.85	21.00	244	26	7	7	15	45	60	72	180	20				1		1.0		2					2	10	16	30	117
RANDOM	52601	Transurethral electrosurgical resection of prostate, including	90		36	0.106	0.049	5.00	9.84	12.41	14.85	17.00	252	27	8	7	15	54	60	80	180	26				1		1.0		2					2	10	15	30	100
TARGET	52601	Transurethral electrosurgical resection of prostate, including	90		24	0.119	0.053	5.93	11.75	12.70	14.66	21.00	241	28	7	9	30	44	58	70	100	15				1		1.0		2					2	10	20	30	117
REC	52601	Transurethral electrosurgical resection of prostate, including	90			0.087	0.045			10.00			222	26	7	7			60			40						0.5		1	1							

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	X	Y	Z	AA	AB	AC	AD	AF	AG	AH	AI	AJ	AK	AL	AM	AN
4					RUC			Work Per	RVW					Total	PRE-TIME			INTRA-TIME						IMMD	FAC-inpt or obs/disch							Office				SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	14	13	12	11	MIN	25th	MED	75th	MAX
34					RUC			Work Per	RVW					Total	PRE-TIME			INTRA-TIME						IMMD	FAC-inpt or obs/disch							Office				SURVEY EXPERIENCE				
35	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	14	13	12	11	MIN	25th	MED	75th	MAX
36	1st REF	53854	Transurethral destruction of prostate tissue; by	90	2013	12	0.085	0.043			5.93			137	17	6	5			25			15								3								
37	2nd REF	53440	Sling operation for correction of male urinary incontinence (eg,	90	2010	9	0.098	0.054			13.36			248	33	7	15			90			22						0.5		2	1							
38	CURRENT	52630	Transurethral resection; residual or regrowth of obstructive	90	2010		0.037	0.030			6.55			222	33	5	15			60			35						0.5		1	2							
39	SVY	52630	Transurethral resection; residual or regrowth of obstructive	90		60	0.117	0.050	5.00	8.95	11.69	12.63	20.00	234	26	7	7	8	38	50	60	180	20				1		1.0		2				1	3	5	10	35
40	RANDOM	52630	Transurethral resection; residual or regrowth of obstructive	90		36	0.114	0.049	5.00	8.95	11.75	12.50	16.00	239	26	8	7	8	45	51	60	180	23				1		1.0		2				1	3	5	10	21
41	TARGET	52630	Transurethral resection; residual or regrowth of obstructive	90		24	0.159	0.060	5.93	8.75	11.04	13.10	20.00	184	28	7	9	20	30	43	60	90	15				1		0.5		1				1	3	10	13	35
42	REC	52630	Transurethral resection; residual or regrowth of obstructive	90			0.035	0.031			6.55			212	26	7	7			50			40						0.5		1	1							
43																																							
44					RUC			Work Per	RVW					Total	PRE-TIME			INTRA-TIME						IMMD	FAC-inpt or obs/disch							Office				SURVEY EXPERIENCE				
45	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	14	13	12	11	MIN	25th	MED	75th	MAX
46	1st REF	53854	Transurethral destruction of prostate tissue; by	90	2013	10	0.085	0.043			5.93			137	17	6	5			25			15								3								
47	2nd REF	53440	Sling operation for correction of male urinary incontinence (eg,	90	2010	6	0.098	0.054			13.36			248	33	7	15			90			22						0.5		2	1							
48	CURRENT	52648	Laser vaporization of prostate, including control of	90	1994		0.109	0.049			12.15			249	60	0	0			60			60								3								
49	SVY	52648	Laser vaporization of prostate, including control of	90		47	0.143	0.066	5.00	10.05	12.15	13.43	20.00	185	32	7	10	8	45	60	65	180	15				1		1.0		1				0	2	5	11	50
50	RANDOM	52648	Laser vaporization of prostate, including control of	90		26	0.160	0.067	5.00	8.95	11.75	12.50	16.00	176	26	8	7	8	45	51	60	180	23				1		1.0		1				1	3	5	10	21
51	TARGET	52648	Laser vaporization of prostate, including control of	90		21	0.107	0.050	5.93	10.10	12.15	13.36	20.00	241	25	7	10	20	45	60	60	90	15				1		1.0		2				0	2	5	10	50
52	REC	52648	Laser vaporization of prostate, including control of	90			0.087	0.044			10.05			226	32	7	10			60			35						0.5		1	1							
53																																							
54					RUC			Work Per	RVW					Total	PRE-TIME			INTRA-TIME						IMMD	FAC-inpt or obs/disch							Office				SURVEY EXPERIENCE				
55	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	14	13	12	11	MIN	25th	MED	75th	MAX
56	1st REF	55821	Prostatectomy (including control of postoperative	90	2022	10	0.076	0.048			15.18			315	33	3	10			120			25					1	1.0		2								
57	2nd REF	55880	Ablation of malignant prostate tissue, transrectal, with high	90	2006	7	0.066	0.048			17.73			373	33	15	10			180			30						0.5		1	2							
58	CURRENT	52649	Laser enucleation of the prostate with morcellation,	90	2010		0.083	0.052			14.56			279	33	5	15			120			25						0.5		2	1							
59	SVY	52649	Laser enucleation of the prostate with morcellation,	90		30	0.112	0.058	7.50	14.93	15.20	17.75	29.00	262	36	10	5	8	60	90	120	180	20				1		1.0		1				0	0	1	6	150
60	RANDOM	52649	Laser enucleation of the prostate with morcellation,	90		18	0.098	0.052	7.50	14.93	15.11	16.08	29.00	292	43	10	5	8	63	90	120	180	20				1		1.0		2				0	0	1	5	150
61	TARGET	52649	Laser enucleation of the prostate with morcellation,	90		12	0.125	0.066	10.00	14.50	15.59	18.13	22.00	236	33	8	6	30	60	90	105	135	18					1	1.0		1				0	0	0	24	150
62	REC	52649	Laser enucleation of the prostate with morcellation,	90			0.105	0.055			14.56			263	36	10	5			90			40						0.5		1	1							

FACILITY DIRECT PE INPUTS

CPT CODE(S): 52500, 52601, 52630, 52648, 52649, 52597
SPECIALTY SOCIETY(IES): AUA
PRESENTER(S): Dr. Jonathan Kiechle, Dr. Seth Cohen

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 09/2024

CPT Code	Long Descriptor	Global Period
52500	Transurethral resection of bladder neck (separate procedure)	090
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete	090
52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	090
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)	090
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	090
52597	Transurethral robotic-assisted waterjet resection of prostate, including intraoperative planning, ultrasound guidance, control of postoperative bleeding, complete, including vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy, when performed	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
52500	A 67-year-old man has an American Urological Association (AUA) symptom index of 29/35. Prior medical treatment with both finasteride and alpha blockers was unsuccessful in improving his urinary symptoms. Peak urinary flow rate is 3 ml/sec, cystometrogram is normal. Cystoscopy reveals a small prostate with a tight, hypertrophied, bladder neck.
52601	A 78-year-old male presents with urinary retention and wears a urinary catheter. He has failed alpha-blocker and 5-alpha-reductase inhibitor therapy. Digital rectal exam reveals a 65-gram prostate. The patient elects to have a transurethral resection of the prostate (TURP).
52630	A 78 year old man 18 years post transurethral resection of the prostate (TURP) has developed significant obstructive voiding symptoms. In spite of 5 alpha reductase inhibitors, at cystoscopy the patient was found to have marked prostatic regrowth. He has elected transurethral resection of re-growth of prostate tissue.
52648	A 68-year-old male presents with worsening obstructive, lower urinary tract symptoms while on medical therapy with alpha blockers and five-alpha reductase inhibitors. Digital rectal examination reveals a smooth 100-gram prostate without nodularity. The patient elects to proceed with laser vaporization of the prostate.
52649	A 63 year-old male with a long history of obstructive voiding symptoms experiences nocturia 5 to 6 times and a poor stream. His American Urological Association (AUA) symptom score is 32. On rectal examination, he is noted to have a markedly enlarged prostate which is smooth and symmetrical. A prostate-specific antigen (PSA) is 3.9 and a transrectal ultrasound reveals

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

	a 262 gm prostate. The patient elects laser Enucleation as a definitive treatment for his benign prostatic hyperplasia (BPH).
52597	A 68-year-old male presents with worsening obstructive, lower urinary tract symptoms while on medical therapy with alpha blockers and five-alpha reductase inhibitors. Digital rectal examination reveals a smooth 100-gram prostate without nodularity. The patient elects to proceed with transurethral robotic-assisted waterjet resection of the prostate

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:

   AUA's RVS Committee Expert Panel reviewed the current code PE details for codes 52500, 52601, 52630, 52648, and 52649 and discussed how the codes have changed since the prior review to determine if any revisions are needed to the current inputs. The expert panel also discussed the new codes 52597 to determine appropriate PE inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   52500, 52601, 52630, 52648, 52649

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?

   No

   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   The expert panel is recommending an increase in the aggregate cost of clinical labor, supplies and equipment compared to the existing inputs.

   Flawed methodology of prior review – missing required supplies.

   Clinical labor time and equipment time are consistent with standards and based on the physician work survey number and level of E/M visits.

   Current disposable supplies for codes were based on minimal standard 90-day global supply assignment and did not consider the additional supplies required for these procedures:

   SM022, *sanitizing cloth-wipe (surface, instruments, equipment)*, is needed to clean hard surfaces at each postoperative visit. This is consistent with the addition of SM022 to E/M office visit codes as this was not included in the E/M office visit pack.

   SB044, *underpad 2ft x 3ft (Chux)*, will be used at the first post-operative visit due to the need for a bladder fill and void during the visit

   SC051, *10-12 ml syringe*, used to remove catheter at first post-operative visit

   SC056, *syringe 50-60ml,* used to fill the bladder for trial of void

SH069, *sodium chloride 0.9% irrigation (500-1000mL*), used to fill the bladder for trial of void during first post-operative visit

SL038, *cup-container, sterile, graduate 1000mL*- used for trial of void during first post-operative visit

See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Activity	Clinical Staff Work
Complete pre-service diagnostic and referral forms	Staff reviews all forms with patient and family to ensure all relevant history and diagnostic information is included.
Coordinate pre-surgery services (including test results)	Staff coordinates collection and documentation of imaging/lab results, patient specific information and other relevant patient information for a surgical procedure including conducting requisite pre-surgery assessment with anesthesiologist. Enter and record all clinical updates in EHR.
Schedule space and equipment in facility	Staff interacts with facility to schedule space, supplies, equipment, and review checklists.

Provide pre-service education/obtain consent	Staff reviews procedure, complication risk, process of recovery, and answers patient/family questions.
Complete pre-procedure phone calls and prescription	Staff reviews preoperative medication changes, preop diet restrictions, reviews patient medical status and answers final pre-admission questions.

b. Service period (includes pre, intra and post):

Prior to discharge, office clinical staff will assist with necessary post-discharge care coordination, such as: Responding to patient/family questions about home activity restrictions. Coordination with other physicians and QHPs involved in the care of the patient for transfer of records. Transitioning discharge information to the surgeon's office medical record, including medication list, correspondence and imaging or lab results pending at discharge

c. Post-service period:

The clinical staff work includes the standard activities involved in any E/M visit including ensuring the appropriate supplies are available in the room, ensuring imaging and lab reports are available, rooming and gowning the patient, reviewing current medications/allergies in EHR, obtaining vital signs, assisting with positioning, wound care, coordination of care, cleaning of the room, and home instruction.

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

14. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

SA048	pack, minimum multi-specialty visit	pack

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

SA048	pack, minimum multi-specialty visit 5.02	pack	$5.02	
	paper, exam table (7)	foot		
	gloves, non-sterile (2)	pair		
	gown, patient (1)	item		
	pillow case (1)	item		
	cover, thermometer probe (1)	item		

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

EF031, table, power (Office Visits)
EQ250, ultrasound unit, portable (Office Visits)
EQ259, uroflowmeter, digital, w-chair (Office Visits)

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J	K	L	O	P	Q	R	U
1	**RUC Practice Expense Spreadsheet**					**Current**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURI**
2						**CPT code 52647 (Deleted)**		**CPT code 52500**		**CPT code 52500**		**CPT code 52601**		**CPT code 52601**		**CPT coc**
3		***RUC Collaboration Website***														
4	**Clinical Activity Code**	**Meeting Date: September 2024** **Revision Date (if applicable):** **Tab: 07 Transurethral Robotic-Assisted Resection of Prostate** **Specialty: AUA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy,		Transurethral resection of bladder neck (separate procedure)		Transurethral resection of bladder neck (separate procedure)		Transurethral electrosurgical resection of prostate, including control of		Transurethral electrosurgical resection of prostate, including control of		Transu resection; regrov obstructiv
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 1,106.06**	**$ 103.40**	**$ -**	**$ 103.40**	**$ -**	**$ 94.78**	**$ -**	**$ 86.04**	**$ -**	**$ 94.78**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**279.0**	**174.0**	**0.0**	**174.0**	**0.0**	**155.0**	**0.0**	**138.0**	**0.0**	**155.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**35.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**136.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**108.0**	**108.0**	**0.0**	**108.0**	**0.0**	**89.0**	**0.0**	**72.0**	**0.0**	**89.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 138.94**	**$ 86.65**	**$ -**	**$ 86.65**	**$ -**	**$ 77.19**	**$ -**	**$ 68.72**	**$ -**	**$ 77.19**	**$ -**
13		**PRE-SERVICE PERIOD**														
14		**Start: Following visit when decision for surgery/procedure made**														
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.498	5	5		5		5		5		5	
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.498	10	20		20		20		20		20	
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.498	0	8		8		8		8		8	
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.498	10	20		20		20		20		20	
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.498	10	7		7		7		7		7	
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.498											
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.498											
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.498											
23			L037D	RN/LPN/MTA	0.498											
24			L037D	RN/LPN/MTA	0.498											
25			L037D	RN/LPN/MTA	0.498											
26		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498											
27		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498											
28		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498											
29		**End: When patient enters office/facility for surgery/procedure**														
30		**SERVICE PERIOD**														
31		**Start: When patient enters office/facility for surgery/procedure:**														
32		**Pre-Service (of service period)**														
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.498											
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.498											
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.498											
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.498											
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.498											
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.498											
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.498											
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.498											
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.498											
42			L037D	RN/LPN/MTA	0.498											
43			L037D	RN/LPN/MTA	0.498											
44			L037D	RN/LPN/MTA	0.498											
45		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498											
46		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498											
47		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498											
48		**Intra-service (of service period)**														
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L037D	RN/LPN/MTA	0.498											
50	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	L037D	RN/LPN/MTA	0.498											
51	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L037D	RN/LPN/MTA	0.498											
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.498	136	6									
53			L037D	RN/LPN/MTA	0.498											
54			L037D	RN/LPN/MTA	0.498											
55			L037D	RN/LPN/MTA	0.498											
56		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498											
57		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498											
58		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498											
59		**Post-Service (of service period)**														
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.498											
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.498											
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.498											
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.498											

	A	B	D	E	F	G	H	I	J	K	L	O	P	Q	R	U
1	**RUC Practice Expense Spreadsheet**					**Current**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURI**
2						**CPT code 52647 (Deleted)**		**CPT code 52500**		**CPT code 52500**		**CPT code 52601**		**CPT code 52601**		**CPT coc**
3		***RUC Collaboration Website***														
4	**Clinical Activity Code**	**Meeting Date: September 2024** **Revision Date (if applicable):** **Tab: 07 Transurethral Robotic-Assisted Resection of Prostate** **Specialty: AUA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy,		Transurethral resection of bladder neck (separate procedure)		Transurethral resection of bladder neck (separate procedure)		Transurethral electrosurgical resection of prostate, including control of		Transurethral electrosurgical resection of prostate, including control of		Transu resection; regrov obstructiv
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 1,106.06**	**$ 103.40**	**$ -**	**$ 103.40**	**$ -**	**$ 94.78**	**$ -**	**$ 86.04**	**$ -**	**$ 94.78**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**279.0**	**174.0**	**0.0**	**174.0**	**0.0**	**155.0**	**0.0**	**138.0**	**0.0**	**155.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**35.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**136.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**108.0**	**108.0**	**0.0**	**108.0**	**0.0**	**89.0**	**0.0**	**72.0**	**0.0**	**89.0**	**0.0**
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.498											
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.498											
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.498											
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.498											
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.498											
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.498											
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L037D	RN/LPN/MTA	0.498											
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.498											
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.498											
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.498											
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.498				6		6		6		6	
75			L037D	RN/LPN/MTA	0.498											
76			L037D	RN/LPN/MTA	0.498											
77			L037D	RN/LPN/MTA	0.498											
78		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498											
79		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498											
80		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498											
81		**End: Patient leaves office/facility**														
82		**POST-SERVICE PERIOD**														
83		**Start: Patient leaves office/facility**														
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.498											
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.498											
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16													
88		99212 27 minutes	27													
89		99213 36 minutes	36			3	3		3		1		2		1	
90		99214 53 minutes	53								1				1	
91		99215 63 minutes	63													
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.498	**108.0**	**108.0**	**0.0**	**108.0**	**0.0**	**89.0**	**0.0**	**72.0**	**0.0**	**89.0**	**0.0**
93			L037D	RN/LPN/MTA	0.498											
94			L037D	RN/LPN/MTA	0.498											
95			L037D	RN/LPN/MTA	0.498											
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498											
97		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498											
98		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498											
99		**End: with last office visit before end of global period**														

	A	B	D	E	F	G	H	I	J	K	L	O	P	Q	R	U
1	**RUC Practice Expense Spreadsheet**					**Current**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURI**
2						**CPT code 52647 (Deleted)**		**CPT code 52500**		**CPT code 52500**		**CPT code 52601**		**CPT code 52601**		**CPT coc**
3		***RUC Collaboration Website***														
4	**Clinical Activity Code**	**Meeting Date: September 2024** **Revision Date (if applicable):** **Tab: 07 Transurethral Robotic-Assisted Resection of Prostate** **Specialty: AUA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy,		Transurethral resection of bladder neck (separate procedure)		Transurethral resection of bladder neck (separate procedure)		Transurethral electrosurgical resection of prostate, including control of		Transurethral electrosurgical resection of prostate, including control of		Transu resection; regrov obstructiv
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 1,106.06**	**$ 103.40**	**$ -**	**$ 103.40**	**$ -**	**$ 94.78**	**$ -**	**$ 86.04**	**$ -**	**$ 94.78**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**279.0**	**174.0**	**0.0**	**174.0**	**0.0**	**155.0**	**0.0**	**138.0**	**0.0**	**155.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**35.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**136.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**108.0**	**108.0**	**0.0**	**108.0**	**0.0**	**89.0**	**0.0**	**72.0**	**0.0**	**89.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**												
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 919.84**	**$ 15.06**	**$ -**	**$ 15.06**	**$ -**	**$ 16.19**	**$ -**	**$ 16.19**	**$ -**	**$ 16.19**	**$ -**
102	SA042	pack, cleaning and disinfecting, endoscope	19.43	pack		1	0									
112	SA048	pack, minimum multi-specialty visit	5.02	pack		4	3		3		2		2		2	
118	SA019	kit, iv starter	1.07	kit		1	0									
127	SA031	kit, suture removal	1.64	kit												
128	SA054	pack, post-op incision care (suture)	4.62	pack												
129	SA058	pack, urology cystoscopy visit	113.7	pack		1	0									
138	SA063	tray, catheter insertion (w-o catheter)	1.27	tray		1	0									
139	SB017	drape-sleeve, sterile (4in x 8ft)	0.2	item		1	0									
140	SB019	drape-towel, sterile 18in x 26in	0.47	item		3	0									
141	SB044	underpad 2ft x 3ft (Chux)	0.32	item		3	0				1		1		1	
142	SC018	iv infusion set	1.27	item		1	0									
143	SC029	needle, 18-27g	0.04	item		2	0									
144	SC049	stop cock, 3-way	1.04	item		1	0									
145	SC051	syringe 10-12ml	0.21	item		2	0				1		1		1	
146	SC056	syringe 50-60ml	1.13	item							1		1		1	
147	SD024	catheter, Foley	10.85	item		1	0									
148	SD124	tourniquet, non-latex 1in x 18in	0.1	item		1	0									
149	SD129	tubing, irrigation (cysto)	3.54	item		1	0									
150	SF030	laser tip, diffuser fiber	730	item		1	0									
151	SG055	gauze, sterile 4in x 4in	0.19	item												
152	SG077	tape, porous-hypoallergenic 2in (Scanpore)	0.03	inch												
153	SG079	tape, surgical paper 1in (Micropore)	0.01	inch		36	0									
154	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)	3.34	item							1		1		1	
155	SJ011	bulb syringe (Asepto)	1.84	item		1	0									
156	SJ016	denture cup	0.3	item		1	0									
157	SJ031	leg or urinary drainage bag	4.16	item		2	0									
158	SJ062	ultrasound transmission gel	0.03	ml												
159	SK060	paper, recording, roll (per foot)	0.14	ml												
160	SK062	patient education booklet	2.8	item		1	0									
161	SL018	beaker, 250 ml	0.44	item												
162	SL038	cup-container, sterile, graduated 1000ml	1.15	item							1		1		1	
163	SL036	*cup, biopsy-specimen sterile 4oz*	0.8	item		1	0									
164	SM012	disinfectant spray (Transeptic)	0.05	ml												
165	SM021	sanitizing cloth-wipe (patient)	0.07	item												
167	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**											
168		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 47.28**	**$ 1.69**	**$ -**	**$ 1.69**	**$ -**	**$ 1.40**	**$ -**	**$ 1.13**	**$ -**	**$ 1.40**	**$ -**
169	EF020	stretcher, endoscopy	2414	Office Visits	0.006406096	240	0									
170	EF023	table, exam	4737.727	Office Visits	0.010538571											
171	EF027	table, instrument, mobile	531.926	Office Visits	0.001183213	136	0									
172	EF031	table, power	5906.76	Office Visits	0.015674926	108	108		108		89.0		72		89.0	
173	ES008	endoscope, rigid, cystoscopy	8166.42	Office Visits	0.04731489	136	0									
174	EQ167	light source, xenon	12230.584	Office Visits	0.048459974	136	0									
175	EQ168	light, exam	1232.887	Office Visits	0.003271745											
176	EQ153	laser (gs, uro, obg, ge) (Indigo Optima)	59890	Office Visits	0.226924357	136	0									
177	EQ250	ultrasound unit, portable	41612.533	Office Visits	0.161253857											
178	EQ259	uroflowmeter, digital, w-chair	4698.169	Office Visits	0.015163961											
179																
180																

	A	B	D	E	F	G	H	I	J	K	L	O	P	Q	R	U
1	RUC Practice Expense Spreadsheet					Current		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURI
2						CPT code 52647 (Deleted)		CPT code 52500		CPT code 52500		CPT code 52601		CPT code 52601		CPT coc
3		*RUC Collaboration Website*														
4	Clinical Activity Code	Meeting Date: September 2024 Revision Date (if applicable): Tab: 07 Transurethral Robotic-Assisted Resection of Prostate Specialty: AUA	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy,		Transurethral resection of bladder neck (separate procedure)		Transurethral resection of bladder neck (separate procedure)		Transurethral electrosurgical resection of prostate, including control of		Transurethral electrosurgical resection of prostate, including control of		Transu resection; regrov obstructiv
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
6		GLOBAL PERIOD				090	090	090	090	090	090	090	090	090	090	090
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ 1,106.06	$ 103.40	$ -	$ 103.40	$ -	$ 94.78	$ -	$ 86.04	$ -	$ 94.78	$ -
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	279.0	174.0	0.0	174.0	0.0	155.0	0.0	138.0	0.0	155.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	35.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	136.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	108.0	108.0	0.0	108.0	0.0	89.0	0.0	72.0	0.0	89.0	0.0
181		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*														

	A	B	V	W	X	AA	AB	AC	AD	AG	AH	AI	AJ	AK	AL	AO	AP
1	**RUC Practice Expense Spreadsheet**		**RENT**	**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**	
2			**le 52630**	**CPT code 52630**		**CPT code 52648**		**CPT code 52648**		**CPT code 52649**		**CPT code 52649**		**CPT code 50080**		**CPT code 52597**	
3		***RUC Collaboration Website***															
4	**Clinical Activity Code**	**Meeting Date: September 2024** **Revision Date (if applicable):** **Tab: 07 Transurethral Robotic-Assisted Resection of Prostate** **Specialty: AUA**	rethral residual or wth of e prostate	Transurethral resection; residual or regrowth of obstructive prostate		Laser vaporization of prostate, including control of postoperative bleeding, complete		Laser vaporization of prostate, including control of postoperative bleeding, complete		Laser enucleation of the prostate with morcellation, including control of		Laser enucleation of the prostate with morcellation, including control of		Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone		Transurethral robotic-assisted waterjet resection of prostate, including	
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 94.16**	**$ -**	**$ 94.78**	**$ 1,114.28**	**$ 103.40**	**$ -**	**$ 97.86**	**$ -**	**$ 117.12**	**$ -**	**$ 94.78**	**$ -**	**$ 91.97**	**$ -**	**$ 94.78**
8		**TOTAL CLINICAL STAFF TIME**	**156.0**	**0.0**	**155.0**	**289.0**	**174.0**	**0.0**	**161.0**	**0.0**	**165.0**	**0.0**	**155.0**	**0.0**	**156.0**	**0.0**	**155.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**60.0**	**0.0**	**60.0**	**35.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**6.0**	**0.0**	**6.0**	**146.0**	**6.0**	**0.0**	**12.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**90.0**	**0.0**	**89.0**	**108.0**	**108.0**	**0.0**	**89.0**	**0.0**	**99.0**	**0.0**	**89.0**	**0.0**	**90.0**	**0.0**	**89.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 77.69**	**$ -**	**$ 77.19**	**$ 143.92**	**$ 86.65**	**$ -**	**$ 80.18**	**$ -**	**$ 82.17**	**$ -**	**$ 77.19**	**$ -**	**$ 68.72**	**$ -**	**$ 77.19**
13		**PRE-SERVICE PERIOD**															
14		**Start: Following visit when decision for surgery/procedure made**															
15	CA001	Complete pre-service diagnostic and referral forms	5		5	5	5		5		5		5		5		5
16	CA002	Coordinate pre-surgery services (including test results)	20		20	10	20		20		20		20		20		20
17	CA003	Schedule space and equipment in facility	8		8	0	8		8		8		8		8		8
18	CA004	Provide pre-service education/obtain consent	20		20	10	20		20		20		20		20		20
19	CA005	Complete pre-procedure phone calls and prescription	7		7	10	7		7		7		7		7		7
20	CA006	Confirm availability of prior images/studies															
21	CA007	Review patient clinical extant information and questionnaire															
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)															
23																	
24																	
25																	
26		*Other activity: please include short clinical description here and type*															
27		*Other activity: please include short clinical description here and type*															
28		*Other activity: please include short clinical description here and type*															
29		**End: When patient enters office/facility for surgery/procedure**															
30		**SERVICE PERIOD**															
31		**Start: When patient enters office/facility for surgery/procedure:**															
32		**Pre-Service (of service period)**															
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are															
34	CA010	Obtain vital signs															
35	CA011	Provide education/obtain consent															
36	CA012	Review requisition, assess for special needs															
37	CA013	Prepare room, equipment and supplies															
38	CA014	Confirm order, protocol exam															
39	CA015	Setup scope (nonfacility setting only)															
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient															
41	CA017	Sedate/apply anesthesia															
42																	
43																	
44																	
45		*Other activity: please include short clinical description here and type*															
46		*Other activity: please include short clinical description here and type*															
47		*Other activity: please include short clinical description here and type*															
48		**Intra-service (of service period)**															
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)															
50	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)															
51	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)															
52	CA021	Perform procedure/service---NOT directly related to physician work time				146	6		6								
53																	
54																	
55																	
56		*Other activity: please include short clinical description here and type*															
57		*Other activity: please include short clinical description here and type*															
58		*Other activity: please include short clinical description here and type*															
59		**Post-Service (of service period)**															
60	CA022	Monitor patient following procedure/service, multitasking 1:4															
61	CA023	Monitor patient following procedure/service, no multitasking															
62	CA024	Clean room/equipment by clinical staff															
63	CA025	Clean scope															

	A	B	V	W	X	AA	AB	AC	AD	AG	AH	AI	AJ	AK	AL	AO	AP
1	**RUC Practice Expense Spreadsheet**		**RENT**	**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**	
2			**le 52630**	**CPT code 52630**		**CPT code 52648**		**CPT code 52648**		**CPT code 52649**		**CPT code 52649**		**CPT code 50080**		**CPT code 52597**	
3		***RUC Collaboration Website***															
4	**Clinical Activity Code**	**Meeting Date: September 2024** **Revision Date (if applicable):** **Tab: 07 Transurethral Robotic-Assisted Resection of Prostate** **Specialty: AUA**	rethral residual or wth of e prostate	Transurethral resection; residual or regrowth of obstructive prostate		Laser vaporization of prostate, including control of postoperative bleeding, complete		Laser vaporization of prostate, including control of postoperative bleeding, complete		Laser enucleation of the prostate with morcellation, including control of		Laser enucleation of the prostate with morcellation, including control of		Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone		Transurethral robotic-assisted waterjet resection of prostate, including	
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 94.16**	**$ -**	**$ 94.78**	**$ 1,114.28**	**$ 103.40**	**$ -**	**$ 97.86**	**$ -**	**$ 117.12**	**$ -**	**$ 94.78**	**$ -**	**$ 91.97**	**$ -**	**$ 94.78**
8		**TOTAL CLINICAL STAFF TIME**	**156.0**	**0.0**	**155.0**	**289.0**	**174.0**	**0.0**	**161.0**	**0.0**	**165.0**	**0.0**	**155.0**	**0.0**	**156.0**	**0.0**	**155.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**60.0**	**0.0**	**60.0**	**35.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**6.0**	**0.0**	**6.0**	**146.0**	**6.0**	**0.0**	**12.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**90.0**	**0.0**	**89.0**	**108.0**	**108.0**	**0.0**	**89.0**	**0.0**	**99.0**	**0.0**	**89.0**	**0.0**	**90.0**	**0.0**	**89.0**
64	CA026	Clean surgical instrument package															
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions															
66	CA028	Review/read post-procedure x-ray, lab and pathology reports															
67	CA029	Check dressings, catheters, wounds															
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,															
69	CA031	Review examination with interpreting MD/DO															
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.															
71	CA033	Perform regulatory mandated quality assurance activity (service period)															
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry															
73	CA035	Review home care instructions, coordinate visits/prescriptions															
74	CA036	Discharge day management	6		6				6		6		6		6		6
75																	
76																	
77																	
78		*Other activity: please include short clinical description here and type*															
79		*Other activity: please include short clinical description here and type*															
80		*Other activity: please include short clinical description here and type*															
81		**End: Patient leaves office/facility**															
82		**POST-SERVICE PERIOD**															
83		**Start: Patient leaves office/facility**															
84	CA037	Conduct patient communications															
85	CA038	Coordinate post-procedure services															
86		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes															
88		99212 27 minutes	2								1						
89		99213 36 minutes	1		1	3	3		1		2		1		2		1
90		99214 53 minutes			1				1				1				1
91		99215 63 minutes															
92	CA039	Post-operative visits (total time)	**90.0**	**0.0**	**89.0**	**108.0**	**108.0**	**0.0**	**89.0**	**0.0**	**99.0**	**0.0**	**89.0**	**0.0**	**72.0**	**0.0**	**89.0**
93																	
94																	
95																	
96		*Other activity: please include short clinical description here and type*															
97		*Other activity: please include short clinical description here and type*															
98		*Other activity: please include short clinical description here and type*															
99		**End: with last office visit before end of global period**															

	A	B	V	W	X	AA	AB	AC	AD	AG	AH	AI	AJ	AK	AL	AO	AP
1	RUC Practice Expense Spreadsheet		RENT	RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		REFERENCE CODE		RECOMMENDED	
2			le 52630	CPT code 52630		CPT code 52648		CPT code 52648		CPT code 52649		CPT code 52649		CPT code 50080		CPT code 52597	
3		*RUC Collaboration Website*															
4	Clinical Activity Code	Meeting Date: September 2024 Revision Date (if applicable): Tab: 07 Transurethral Robotic-Assisted Resection of Prostate Specialty: AUA	rethral residual or wth of e prostate	Transurethral resection; residual or regrowth of obstructive prostate		Laser vaporization of prostate, including control of postoperative bleeding, complete		Laser vaporization of prostate, including control of postoperative bleeding, complete		Laser enucleation of the prostate with morcellation, including control of		Laser enucleation of the prostate with morcellation, including control of		Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone		Transurethral robotic-assisted waterjet resection of prostate, including	
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 94.16	$ -	$ 94.78	$ 1,114.28	$ 103.40	$ -	$ 97.86	$ -	$ 117.12	$ -	$ 94.78	$ -	$ 91.97	$ -	$ 94.78
8		TOTAL CLINICAL STAFF TIME	156.0	0.0	155.0	289.0	174.0	0.0	161.0	0.0	165.0	0.0	155.0	0.0	156.0	0.0	155.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	60.0	0.0	60.0	35.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	6.0	0.0	6.0	146.0	6.0	0.0	12.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	90.0	0.0	89.0	108.0	108.0	0.0	89.0	0.0	99.0	0.0	89.0	0.0	90.0	0.0	89.0
100	Supply Code	MEDICAL SUPPLIES															
101		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ 15.06	$ -	$ 16.19	$ 919.84	$ 15.06	$ -	$ 16.19	$ -	$ 15.93	$ -	$ 16.19	$ -	$ 22.25	$ -	$ 16.19
102	SA042	pack, cleaning and disinfecting, endoscope				1	0										
112	SA048	pack, minimum multi-specialty visit	3		2	4	3		2		3		2		3		2
118	SA019	kit, iv starter				1	0										
127	SA031	kit, suture removal													1		
128	SA054	pack, post-op incision care (suture)													1		
129	SA058	pack, urology cystoscopy visit				1	0										
138	SA063	tray, catheter insertion (w-o catheter)				1	0										
139	SB017	drape-sleeve, sterile (4in x 8ft)				1	0										
140	SB019	drape-towel, sterile 18in x 26in				3	0										
141	SB044	underpad 2ft x 3ft (Chux)			1	3	0		1				1				1
142	SC018	iv infusion set				1	0										
143	SC029	needle, 18-27g				2	0										
144	SC049	stop cock, 3-way				1	0										
145	SC051	syringe 10-12ml			1	2	0		1				1				1
146	SC056	syringe 50-60ml			1				1				1				1
147	SD024	catheter, Foley				1	0										
148	SD124	tourniquet, non-latex 1in x 18in				1	0										
149	SD129	tubing, irrigation (cysto)				1	0										
150	SF030	laser tip, diffuser fiber				1	0										
151	SG055	gauze, sterile 4in x 4in													3		
152	SG077	tape, porous-hypoallergenic 2in (Scanpore)													12		
153	SG079	tape, surgical paper 1in (Micropore)				36	0										
154	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)			1				1				1				1
155	SJ011	bulb syringe (Asepto)				1	0										
156	SJ016	denture cup				1	0										
157	SJ031	leg or urinary drainage bag				2	0										
158	SJ062	ultrasound transmission gel								0	1		0				
159	SK060	paper, recording, roll (per foot)									2		0				
160	SK062	patient education booklet				1	0										
161	SL018	beaker, 250 ml									1		0				
162	SL038	cup-container, sterile, graduated 1000ml			1				1				1				1
163	SL036	*cup, biopsy-specimen sterile 4oz*				1	0										
164	SM012	disinfectant spray (Transeptic)									1		0				
165	SM021	sanitizing cloth-wipe (patient)									1		0				
167	Equipment Code	EQUIPMENT															
168		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ 1.41	$ -	$ 1.40	$ 50.52	$ 1.69	$ -	$ 1.49	$ -	$ 19.02	$ -	$ 1.40	$ -	$ 0.99	$ -	$ 1.40
169	EF020	stretcher, endoscopy				240	0										
170	EF023	table, exam													72		
171	EF027	table, instrument, mobile				146	0										
172	EF031	table, power	90		89.0	108	108		95.0		99		89.0				89.0
173	ES008	endoscope, rigid, cystoscopy				146	0										
174	EQ167	light source, xenon				146	0										
175	EQ168	light, exam													72		
176	EQ153	laser (gs, uro, obg, ge) (Indigo Optima)				146	0										
177	EQ250	ultrasound unit, portable									99						
178	EQ259	uroflowmeter, digital, w-chair									99						
179																	
180																	

	A	B	V	W	X	AA	AB	AC	AD	AG	AH	AI	AJ	AK	AL	AO	AP
1	RUC Practice Expense Spreadsheet		RENT	RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		REFERENCE CODE		RECOMMENDED	
2			le 52630	CPT code 52630		CPT code 52648		CPT code 52648		CPT code 52649		CPT code 52649		CPT code 50080		CPT code 52597	
3		*RUC Collaboration Website*															
4	Clinical Activity Code	Meeting Date: September 2024 Revision Date (if applicable): Tab: 07 Transurethral Robotic-Assisted Resection of Prostate Specialty: AUA	rethral residual or wth of e prostate	Transurethral resection; residual or regrowth of obstructive prostate		Laser vaporization of prostate, including control of postoperative bleeding, complete		Laser vaporization of prostate, including control of postoperative bleeding, complete		Laser enucleation of the prostate with morcellation, including control of		Laser enucleation of the prostate with morcellation, including control of		Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone		Transurethral robotic-assisted waterjet resection of prostate, including	
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	090	090	090	090	090	090	090	090	090	090	090	090	090	090	090
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 94.16	$ -	$ 94.78	$ 1,114.28	$ 103.40	$ -	$ 97.86	$ -	$ 117.12	$ -	$ 94.78	$ -	$ 91.97	$ -	$ 94.78
8		TOTAL CLINICAL STAFF TIME	156.0	0.0	155.0	289.0	174.0	0.0	161.0	0.0	165.0	0.0	155.0	0.0	156.0	0.0	155.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	60.0	0.0	60.0	35.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	6.0	0.0	6.0	146.0	6.0	0.0	12.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	90.0	0.0	89.0	108.0	108.0	0.0	89.0	0.0	99.0	0.0	89.0	0.0	90.0	0.0	89.0
181		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*															

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2024

Prostate Biopsy Services – Tab 08

In April 2022, the Relativity Assessment Workgroup (RAW) identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of $5 million or more were included. Further, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The RAW requested action plans for September 2022 to determine if specific code bundling solutions should occur for 55700 and 76872. In September 2022, the RAW referred this issue to the CPT Editorial Panel for revision of code descriptors and/or introductory language to clarify when to and when not to report CPT code 76872 as a diagnostic procedure when performed at the same time as CPT code 55700. In May 2024, the CPT Editorial Panel deleted existing code 55700, revised codes 55705 and 76872, and added nine codes to clarify reporting for prostate biopsies and the imaging procedures that accompany them. The code family was surveyed for the September 2024 RUC meeting.

During the RUC discussion, it was clear that the survey respondents did not understand the coding structure. Specifically, the discussion revolved around the number of biopsies per code. A typical prostate biopsy, at minimum, requires 12-cores. The prostate is divided into sextants, and two biopsies are taken from each sextant for a 12-core biopsy. The transperineal approach to biopsy has changed the standard template by increasing the typical number of biopsies to 20, due to the improved access to the anterior portion of the prostate. MRI-fusion technology is used in conjunction to this standard template biopsy. When a lesion is identified on pre-biopsy MRI that requires specific targeting, taking biopsies of only a suspicious lesion is not typical practice. It is important to note that each biopsy is taken individually and the retrieved specimen is placed in a separate cup for pathological evaluation. From a survey standpoint, the data indicated that the long descriptors do not adequately describe these services. The survey intra-service time to take 20 biopsies was identical to the intra-service time to take two biopsies. For example, the specialty societies described that the survey response pre-time for 55710 *Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance biopsy, first targeted lesion* is less than the survey pre-time for 55712 *Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion*, but 55710 is the more difficult procedure. Further, the intra-times are the same. This issue with the survey times also distorted the relative intensity between the family making it difficult to discern which service was the least to most difficult based on the number of biopsies per service. It seems as though, the minor difference between 55710 and 55712 is the language "ie, sextant" which implies a 12-core biopsy where two biopsies are taken from the six prostate sextant zones. The same issue exists for 55708 *Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance, first targeted lesion* which has less pre-time than 55711 *Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion* and identical intra-service time. In summary, the pre-times should be flipped – more time for 55710 and 55708 and less for 55712 and 55711. In addition to these concerns, RUC members also mentioned a point of confusion in the language between "biopsy" and "biopsies" in the codes' long descriptors. Further, the language "first targeted lesion" is not clear as that can often mean more than one biopsy is obtained. While the codes were valued for the CPT 2026 cycle, the specialties and the RUC agreed that a new coding change application should be developed to the CPT Editorial Panel for restructuring in the CPT 2027 cycle.

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55705 ***Biopsy, prostate, any approach, nonimaging-guided***
The RUC reviewed the survey results from 50 urologists and recommends a work RVU of 1.93 based on the survey 25th percentile, which maintains relativity within the family for this code. The RUC recommends 15 minutes of pre-service evaluation time, 5 minutes positioning time, 5 minutes scrub/dress/wait time, 10 minutes intra-service time, 10 minutes immediate post-service time, and 45 minutes total time. The RUC is also recommending a global period change from a 010-day global to a 000-day global.

During this procedure, the surgeon must identify the prostate and any specific concerning nodules with finger guidance alone. The biopsy instrument is then introduced, using only the performing surgeon's opposite hand finger as a guide. Significant care must be taken to ensure adequacy of the biopsy samples, while simultaneously avoiding self-injury when performing this procedure, due to the non-imaging guided nature of the procedure. The specialties noted that this service typically has 12 biopsy samples via a finger approach. Given that this service is only done in the circumstance when an ultra-sound machine is not available, which is atypical across the country, this service's utilization is expected to be quite low.

To support the recommended work RVU, the RUC compared the surveyed code to key reference codes 55876 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple* (work RVU = 1.73, 20 minutes intra-service, 59 minutes total time) and 55874 *Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed* (work RVU = 3.03, 30 minutes intra-service, 70 minutes total time). Of the survey respondents who chose CPT code 55876 as the key reference service, 44% indicated that the surveyed code was identical in intensity and complexity and 22% indicated that the surveyed code was more intense and complex when compared to the top key reference service code 55876. Moreover, 50% of survey respondents indicated that the surveyed code was identical in intensity and complexity and 50% indicated that the surveyed code was more intense and complex when compared to the second key reference service code 55874. The complexity of the surveyed code, in a relatively short period of time, comes from the lack of imaging guidance. **The RUC recommends a work RVU of 1.93 for CPT code 55705.**

55707 ***Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])***
The RUC reviewed the survey results from 99 urologists and recommends a work RVU of 2.63 based on the survey 25th percentile, which maintains relativity within the family for this code. The RUC recommends 17 minutes of pre-service evaluation time, 5 minutes positioning time, 5 minutes scrub/dress/wait time, 15 minutes intra-service time, 8 minutes immediate post-service time, and 50 minutes total time.

This procedure includes a 12-core prostate biopsy performed transrectally with ultrasound guidance. The patients that receive this procedure either have not undergone prior MRI or have undergone MRI with no suspicious lesion identified. During the procedure, a topical anesthetic is administered and the ultrasound probe is placed transrectally. The prostate is identified and evaluated for any hyperechoic areas on the ultrasound. Local anesthesia is then injected, and 12 prostate biopsies are taken via prostate sextants which include any hyperechoic areas.

To support the recommended work RVU, the RUC compared the surveyed code to key reference codes 55876 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple* (work RVU = 1.73, 20

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minutes intra-service, 59 minutes total time) and 55874 *Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed* (work RVU = 3.03, 30 minutes intra-service, 70 minutes total time). Of the survey respondents who chose CPT code 55876 as the key reference service, 44% of survey respondents indicated that the surveyed code was identical in intensity and complexity and 50% indicated that the surveyed code was more intense and complex when compared to the top key reference service code 55876. Moreover, 60% of survey respondents indicated that the surveyed code was identical in intensity and complexity and 40% indicated that the surveyed code was more intense and complex when compared to the second key reference service code 55874. **The RUC recommends a work RVU of 2.63 for CPT code 55707.**

55708 ***Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance, first targeted lesion***
The RUC reviewed the survey results from 80 urologists and recommends a work RVU of 3.39 based on the survey 25th percentile, which maintains relativity within the family for this code. The RUC recommends 20 minutes of pre-service evaluation time, 5 minutes positioning time, 5 minutes scrub/dress/wait time, 20 minutes intra-service time, 10 minutes immediate post-service time, and 60 minutes total time.

Within the code family, this procedure is substantially more complex when compared to code 55707. For this procedure, prior MRI imaging needs to be fused with real-time ultrasound imaging to identify the target lesion. Adequate prostate ultrasound images must be obtained and manually confirmed the appropriate fusion of the MRI image has taken place. The target lesion must be located on the ultrasound and typically, 2 biopsies will be taken out of the target lesion. Following the biopsy of the target lesion, complete sextant biopsies are obtained bringing the total number of typical biopsies to 14 for this procedure via transrectal approach.

To support the recommended work RVU, the RUC compared the surveyed code to key reference codes 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* (work RVU = 3.64, 45 minutes intra-service, 82 minutes total time) and 55874 *Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed* (work RVU = 3.03, 30 minutes intra-service, 70 minutes total time). Of the survey respondents who chose CPT code 19085 as the key reference service, 30% of survey respondents indicated that the surveyed code was identical in intensity and complexity and 70% indicated that the surveyed code was more intense and complex when compared to the top key reference service code 19085. Moreover, 40% of survey respondents indicated that the surveyed code was identical in intensity and complexity and 60% indicated that the surveyed code was more intense and complex when compared to the second key reference service code 55874. **The RUC recommends a work RVU of 3.39 for CPT code 55708.**

55709 ***Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])***
The RUC reviewed the survey results from 60 urologists and recommends a work RVU of 3.23 based on the survey 25th percentile, which maintains relativity within the family for this code. The RUC recommends 20 minutes of pre-service evaluation time, 7 minutes positioning time, 5 minutes scrub/dress/wait time, 20 minutes intra-service time, 10 minutes immediate post-service time, and 62 minutes total time.

For this procedure, the typical transperineal prostate biopsy entails 20 biopsies to be obtained. This includes the typical sextant biopsies with an additional 8 biopsies taken from the anterior prostate. The transperineal approach allows for much easier access to this anterior location, which is not typically biopsied from a transrectal approach. The patients that receive this procedure either have not undergone prior MRI or have undergone

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MRI with no suspicious lesion identified. During the procedure, a topical anesthetic is administered and the ultrasound probe is placed transrectally. The prostate is identified and evaluated for any hyperechoic areas on the ultrasound. Local anesthesia is then injected through the perineum and 20 biopsies are obtained, including any hyperechoic areas, using the transperineal biopsy guide to assist with the stability of the ultrasound probe throughout the biopsy process.

To support the recommended work RVU, the RUC compared the surveyed code to key reference codes 55874 *Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed* (work RVU = 3.03, 30 minutes intra-service, 70 minutes total time) and 52214 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands* (work RVU = 3.50, 30 minutes intra-service, 79 minutes total time). Of the survey respondents who chose CPT code 55874 as the key reference service, 25% of survey respondents indicated that the surveyed code was identical in intensity and complexity and 69% indicated that the surveyed code was more intense and complex when compared to the top key reference service code 55874. Moreover, 40% of survey respondents indicated that the surveyed code was identical in intensity and complexity and 40% indicated that the surveyed code was more intense and complex when compared to the second key reference service code 52214. **The RUC recommends a work RVU of 3.23 for CPT code 55709.**

55710 ***Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance biopsy, first targeted lesion***
The RUC reviewed the survey results from 58 urologists and recommends a work RVU of 3.81 based on the survey 25th percentile, which maintains relativity within the family for this code. The RUC recommends 20 minutes of pre-service evaluation time, 8 minutes positioning time, 5 minutes scrub/dress/wait time, 25 minutes intra-service time, 10 minutes immediate post-service time, and 68 minutes total time.

For this procedure, the typical number of biopsies obtained is 22 including identification of a target lesion using MRI fusion guidance. Further, adequate prostate ultrasound images must be obtained and appropriate fusion of these images with the prior MRI must be confirmed manually by the physician. The target lesion must be located on the ultrasound, and multiple biopsies are obtained of the target lesion. Following the biopsy of the target lesion, complete sextant biopsies, including the anterior zone, are obtained. This procedure is more complex when compared to code 55709 and the second highest complexity to perform within the code family.

To support the recommended work RVU, the RUC compared the surveyed code to key reference codes 55874 *Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed* (work RVU = 3.03, 30 minutes intra-service, 70 minutes total time) and 52352 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)* (work RVU = 6.75, 45 minutes intra-service, 118 minutes total time). Of the survey respondents who chose CPT code 55874 as the key reference service, 21% of survey respondents indicated that the surveyed code was identical in intensity and complexity and 72% indicated that the surveyed code was more intense and complex when compared to the first key reference service code 55874. Moreover, 17% of survey respondents indicated that the surveyed code was identical in intensity and complexity and 75% indicated that the surveyed code was more intense and complex when compared to the second key reference service code 52352. **The RUC recommends a work RVU of 3.81 for CPT code 55710.**

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I=New code s=Revised code :=Add-on code H=Modifier 51 exempt *=Telemedicine X=Audio-only ~=FDA approval pending #=Resequenced code **f**=Family Code **e**=Editorial **D**=Deleted

55711 ***Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion***
The RUC reviewed the survey results from 71 urologists and recommends a work RVU of 2.61 based on a direct crosswalk to code 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* (work RVU = 2.61, 20 minutes intra-service time, 51 minutes total time), which maintains relativity within the family for this code. The RUC recommends 22 minutes of pre-service evaluation time, 5 minutes positioning time, 5 minutes scrub/dress/wait time, 20 minutes intra-service time, 10 minutes immediate post-service time, and 62 minutes total time.

For this procedure, prior MRI imaging is fused with real-time ultrasound imaging to identify the target lesion. The ultrasound probe is placed transrectally. The target lesion is identified after the appropriate fusion and imaging is obtained and the targeted lesion is biopsied. This procedure requires two biopsies be obtained in a transrectal fashion compared to 12 biopsies obtained transrectally in other family codes.

To support the recommended work RVU, the RUC compared the surveyed code to key reference codes 55874 *Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed* (work RVU = 3.03, 30 minutes intra-service, 70 minutes total time) and 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* (work RVU = 3.64, 45 minutes intra-service, 82 minutes total time). The surveyed code is valued appropriately lower than the key reference service and other codes within this family given that only two biopsies are obtained during the procedure. **The RUC recommends a work RVU of 2.61 for CPT code 55711.**

55712 ***Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion***
The RUC reviewed the survey results from 55 urologists and recommends a work RVU of 3.10 based on a direct crosswalk to code 33993 *Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion* (work RVU = 3.10, 25 minutes intra-service time, and 70 minutes total time) which maintains relativity within the family for this code. The RUC recommends 25 minutes of pre-service evaluation time, 8 minutes positioning time, 5 minutes scrub/dress/wait time, 25 minutes intra-service time, 10 minutes immediate post-service time, and 73 minutes total time.

For this procedure, a single lesion is biopsied fusing prior MRI imaging with real-time ultrasound imaging to identify the target lesion. Adequate imaging must be obtained, and appropriate fusion technology must be used to manually identify the target lesion. Typically, two biopsies are obtained through the target lesion. The difference with this service when compared to family code 55711 is that the procedure is performed via a transperineal approach instead of a transrectal approach, even though the typical number of biopsies obtained is identical. The transrectal approach is more challenging than the transrectal approach given the additional work to get to the target lesion with the image guidance and needle placement.

To support the recommended work RVU, the RUC compared the surveyed code to key reference codes 55874 *Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed* (work RVU = 3.03, 30 minutes intra-service, 70 minutes total time) and 52352 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of*

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calculus (ureteral catheterization is included) (work RVU = 6.75, 45 minutes intra-service, 118 minutes total time). The recommended work RVU is appropriately supported by the reference codes as the total time is above the top key reference code and below the second key reference code. **The RUC recommends a work RVU of 3.10 for CPT code 55712.**

55713 ***Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant), with biopsy of additional targeted lesion(s), first targeted lesion***
The RUC reviewed the survey results from 50 urologists, radiologists, and interventional radiologists and recommends a work RVU of 4.00 based on a direct crosswalk to code 52441 *Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant* (work RVU = 4.00, 25 minutes intra-service time, and 81 minutes total time), which maintains relativity within the family for this code. The RUC recommends 30 minutes of pre-service evaluation time, 10 minutes positioning time, 9 minutes scrub/dress/wait time, 25 minutes intra-service time, 13 minutes immediate post-service time, and 87 minutes total time. The pre-service period of this code requires more time than the other family codes given the prone positioning that occurs in an MRI bore, the MRI coil focus for the prostate, and the transrectal device positioning.

For this procedure, a biopsy of a single targeted lesion as well as a sextant biopsy of the targeted lesion with 14 biopsies typically obtained. This procedure includes the real-time imaging guidance in-bore where images are acquired and utilized for the purpose of lesion localization, and avoidance of complex neurovascular structures as the biopsy device is advanced and targeted with re-imaging as needed, followed by the biopsy. This procedure does not include the fusion of previously acquired imaging with real-time ultrasound guidance as other codes in the family have required. Given that this service includes a single target lesion and the sextant biopsies, it is more challenging to perform and therefore should be valued higher than family code 55714.

To support the recommended work RVU, the RUC compared the surveyed code to key reference codes 52352 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)* (work RVU = 6.75, 45 minutes intra-service, 118 minutes total time) and 55874 *Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed* (work RVU = 3.03, 30 minutes intra-service, 70 minutes total time). They surveyed code work RVU is appropriately bracketed by the key reference services given the lower intra-service and relative intensity to perform the service. **The RUC recommends a work RVU of 4.00 for CPT code 55713.**

55714 ***Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion***
The RUC reviewed the survey results from 53 urologists, radiologists, and interventional radiologists and recommends a work RVU of 3.62 based on the survey 25th percentile, which maintains relativity within the family for this code. The RUC recommends 30 minutes of pre-service evaluation time, 10 minutes positioning time, 9 minutes scrub/dress/wait time, 30 minutes intra-service time, 13 minutes immediate post-service time, and 92 minutes total time. The pre-service period of this code requires more time than the other family codes given the prone positioning that occurs in an MRI bore, the MRI coil focus for the prostate, and the transrectal device positioning.

For this procedure, a biopsy of a single targeted lesion, in-bore, with two biopsies is typically obtained. This procedure includes real-time imaging guidance in-bore where images are acquired and utilized for the purpose of lesion localization, and avoidance of complex neurovascular structures as the biopsy device is advanced and targeted with re-imaging as needed, followed by the biopsy. This procedure does not include the fusion of

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previously acquired imaging with real-time ultrasound guidance as other codes in the family have required. Given that this service does not include the sextant biopsies, this code should be valued relatively lower than family code 55713.

To support the recommended work RVU, the RUC compared the surveyed code to key reference codes 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* (work RVU = 3.64, 45 minutes intra-service, 82 minutes total time) and 52352 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)* (work RVU = 6.75, 45 minutes intra-service, 118 minutes total time). The surveyed code is valued appropriately lower than the key reference services given the lower intra-service time. **The RUC recommends a work RVU of 3.62 for CPT code 55714.**

55715 ***Biopsy, prostate, each additional, MRI-ultrasound fusion or in-bore CT- or MRI-guided targeted lesion (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 69 urologists, radiologists, and interventional radiologists and recommends a work RVU of 1.05 based on the survey 25th percentile, which maintains relativity within the family for this code. The RUC recommends 20 minutes of intra-service time and total time.

This add-on procedure is intended to be used regardless of biopsy approach when an additional target lesion is identified on the MRI beyond the first lesion. It is expected that multiple biopsies would typically be taken from additional lesions. The work related to the first lesion is included in the other codes within this family.

To support the recommended work RVU, the RUC compared the surveyed code to key reference codes 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)* (work RVU = 1.82, 38 minutes intra-service, 43 minutes total time) and 10006 *Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)* (work RVU = 1.00, 15 minutes intra-service and total time). The work RVU is appropriately bracketed by the key reference services relative to the intra-service time required to perform this service. Further, code 10006 describes a similar service that uses image guidance to obtain biopsies of additional target lesions. **The RUC recommends a work RVU of 1.05 for CPT code 55715.**

55706 ***Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance***
The RUC reviewed the survey results from 54 urologists and recommends a work RVU of 4.27 based on a direct crosswalk to code 31254 *Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)* (work RVU = 4.27, 30 minutes intra-service, and 83 minutes total time) which maintains relativity within the family for this code. The RUC recommends 25 minutes of pre-service evaluation time, 8 minutes positioning time, 5 minutes scrub/dress/wait time, 30 minutes intra-service time, 11 minutes immediate post-service time, and 79 minutes total time. The RUC is also recommending a global period change from a 010-day global to a 000-day global.

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For this procedure, saturation biopsy of the prostate using a template grid and transperineal approach to obtain biopsies every three to four millimeters throughout the prostate gland. This procedure is the most intense and complex to perform within the code family given that between 40-60 biopsies are typically obtained based on the overall size of the prostate. This procedure requires anesthesia for patients to tolerate the procedure and remain in one position throughout the procedure to obtain true saturation biopsy of the prostate.

To support the recommended work RVU, the RUC compared the surveyed code to key reference codes 52352 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)* (work RVU = 6.75, 45 minutes intra-service, 118 minutes total time) and 55874 *Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed* (work RVU = 3.03, 30 minutes intra-service, 70 minutes total time). The recommended work RVU is appropriately bracketed by the key reference services given the total time and intensity and complexity of obtaining between 40-60 biopsies.

For additional support, the RUC referenced code 43243 *Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices* (work RVU = 4.27, 30 minutes intra-service, and 81 minutes total time) which supports the recommended work RVU given the similar times and identical work RVU. **The RUC recommends a work RVU of 4.27 for CPT code 55706.**

76872 *Ultrasound, transrectal*
The RUC reviewed the survey results from 87 urologists, radiologists, and interventional radiologists and recommends a work RVU of 0.67 based on the survey 25th percentile, which maintains relativity within the family for this code. The RUC recommends 6 minutes of pre-service evaluation time, 10 minutes intra-service time, 7 minutes immediate post-service time, and 23 minutes total time.

For this procedure, the physician fully evaluates the prostate for hypoechoic areas and prostatic calcifications. The prostate height and width are measured in the coronal plane and imaging is then changed to the sagittal plane and prostatic urethral length is measured to obtain appropriate prostatic volume measurements.

To support the recommended work RVU, the RUC compared the surveyed code to key reference codes 76942 *Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation* (work RVU = 0.67, 15 minutes intra-service, 27 minutes total time) and 76998 *Ultrasonic guidance, intraoperative* (work RVU = 0.91, 12 minutes intra-service, 22 minutes total time). The surveyed code work RVU is appropriately supported by the key reference services given the similar times. **The RUC recommends a work RVU of 0.67 for CPT code 76872.**

Practice Expense
The Practice Expense (PE) Subcommittee concurred that there is compelling evidence to support an increase over the aggregate current cost for clinical staff time, supplies and equipment for the code family based on changes in technique/technology resulting in missing required supplies and equipment.

The PE Subcommittee reviewed the direct practice expense inputs and made several modifications including removing CA026 *Clean surgical instrument package* for urology codes 55705, 55707-55712 as there are no surgical instrument packages in the supplies to clean. A change in

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clinical labor type from L051B *RN/ Diagnostic Medical Sonographer* to L037D *RN/LPN/MTA* was made for CPT code 76872 to align with the prostate biopsy code family, and also for 55713 and 55714 in CA010 and CA017. Additionally, the PE Subcommittee accepted five new supply items and one new equipment item for these services: *Transperineal ultrasound biopsy guide, Transrectal MRI- compatible -150mm fully automatic biopsy gun, Transrectal MRI-compatible needle guide, Disposable Prostate Core Biopsy Needle, Transrectal Ultrasound Biopsy Guide,* and *the UroNav system*. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

New Technology
CPT codes 55708, 55710, 55711, 55712, and 55715 will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.

Referral to CPT Editorial Panel
The RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services were few biopsies were obtained and services were numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

RUC Database Flag
The RUC recommends that this entire code family be flagged for "Do Not Use to Validate Physician Work" in the RUC database.

Work Neutrality
The RUC's recommendation for these codes will result in overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Male Genital System** **Prostate** **Incision** Prostate biopsies may be performed without (55705) or with (55706, 55707, 55708, 55709, 55710, 55711, 55712, 55713, 55714) imaging guidance. Imaging guidance may include ultrasound (55707, 55709), ultrasound with MRI-ultrasound fusion (55708, 55710, 55711, 55712), and in-bore CT or MRI guidance (55713, 55714). MRI-ultrasound (MR-US) fusion is a guidance technique that utilizes an independent				

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workstation to fuse a previously acquired (and previously reported) MRI dataset with real-time ultrasound imaging guidance to target a lesion(s) previously identified by MRI. Ultrasound-guided biopsies are typically performed in a systematic manner. This systematic biopsy divides the prostate into sextants (6 areas) which are: right base, right mid, right apex, left base, left mid, left apex. Typically, multiple biopsy cores are taken from each sextant. If discrete lesions are noted during the performance of a diagnostic ultrasound at the time of the biopsy procedure, additional targeted biopsies may be taken from each discrete lesion, but are not separately reported. MRI-ultrasound fusion biopsy includes the additional work of fusing the previously performed MRI with real-time ultrasound on an independent workstation and performing additional biopsies of the targeted lesions. CT- or MRI-guided targeted biopsies typically are performed "in-bore" (on the CT or MRI scanner itself) which includes needle placement access. Image-guided targeted biopsies performed on discrete or targeted lesions are reported once per lesion no matter the number of biopsy cores taken from that lesion. Systematic and targeted biopsies should not be confused with prostate saturation biopsy (55706) which is a unique procedure utilizing a template grid to take biopsies at 5 mm intervals through the entire prostate gland, with each specimen being labeled to the location where the core was taken. Diagnostic ultrasonography performed in the same session as prostate biopsy is included in 55706, 55707, 55708, 55709, 55710, 55711.				
D55700	-	~~Biopsy, prostate; needle or punch, single or multiple, any approach~~ ~~(If imaging guidance is performed, see 76942, 77002, 77012, 77021)~~ ~~(For fine needle aspiration biopsy, see 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012, 10021)~~ ~~(For evaluation of fine needle aspirate, see 88172, 88173)~~ ~~(For transperineal stereotactic template-guided saturation prostate biopsies, use 55706)~~ (55700 has been deleted. To report biopsy of prostate, see 55705, 55707, 55708, 55709, 55710, 55711, 55712, 55714)	~~000~~	~~(2024 Work RVU = 2.50)~~
▲55705	J1	Biopsy, prostate~~;~~ ~~incisional~~, any approach, nonimaging-guided (Do not report 55705 in conjunction with 55706, 55707, 55708, 55709, 55710, 55711, 55713, 55714, 55715, 76872, 76942, 77002, 77012, 77021) (For real-time spectral analysis of prostate tissue by fluorescence spectroscopy, use 0443T)	~~010~~ 000	1.93 (2024 Work RVU = 4.61)

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#●55707	J2	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s]) (Do not report 55707 in conjunction with 55705, 55706, 55708, 55709, 55710, 55711, 55712, 55713, 55714, 55715, 76872, 76942) (For real-time spectral analysis of prostate tissue by fluorescence spectroscopy, use 0443T)	000	2.63
#●55708	J3	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance, first targeted lesion (Do not report 55708 in conjunction with 55705, 55706, 55707, 55709, 55710, 55711, 55712, 55713, 55714, 76376, 76377, 76872, 76942, 77021) (For biopsy of additional targeted lesion[s] after the first targeted lesion, use 55715) (For real-time spectral analysis of prostate tissue by fluorescence spectroscopy, use 0443T)	000	3.39
#●55709	J4	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s]) (Do not report 55709 in conjunction with 55705, 55706, 55707, 55708, 55710, 55711, 55712, 55713, 55714, 55715, 76872, 76942) (For transperineal stereotactic template guided saturation prostate biopsies, use 55706) (For real-time spectral analysis of prostate tissue by fluorescence spectroscopy, use 0443T)	000	3.23
#●55710	J5	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance biopsy, first targeted lesion	000	3.81

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		(Do not report 55710 in conjunction with 55705, 55706, 55707, 55708, 55709, 55711, 55712, 55713, 55714, 76376, 76377, 76872, 76942, 77002, 77012, 77021) (For biopsy of additional targeted lesion [s] after the first targeted lesion, use 55715) (For transperineal stereotactic template guided saturation prostate biopsies, use 55706) (For real-time spectral analysis of prostate tissue by fluorescence spectroscopy, use 0443T)		
#●55711	J6	Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion (Do not report 55711 in conjunction with 55705, 55706, 55707, 55708, 55709, 55710, 55712, 55713, 55714, 76376, 76377, 76872, 76942, 77002, 77012, 77021) (For biopsy of additional targeted lesion [s] after the first targeted lesion, use 55715) (For real-time spectral analysis of prostate tissue by fluorescence spectroscopy, use 0443T)	000	2.61
#●55712	J7	Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion (Do not report 55712 in conjunction with 55705, 55706, 55707, 55708, 55709, 55710, 55711, 55713, 55714, 76376, 76377, 76872, 76942, 77002, 77012, 77021) (For biopsy of additional targeted lesion [s] after the first targeted lesion, use 55715) (For transperineal stereotactic template guided saturation prostate biopsies, use 55706) (For real-time spectral analysis of prostate tissue by fluorescence spectroscopy, use 0443T)	000	3.10

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#●55713	J8	Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant), with biopsy of additional targeted lesion(s), first targeted lesion (Do not report 55713 in conjunction with 55705, 55706, 55707, 55708, 55709, 55710, 55711, 55712, 55714, 77012, 77021) (Do not report 55713 in conjunction with 72192, 72193, 72194, 72195, 72196, 72197 during the same session) (For biopsy of additional targeted lesion[s] after the first targeted lesion, use 55715) (For real-time spectral analysis of prostate tissue by fluorescence spectroscopy, use 0443T)	000	4.00
#●55714	J9	Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion (Do not report 55714 in conjunction with 55705, 55706, 55707, 55708, 55709, 55710, 55711, 55712, 55713, 77012, 77021) (Do not report 55714 in conjunction with 72192, 72193, 72194, 72195, 72196, 72197 during the same session) (For biopsy of additional targeted lesion [s] after the first targeted lesion, use 55715) (For real-time spectral analysis of prostate tissue by fluorescence spectroscopy, use 0443T)	000	3.62
#●✚55715	J10	Biopsy, prostate, each additional, MRI-ultrasound fusion or in-bore CT- or MRI-guided targeted lesion (List separately in addition to code for primary procedure) (Use 55715 in conjunction with 55708, 55710, 55711, 55712, 55713, 55714)	ZZZ	1.05
(f)55706	J11	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	~~010~~ 000	4.27 (2024 Work RVU = 6.28)

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		(Do not report 55706 in conjunction with 55705, 55707, 55708, 55709, 55710, 55711, 55712, 55713, 55714, 55715, 72195, 72196, 72197, 76872, 76942, 77002, 77021) (For real-time spectral analysis of prostate tissue by fluorescence spectroscopy, use 0443T) ~~(Do not report 55706 in conjunction with 55700)~~		
… **Radiology** **Diagnostic Ultrasound** **Genitalia**				
▲76872	J12	Ultrasound, transrectal (Do not report 76872 in conjunction with 45341, 45342, 45391, 45392, 46948, 55707, 55708, 55709, 55710, 55711, 55712, 55705, 55706, 0421T, 0619T)	XXX	0.67 (2024 Work RVU = 0.69)
Ultrasonic Guidance Procedures *76942* *Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation* (Do not report 76942 in conjunction with 10004, 10005, 10006, 10021, 10030, 19083, 19285, 20604, 20606, 20611, 27096, 32408, 32554, 32555, 32556, 32557, 37760, 37761, 43232, 43237, 43242, 45341, 45342, 46948, 55705, 55706, 55707, 55708, 55709, 55710, 55711, 55712, 55874, 64415, 64416, 64417, 64445, 64446, 64447, 64448, 64479, 64480, 64483, 64484, *64466, 64467, 64468, 64469, 64473, 64474,* 64490, 64491, 64493, 64494, 64495, 76975, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0232T, 0481T, 0582T) **Radiologic Guidance** **Fluoroscopic Guidance** ✚*77002* *Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)* (Use 77002 in conjunction with 10160, 20206, 20220, 20225, 20520, 20525, 20526, 20550, 20551, 20552, 20553, 20555, 20600, 20605, 20610, 20612, 20615, 21116, 21550, 23350, 24220, 25246, 27093, 27095, 27369, 27648, 32400, 32553, 36002, 38220, 38221, 38222, 38505, 38794, 41019, 42400, 42405, 47000, 47001, 48102, 49180, 49411, 50200, 50390, 51100, 51101,				

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51102, ~~55700,~~ 55876, 60100, 62268, 62269, 64400, 64405, 64408, 64418, 64420, 64421, 64425, 64430, 64435, 64450, 64455, *64466, 64467, 64468, 64469, 64473, 64474,* 64505, 64600, 64605)

Computed Tomography Guidance

77012 *Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation*

(Do not report 77011, 70012 in conjunction with 22586)

(Do not report 77012 in conjunction with 10009, 10010, 10030, 27096, 32408, 32554, 32555, 32556, 32557, 55706, 55707, 55708, 55709, 55X03, 55711, 55712, 55713, 55715, 62270, 62272, 62328, 62329, *64466, 64467, 64468, 64469, 64473, 64474,* 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 0232T, 0481T, 0629T, 0630T)

Magnetic Resonance Imaging Guidance

77021 *Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation*

(For procedure, see appropriate organ or site)

(Do not report 77021 in conjunction with 10011, 10012, 10030, 19085, 19287, 32408, 32554, 32555, 32556, 32557, 55706, 55707, 55708, 55709, 55710, 55711, 55712, 55713, 55715, *64466, 64467, 64468, 64469, 64473, 64474,* 0232T, 0481T)

(For harvesting, preparation, and injection [s] of platelet rich plasma, use 0232T)

Category III Codes

✚*0443T* *Real-time spectral analysis of prostate tissue by fluorescence spectroscopy, including imaging guidance (List separately in addition to code for primary procedure)*

(Use 0443T in conjunction with 55707, 55708, 55709, 55710, 55711, 55712, 55713, 55715 ~~55700~~)

(Report 0443T only once per session)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:55705 Tracking Number J1 Original Specialty Recommended RVU: **1.88**
Presented Recommended RVU: **1.93**
Global Period: 000 Current Work RVU: **4.61** RUC Recommended RVU: **1.93**

CPT Descriptor: Biopsy, prostate; any approach, nonimaging-guided

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62-year-old male presents with a prostate nodule on rectal exam concerning for prostate cancer. Imaging guidance is not available. A transrectal finger-guided prostate biopsy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 76%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 14% , In the ASC 10%, In the office 76%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 85.71% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 14.29%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Laboratory and imaging studies are reviewed. Appropriate guidance method and approach are decided based on prior imaging or other clinical findings. Risks and benefits of the procedure are discussed with the patient and informed consent is obtained. The surgeon confirms that the appropriate prophylactic antibiotics were ordered. Previous biopsy results are reviewed. The patient is asked if an enema has been used and appropriate preoperative antibiotics taken. The patient is confirmed to not be taking anticoagulants and nonsteroidal antiinflammatory medications. Preprocedure vital signs are checked. The patient is positioned on the procedural table. The patient is prepped with appropriate antiseptic solution. The surgeon washes his hands and puts on personal protective equipment.

Description of Intra-Service Work: A time-out is performed for patient identification. A digital rectal examination and dilation of the anus are performed. Topical anesthetic is applied to the colonic mucosa overlying the prostate; time is allowed for the anesthetic to take effect. Local anesthetic is infiltrated around the prostate using finger guidance. Time is allowed for the anesthetic to take effect. The patient is informed that there will be sounds and sensations related to the individual biopsies. A finger is again placed per rectum and the prostate is identified. The biopsy gun is fired to take the first biopsy. The biopsy gun is then removed from the rectum. The prostate specimen core is removed from the biopsy needle and placed on a sterile pad. The gun is prepared and reinserted through the probe for the next biopsy. This process is repeated 12 times for a total of 12 sector biopsies from medial and lateral locations from the apex, base, and mid gland on the right and left sides of the prostate. Each prostate biopsy sample is placed into a formalin-filled container; each container is labeled appropriately (patient identification information and location of biopsy). Rectal pressure is applied for hemostasis.

Description of Post-Service Work: The patient is assisted in transfer from the procedural table. Recovery area care and medications are reviewed with clinical staff. Postprocedure vital signs are checked, and any immediate complications are managed. The procedure, expected outcome, signs and symptoms to watch for in subsequent days, and planned postoperative care are discussed with the patient and family. Postoperative pain is assessed. The patient and family are informed about what the pathologist will do with the tissue and when the biopsy results will be available. The paperwork required for pathology specimen submission and evaluation is prepared. The referring physician is called and informed of the outcome of the procedure and any unusual aspects of postoperative care (eg, cardiac disease, diabetes management). An operative report is dictated.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Dr. Jonathan Kiechle, Dr. Seth Cohen					
Specialty Society(ies):	AUA					
CPT Code:	55705					
Sample Size:	6999	**Resp N:**	50			
Description of Sample:	AUA performed a random sample of 6999 of its membership.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**1.00**	5.00	350.00	
Survey RVW:	0.20	1.93	**2.50**	3.54	8.20	
Pre-Service Evaluation Time:			**15.00**			
Pre-Service Positioning Time:			**5.00**			
Pre-Service Scrub, Dress, Wait Time:			**5.00**			
Intra-Service Time:	3.00	8.00	**10.00**	15.00	60.00	
Immediate Post Service-Time:	**10.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6-NF Proc w local/topical anes care req wait time

CPT Code:	55705	**Recommended Physician Work RVU: 1.93**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**17.00**	**-2.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
55876	000	1.73	**RUC Time**

CPT Descriptor Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
55874	000	3.03	**RUC Time**

CPT Descriptor Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55876	000	1.73	**RUC Time**	22,062

CPT Descriptor 1 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
10030	000	2.75	**RUC Time**	7,543

CPT Descriptor 2 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous

Other Reference CPT Code	Global	Work RVU	Time Source
52000	000	1.53	**RUC Time**

CPT Descriptor Cystourethroscopy (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: 9 **% of respondents:** 18.0 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 16.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 55705	Top Key Reference CPT Code: 55876	2nd Key Reference CPT Code: **55874**
Median Pre-Service Time	25.00	29.00	25.00
Median Intra-Service Time	10.00	20.00	30.00
Median Immediate Post-service Time	10.00	10.00	15
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**45.00**	**59.00**	**70.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	11%	22%	44%	11%	11%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	67%	33%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	22%	56%	22%
Physical effort required	11%	56%	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	22%	33%	44%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	50%	50%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	25%	50%	25%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	88%	12%
Physical effort required	0%	100	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	0%	63%	37%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background and Compelling Evidence:

A new family of prostate biopsy codes was created due to the current prostate biopsy code, 55700, being billed more than 75% of the time with code 76872, ultrasound, transrectal. There has been significant technological change since the last RUC survey of 55700 in 2016. An increasing number of patients undergoing prostate biopsies are having biopsies

performed from a transperineal approach instead of the traditional transrectal biopsy. Prostate MRI has also been shown to have excellent sensitivity for the detection of clinically significant prostate cancer. Thus, many patients are undergoing pre-biopsy MRI with plan for image guided fusion biopsy of the suspicious lesion. This change in procedural technique and technology resulted in the need for a new family of codes to describe prostate biopsy work and meets the RUC threshold for compelling evidence.

Recommendation:
We are recommending the 25th percentile RVW of 1.93 for 55705. This service was previously typically reported with 55700 (RVW- 2.50). The results of the survey of this family of codes demonstrates the significant increase in complexity in coding being asked of physicians going from coding almost all prostate biopsy services with 55700 to a family of 12 different codes. The reported intraservice time for many codes in this survey family demonstrates confusion among the survey respondents. Codes have the same reported intraservice time whether they are meant to be used to report one biopsy or 13 (or more) biopsies.

The lack of imaging guidance for this code does increase the procedural intensity. The performing health professional must identify the prostate and any specific concerning nodules with finger guidance alone. The biopsy instrument must then be introduced using only the performing health professional's opposite hand finger as a guide. Significant care must be taken to both ensure adequacy of the biopsy samples while simultaneously avoiding self-harm when performing this procedure due to the non-imaging guided nature of the procedure.

A database search of RUC reviewed codes since 2014 with an intraservice time of 10 minutes, total time between 30 and 45 minutes and a 000-day global period reveals 13 codes. 55705 with a RVW of 1.93 would fit nicely within the fee schedule with 13 codes ranging from RVW 0.80 to 3.00.

We understand the import of surveys to the RUC process but unfortunately the intraservices times for these services are difficult to understand across the family of surveyed codes given the inherent difference in work between taking one biopsy and multiple biopsies. Therefore, we feel that the intraservice times as reported by the survey respondents are not reliable indicators of the work or time involved. We are requesting that after recommending values for this family of codes that the codes be sent back to CPT for the next cycle and that re-survey then be performed with a new set of codes and code descriptors that more clearly explain the work involved.

Pre-time package 6 and Post-time package 7a are selected. Evaluation time and scrub, dress, wait time are reduced to be consistent with the survey median. The positioning time was increased to match survey times as the patient requires positioning in left lateral decubitus position. Post-time is decreased based on survey median results.

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) 55700

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 UROLOGY 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? 500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Urology Frequency 500 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 400
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Urology Frequency 400 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 55700

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:55707 Tracking Number J2 Original Specialty Recommended RVU: **2.63**
Presented Recommended RVU: **2.63**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **2.63**

CPT Descriptor: Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62-year-old male presents with an elevated prostate specific antigen (PSA). The patient elects to undergo a transrectal-ultrasound guided prostate needle biopsy.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 10% , In the ASC 14%, In the office 75%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Laboratory and imaging studies are reviewed. Appropriate guidance method and approach are decided based on prior imaging or other clinical findings. Availability of ultrasound equipment is confirmed. Risks and benefits of the procedure are discussed with the patient and informed consent is obtained. The surgeon confirms that the appropriate prophylactic antibiotics were ordered. Previous biopsy results are reviewed. The patient is asked if an enema has been used and appropriate preoperative antibiotics taken. The patient is confirmed to not be taking anticoagulants and nonsteroidal antiinflammatory medications. Preprocedure vital signs are checked. The patient is positioned on the procedural table in left lateral decubitus position. The patient is prepped with appropriate antiseptic solution. The surgeon washes his hands and puts on personal protective equipment.

Description of Intra-Service Work: A time-out is performed for patient identification. A digital rectal examination and dilation of the anus are performed. Topical anesthetic is applied to the colonic mucosa overlying the prostate; time is allowed for the anesthetic to take effect. The ultrasound probe is placed per rectum. The prostate is identified. Local anesthetic is infiltrated with around the seminal vesicles and prostate using imaging guidance. Time is allowed for the anesthetic to take effect. The patient is informed that there will be sounds and sensations related to the individual biopsies. The biopsy gun is fired to take the first biopsy. The biopsy gun is then removed keeping the ultrasound probe in place. The prostate specimen core is removed from the biopsy needle and placed on a sterile pad. The gun is prepared and reinserted through the probe for the next biopsy. This process is repeated 12 times for a total of 12 sector biopsies from medial and lateral locations from the apex, base, and mid gland on the right and left sides of the prostate. Each prostate biopsy sample is placed into a formalin-filled container; each container is labeled appropriately (patient identification information and location of biopsy). Rectal pressure is applied for hemostasis.

Description of Post-Service Work: The patient is assisted in transfer from the procedural table. Recovery area care and medications are reviewed with clinical staff. Postprocedure vital signs are checked, and any immediate complications are managed. The procedure, expected outcome, signs and symptoms to watch for in subsequent days, and planned postoperative care are discussed with the patient and family. Postoperative pain is assessed. The patient and family are informed about what the pathologist will do with the tissue and when the biopsy results will be available. The paperwork required for pathology specimen submission and evaluation is prepared. The referring physician is called and informed of

the outcome of the procedure and any unusual aspects of postoperative care (eg, cardiac disease, diabetes management). An operative report is dictated.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Dr. Jonathan Kiechle, Dr. Seth Cohen					
Specialty Society(ies):	AUA					
CPT Code:	55707					
Sample Size:	6999	**Resp N:**	99			
Description of Sample:	AUA performed a random sample of 6999 of its membership.					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	10.00	**28.00**	70.00	300.00
Survey RVW:		0.30	2.63	**3.20**	4.00	26.00
Pre-Service Evaluation Time:				**17.00**		
Pre-Service Positioning Time:				**5.00**		
Pre-Service Scrub, Dress, Wait Time:				**5.00**		
Intra-Service Time:		5.00	10.00	**15.00**	20.00	45.00
Immediate Post Service-Time:	**8.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6-NF Proc w local/topical anes care req wait time

CPT Code:	55707	**Recommended Physician Work RVU: 2.63**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**17.00**	**17.00**	**0.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7B Local/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**8.00**	**21.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
55876	000	1.73	**RUC Time**

CPT Descriptor Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
55874	000	3.03	**RUC Time**

CPT Descriptor Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55876	000	1.73	**RUC Time**	22,062

CPT Descriptor 1 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
10030	000	2.75	**RUC Time**	7,543

CPT Descriptor 2 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous

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: 18 **% of respondents:** 18.18 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 15.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 55707	Top Key Reference CPT Code: 55876	2nd Key Reference CPT Code: **55874**
Median Pre-Service Time	27.00	29.00	25.00
Median Intra-Service Time	15.00	20.00	30.00
Median Immediate Post-service Time	8	10.00	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
Median Total Time	**50.00**	**59.00**	**70.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	6%	44%	33%	17%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	28%	66%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	11%	72%	17%
Physical effort required	11%	56%	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	11%	33%	56%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	60%	33%	7%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	40%	47%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	13%	67%	20%
Physical effort required	0%	86%	14%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	53%	47%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background and Compelling Evidence:

A new family of prostate biopsy codes was created due to the current prostate biopsy code, 55700, being billed more than 75% of the time with code 76872, ultrasound, transrectal. There has been significant technological change since the last RUC survey of 55700 in 2016. An increasing number of patients undergoing prostate biopsies are having biopsies

performed from a transperineal approach instead of the traditional transrectal biopsy. Prostate MRI has also been shown to have excellent sensitivity for the detection of clinically significant prostate cancer. Thus, many patients are undergoing pre-biopsy MRI with plan for image guided fusion biopsy of the suspicious lesion. This change in procedural technique and technology resulted in the need for a new family of codes to describe prostate biopsy work and meets the RUC threshold for compelling evidence.

Recommendation:
We are recommending the 25th percentile RVW of 2.63 for 55707. This service was previously typically reported with 55700 (RVW- 2.50) and 76872 (RVW- 0.69). Both prior codes had an intraservice time of 15 minutes. The results of the survey of this family of codes demonstrates the significant increase in complexity in coding being asked of physicians going from coding almost all prostate biopsy services with 55700 to a family of 12 different codes. The reported intraservice time for many codes in this survey family demonstrates confusion among the survey respondents. Codes have the same reported intraservice time whether they are meant to be used to report one biopsy or 13 (or more) biopsies.

A database search of RUC reviewed codes since 2014 with an intraservice time of 15 minutes, total time between 45 and 55 minutes and a 000-day global period reveals 21 codes. 55707 with a RVW of 2.63 would be the highest value code with three codes valued at 2.43. However, if the search expands to include codes with an intraservice time of 20 minutes, 55707 fits nicely within the fee schedule with 35 codes ranging from RVW 1.10 to 2.70.

We understand the import of surveys to the RUC process but unfortunately the intraservices times for these services are difficult to understand across the family of surveyed codes given the inherent difference in work between taking one biopsy and multiple biopsies. Therefore, we feel that the intraservice times as reported by the survey respondents are not reliable indicators of the work or time involved. We are requesting that after recommending values for this family of codes that the codes be sent back to CPT for the next cycle and that re-survey then be performed with a new set of codes and code descriptors that more clearly explain the work involved.

Pre-time package 6 and Post-time package 7b are selected. The patient is straightforward, and the biopsy procedure is complex.. Evaluation time and scrub, dress, wait time are reduced to be consistent with the survey median. The positioning time was increased to match survey times as the patient requires positioning in left lateral decubitus position. Post-time is decreased based on survey median results.

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) 55700 and 76872

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 Urology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 75,000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Claims data

Specialty Urology Frequency 75,000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 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. Claims data

Specialty Urology Frequency 50000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 55700

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:55708 Tracking Number J3 Original Specialty Recommended RVU: **3.39**
Presented Recommended RVU: **3.39**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **3.39**

CPT Descriptor: Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance, first targeted lesion

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62-year-old male presents with an elevated prostate specific antigen (PSA). A multi-parametric prostate MRI reveals a targeted lesion concerning for cancer. After a discussion of the patient's options, the patient chooses to undergo a transrectal ultrasound-guided prostate sextant biopsy with MRI-fusion guided biopsy of the targeted lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 20% , In the ASC 33.75%, In the office 46.25%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Laboratory and imaging studies are reviewed. Appropriate guidance method and approach are decided based on prior imaging or other clinical findings. Availability of ultrasound equipment and MRI fusion equipment is confirmed. Availability of appropriately marked and uploaded prostate MRI is confirmed. Risks and benefits of the procedure are discussed with the patient and informed consent is obtained. The surgeon confirms that the appropriate prophylactic antibiotics were ordered. Previous biopsy results are reviewed. The patient is asked if an enema has been used and appropriate preoperative antibiotics taken. The patient is confirmed to not be taking anticoagulants and nonsteroidal antiinflammatory medications. Preprocedure vital signs are checked. The patient is positioned on the procedural table in left lateral decubitus position. The patient is prepped with appropriate antiseptic solution. The surgeon washes his hands and puts on personal protective equipment.

Description of Intra-Service Work: A time-out is performed for patient identification. A digital rectal examination and dilation of the anus are performed. Topical anesthetic is applied to the colonic mucosa overlying the prostate; time is allowed for the anesthetic to take effect. The ultrasound probe is placed per rectum. The prostate is identified. Starting at the base of the prostate ultrasound images are obtained moving in a steady, continuous pace towards the apex. This is done in conjunction with the MRI fusion software to allow for real time image fusion for targeted biopsy. Local anesthetic is infiltrated around the seminal vesicles and prostate using imaging guidance. Time is allowed for the anesthetic to take effect. The patient is informed that there will be sounds and sensations related to the individual biopsies. The targeted lesion is identified using ultrasound guidance with real-time fusion with the previously obtained MRI. After confirmation of the targeted lesion the biopsy gun is fired to take the first biopsy. The biopsy gun is then removed keeping the ultrasound probe in place. The prostate specimen core is removed from the biopsy needle and placed on a sterile pad. The gun is prepared and reinserted through the probe for the next biopsy. A second core is taken from the targeted lesion to ensure appropriate sampling of the area. Attention is then turned to the non-targeted biopsies. 12 sector biopsies from medial and lateral locations from the apex, base, and mid gland on the right and left sides of the prostate are obtained using ultrasound guidance. Each prostate biopsy sample is placed into a formalin-filled container; each container is labeled appropriately (patient identification information and location of biopsy). Following completion of all biopsies the ultrasound probe is removed. Rectal pressure is applied for hemostasis.

Description of Post-Service Work: The patient is assisted in transfer from the procedural table. Recovery area care and medications are reviewed with clinical staff. Postprocedure vital signs are checked, and any immediate complications are managed. The procedure, expected outcome, signs and symptoms to watch for in subsequent days, and planned postoperative care are discussed with the patient and family. Postoperative pain is assessed. The patient and family are informed about what the pathologist will do with the tissue and when the biopsy results will be available. The paperwork required for pathology specimen submission and evaluation is prepared. The referring physician is called and informed of the outcome of the procedure and any unusual aspects of postoperative care (eg, cardiac disease, diabetes management). An operative report is dictated.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Dr. Jonathan Kiechle, Dr. Seth Cohen					
Specialty Society(ies):	AUA					
CPT Code:	55708					
Sample Size:	6999	**Resp N:**	80			
Description of Sample:	AUA performed a random sample of 6999 of its membership.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	10.00	**25.00**	60.00	300.00	
Survey RVW:	0.30	3.39	**4.10**	5.50	30.00	
Pre-Service Evaluation Time:			**20.00**			
Pre-Service Positioning Time:			**5.00**			
Pre-Service Scrub, Dress, Wait Time:			**5.00**			
Intra-Service Time:	5.00	15.00	**20.00**	28.00	45.00	
Immediate Post Service-Time:	**10.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	55708	**Recommended Physician Work RVU: 3.39**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**20.00**	**33.00**	**-13.00**
Pre-Service Positioning Time:		**5.00**	**3.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**15.00**	**-10.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7B Local/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**21.00**	**-11.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19085	000	3.64	**RUC Time**

CPT Descriptor 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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
55874	000	3.03	**RUC Time**

CPT Descriptor Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52332	000	2.82	**RUC Time**	13,5354

CPT Descriptor 1 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52441	000	4.00	**RUC Time**	22,785

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 10 **% of respondents:** 12.5 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 12.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 55708	Top Key Reference CPT Code: 19085	2nd Key Reference CPT Code: **55874**
Median Pre-Service Time	30.00	22.00	25.00
Median Intra-Service Time	20.00	45.00	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
Median Total Time	**60.00**	**82.00**	**70.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	30%	60%	10%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	20%	80%
Physical effort required	0%	22%	78%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with	0%	40%	60%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	40%	20%	40%

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%	30%	70%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	40%	60%
Physical effort required	0%	60%	40%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	20%	70%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background and Compelling Evidence:

A new family of prostate biopsy codes was created due to the current prostate biopsy code, 55700, being billed more than 75% of the time with code 76872, ultrasound, transrectal. There has been significant technological change since the last RUC survey of 55700 in 2016. An increasing number of patients undergoing prostate biopsies are having biopsies performed from a transperineal approach instead of the traditional transrectal biopsy. Prostate MRI has also been shown to have excellent sensitivity for the detection of clinically significant prostate cancer. Thus, many patients are undergoing pre-biopsy MRI with plan for image guided fusion biopsy of the suspicious lesion. This change in procedural technique and technology resulted in the need for a new family of codes to describe prostate biopsy work and meets the RUC threshold for compelling evidence.

Recommendation:
We are recommending the 25th percentile RVW of 3.39 for 55708. This service was previously typically reported with 55700 (RVW- 2.50) and 76872 (RVW- 0.69). This code is substantially more complex than 55707. Prior MRI imaging needs to be fused with real-time ultrasound imaging to identify the target lesion. Adequate prostate ultrasound images must be obtained and appropriate fusion of the images with prior MRI must be confirmed manually by the physician. The target lesion must be located on the ultrasound and multiple biopsies are obtained of the target lesion. Following biopsy of the target lesion, complete sextant biopsies are obtained as in code 55707.

The results of the survey of this family of codes demonstrates the significant increase in complexity in coding being asked of physicians going from coding almost all prostate biopsy services with 55700 to a family of 12 different codes. The reported intraservice time for many codes in this survey family demonstrates confusion among the survey respondents. Codes have the same reported intraservice time whether they are meant to be used to report one biopsy or 13 (or more) biopsies. The additional work of obtaining adequate imaging, fusing the images with the prior MRI, confirming appropriateness of the fusion results, locating the lesion, and taking multiple biopsies of the lesion requires significant time as evidenced by the intraservice time of 20 minutes for code 55711 which is for a transrectal biopsy of just the target lesion without the subsequent sextant biopsies.

A database search of RUC reviewed codes since 2014 with an intraservice time of 20 minutes, total time between 55 and 65 minutes and a 000-day global period reveals 7 codes. 55708 with a RVW of 3.39 would be the second highest value code with an overall RVU range of 1.81-6.45.

We understand the import of surveys to the RUC process but unfortunately the intraservices times for these services are difficult to understand across the family of surveyed codes given the inherent difference in work between taking one biopsy and multiple biopsies. Therefore, we feel that the intraservice times as reported by the survey respondents are not reliable indicators of the work or time involved. We are requesting that after recommending values for this family of codes that the codes be sent back to CPT for the next cycle and that re-survey then be performed with a new set of codes and code descriptors that more clearly explain the work involved.

Pre-time package 3 and Post-time package 7b are selected. The patient is straightforward, and the biopsy procedure is complex.. Evaluation time and scrub, dress, wait time are reduced to be consistent with the survey median. The positioning time was increased to match survey times as the patient requires positioning in left lateral decubitus position. Post-time is decreased based on survey median results.

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) 55700 and 76872

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 Urology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 50,000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Claims data

Specialty Urology Frequency 50,000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 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. Claims Data

Specialty Urology Frequency 35000 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 55700

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:55709 Tracking Number J4 Original Specialty Recommended RVU: **3.23**
Presented Recommended RVU: **3.23**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **3.23**

CPT Descriptor: Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62-year-old male presents with an elevated prostate specific antigen (PSA). The patient elects to undergo a transperineal-ultrasound guided prostate needle biopsy.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 33.33% , In the ASC 35%, In the office 31.67%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Laboratory and imaging studies are reviewed. Appropriate guidance method and approach are decided based on prior imaging or other clinical findings. Availability of ultrasound equipment is confirmed. Risks and benefits of the procedure are discussed with the patient and informed consent is obtained. The surgeon confirms that the appropriate prophylactic antibiotics were ordered. Previous biopsy results are reviewed. The patient is asked if appropriate preoperative antibiotics were taken. The patient is confirmed to not be taking anticoagulants and nonsteroidal antiinflammatory medications. Preprocedure vital signs are checked. The patient is positioned on the procedural table. The patient is prepped with appropriate antiseptic solution. The surgeon washes his hands and puts on personal protective equipment.

Description of Intra-Service Work: A time-out is performed for patient identification. A digital rectal examination and dilation of the anus are performed. Topical anesthetic is applied to the colonic mucosa overlying the prostate; time is allowed for the anesthetic to take effect. The ultrasound probe is placed per rectum. The prostate is identified. The perineal prostate guide is placed and secured on the ultrasound probe. The guide is then secured to the patient using the included needle trocar. Local anesthetic is infiltrated around the seminal vesicles and prostate using imaging guidance. Time is allowed for the anesthetic to take effect. The patient is informed that there will be sounds and sensations related to the individual biopsies. The biopsy gun is fired through the perineal guide to take the first biopsy. The biopsy gun is then removed keeping the ultrasound probe in place. The prostate specimen core is removed from the biopsy needle and placed on a sterile pad. The gun is prepared and reinserted through the probe for the next biopsy. This process is repeated for the first three left posterior biopsies. Two biopsies are taken from each left posterior section (medial, lateral, base). The needle trocar is then repositioned for right posterior biopsies. Two biopsies are taken from each right posterior section (medial, lateral, base). The needle trocar is repositioned for left anterior biopsies. Two biopsies are taken from each left anterior section (medial, lateral). The needle trocar is then repositioned for right anterior biopsies. Two biopsies are taken from each right anterior section (medial, lateral). Each prostate biopsy sample is placed into a formalin-filled container; each container is labeled appropriately (patient identification information and location of biopsy). The perineal biopsy guide is removed. The ultrasound probe is removed. Sterile dressing is applied.

Description of Post-Service Work: The patient is assisted in transfer from the procedural table. Recovery area care and medications are reviewed with clinical staff. Postprocedure vital signs are checked, and any immediate complications are

managed. The procedure, expected outcome, signs and symptoms to watch for in subsequent days, and planned postoperative care are discussed with the patient and family. Postoperative pain is assessed. The patient and family are informed about what the pathologist will do with the tissue and when the biopsy results will be available. The paperwork required for pathology specimen submission and evaluation is prepared. The referring physician is called and informed of the outcome of the procedure and any unusual aspects of postoperative care (eg, cardiac disease, diabetes management). An operative report is dictated

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Dr. Johnathan Kiechle, Dr. Seth Cohen					
Specialty Society(ies):	AUA					
CPT Code:	55709					
Sample Size:	6999	**Resp N:**	60			
Description of Sample:	AUA performed a random sample of 6999 of its membership.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	2.00	**10.00**	25.00	300.00	
Survey RVW:	0.40	3.23	**4.20**	5.21	10.20	
Pre-Service Evaluation Time:			**20.00**			
Pre-Service Positioning Time:			**7.00**			
Pre-Service Scrub, Dress, Wait Time:			**5.00**			
Intra-Service Time:	6.00	15.00	**20.00**	25.00	60.00	
Immediate Post Service-Time:	**10.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	55709	**Recommended Physician Work RVU: 3.23**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**20.00**	**33.00**	**-13.00**
Pre-Service Positioning Time:		**7.00**	**3.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**15.00**	**-10.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7B Local/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**21.00**	**-11.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
55874	000	3.03	**RUC Time**

CPT Descriptor Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52214	000	3.50	**RUC Time**

CPT Descriptor Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

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
52332	000	2.82	**RUC Time**	135,354

CPT Descriptor 1 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52441	000	4.00	**RUC Time**	22,785

CPT Descriptor 2 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 26.6 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 8.33 **%**

TIME ESTIMATES (Median)

	CPT Code: 55709	Top Key Reference CPT Code: 55874	2nd Key Reference CPT Code: **52214**
Median Pre-Service Time	32.00	25.00	29.00
Median Intra-Service Time	20.00	30.00	30.00
Median Immediate Post-service Time	10.00	15.00	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	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**62.00**	**70.00**	**79.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	6%	25%	31%	38%

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%	31%	63%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	38%	62%
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	6%	25%	69%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	20%	40%	40%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	60%	40%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	60%	40%
Physical effort required	20%	80%	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	20%	20%	60%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background and Compelling Evidence:

A new family of prostate biopsy codes was created due to the current prostate biopsy code, 55700, being billed more than 75% of the time with code 76872, ultrasound, transrectal. There has been significant technological change since the last RUC survey of 55700 in 2016. An increasing number of patients undergoing prostate biopsies are having biopsies performed from a transperineal approach instead of the traditional transrectal biopsy. Prostate MRI has also been shown to have excellent sensitivity for the detection of clinically significant prostate cancer. Thus, many patients are undergoing pre-biopsy MRI with plan for image guided fusion biopsy of the suspicious lesion. This change in procedural technique and technology resulted in the need for a new family of codes to describe prostate biopsy work and meets the RUC threshold for compelling evidence.

Recommendation:

We are recommending the 25th percentile RVW of 3.23 for 55709. This service was previously typically reported with 55700 (RVW- 2.50) and 76872 (RVW- 0.69). Both prior codes had an intraservice time of 15 minutes. The results of the survey of this family of codes demonstrates the significant increase in complexity in coding being asked of physicians going from coding almost all prostate biopsy services with 55700 to a family of 12 different codes. The reported intraservice time for many codes in this survey family demonstrates confusion among the survey respondents. Codes have the same reported intraservice time whether they are meant to be used to report one biopsy or 13 (or more) biopsies.

The transperineal prostate biopsy typically requires twenty biopsies to be obtained as explained in the description of work. Imaging guidance is used throughout to ensure appropriate sampling throughout the prostate gland at the recommend positions. Unfortunately, as discussed with the other codes in this family, survey results regarding intraservice time for the transperineal codes 55709, 55710, 55712, and 57706 are difficult to interpret given the significant difference in work involved with these codes.

A database search of RUC reviewed codes since 2014 with an intraservice time between 20 and 25 minutes, total time between 60 and 70 minutes and a 000-day global period reveals 8 codes. 55709 with a RVW of 3.23 would fit within this portion of the fee schedule with an overall RVW range of 1.81-6.45.

We understand the import of surveys to the RUC process but unfortunately the intraservices times for these services are difficult to understand across the family of surveyed codes given the inherent difference in work between taking one biopsy and multiple biopsies. Therefore, we feel that the intraservice times as reported by the survey respondents are not reliable indicators of the work or time involved. We are requesting that after recommending values for this family of codes that the codes be sent back to CPT for the next cycle and that re-survey then be performed with a new set of codes and code descriptors that more clearly explain the work involved.

Pre-time package 3 and Post-time package 7b are selected. The patient is straightforward, and the biopsy procedure is complex.. Evaluation time and scrub, dress, wait time are reduced to be consistent with the survey median. The positioning time was increased to match survey times as the patient requires positioning in dorsal lithotomy. Post-time is decreased based on survey median results.

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) 55700 and 76872

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 Urology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 20,000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Claims data

Specialty Urology Frequency 20,000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Claims Data

Specialty Urology Frequency 10000 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 55700

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:55710 Tracking Number J5 Original Specialty Recommended RVU: **4.07**
Presented Recommended RVU: **3.81**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **3.81**

CPT Descriptor: Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusion guidance biopsy, first targeted lesion

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62-year-old male presents with an elevated prostate specific antigen (PSA). A multi-parametric prostate MRI reveals a targeted lesion concerning for cancer. The patient elects multi-parametric prostate MRI reveals a targeted lesion concerning for cancer. The patient elects to undergo a transperineal ultrasound-guided prostate biopsy with MRI-fusion guided biopsy(ies) of the targeted lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 38% , In the ASC 34%, In the office 28%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Laboratory and imaging studies are reviewed. Appropriate guidance method and approach are decided based on prior imaging or other clinical findings. Availability of ultrasound equipment and MRI fusion equipment is confirmed. Availability of appropriately marked and uploaded prostate MRI is confirmed. Risks and benefits of the procedure are discussed with the patient and informed consent is obtained. The surgeon confirms that the appropriate prophylactic antibiotics were ordered. Previous biopsy results are reviewed. The patient is confirmed to not be taking anticoagulants and nonsteroidal antiinflammatory medications. Preprocedure vital signs are checked. The patient is positioned on the procedural table. The patient is prepped with appropriate antiseptic solution. The surgeon washes his hands and puts on personal protective equipment. A time-out is performed for patient identification.

Description of Intra-Service Work: A digital rectal examination and dilation of the anus are performed. Topical anesthetic is applied to the colonic mucosa overlying the prostate; time is allowed for the anesthetic to take effect. The ultrasound probe is placed per rectum. The prostate is identified. Starting at the base of the prostate ultrasound images are obtained moving in a steady, continuous pace towards the apex. This is done in conjunction with the MRI fusion software to allow for real time image fusion for targeted biopsy. The perineal prostate guide is placed and secured on the ultrasound probe. The guide is then secured to the patient using the included needle trocar. Local anesthetic is infiltrated around the seminal vesicles and prostate using imaging guidance. Time is allowed for the anesthetic to take effect. The patient is informed that there will be sounds and sensations related to the individual biopsies. The targeted lesion is identified using ultrasound guidance with real-time fusion with the previously obtained MRI. After confirmation of the targeted lesion the biopsy gun is fired to take the first biopsy. The biopsy gun is then removed keeping the ultrasound probe in place. The prostate specimen core is removed from the biopsy needle and placed on a sterile pad. The gun is prepared and reinserted through the probe for the next biopsy. A second core is taken from the targeted lesion to ensure appropriate sampling of the area. Attention is then turned to the non-targeted biopsies. The biopsy gun is fired through the perineal guide to take the first non-targeted biopsy. The biopsy gun is then removed keeping the ultrasound probe in place. The prostate specimen core is removed from the biopsy needle and placed on a sterile pad. The gun is prepared and reinserted through the probe for the next biopsy. This process is repeated for the first three left posterior biopsies. Two biopsies are taken from each left

posterior section (medial, lateral, base). The needle trocar is then repositioned for right posterior biopsies. Two biopsies are taken from each right posterior section (medial, lateral, base). The needle trocar is repositioned for left anterior biopsies. Two biopsies are taken from each left anterior section (medial, lateral). The needle trocar is then repositioned for right anterior biopsies. Two biopsies are taken from each right anterior section (medial, lateral). Each prostate biopsy sample is placed into a formalin-filled container; each container is labeled appropriately (patient identification information and location of biopsy). The perineal biopsy guide is removed. The ultrasound probe is removed. Sterile dressing is applied.

Description of Post-Service Work: The patient is assisted in transfer from the procedural table. Recovery area care and medications are reviewed with clinical staff. Postprocedure vital signs are checked, and any immediate complications are managed. The procedure, expected outcome, signs and symptoms to watch for in subsequent days, and planned postoperative care are discussed with the patient and family. Postoperative pain is assessed. The patient and family are informed about what the pathologist will do with the tissue and when the biopsy results will be available. The paperwork required for pathology specimen submission and evaluation is prepared. The referring physician is called and informed of the outcome of the procedure and any unusual aspects of postoperative care (eg, cardiac disease, diabetes management). An operative report is dictated

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Dr. Jonathan Kiechle, Dr. Seth Cohen					
Specialty Society(ies):	AUA					
CPT Code:	55710					
Sample Size:	6999	**Resp N:**	58			
Description of Sample:	AUA performed a random sample of 6999 of its membership.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	5.00	**10.00**	39.00	300.00	
Survey RVW:	0.40	3.81	**5.03**	6.54	10.30	
Pre-Service Evaluation Time:			**20.00**			
Pre-Service Positioning Time:			**8.00**			
Pre-Service Scrub, Dress, Wait Time:			**5.00**			
Intra-Service Time:	6.00	20.00	**25.00**	30.00	70.00	
Immediate Post Service-Time:	**10.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	55710	**Recommended Physician Work RVU: 3.81**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**20.00**	**33.00**	**-13.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**15.00**	**-10.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7B Local/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**21.00**	**-11.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
55874	000	3.03	**RUC Time**

CPT Descriptor Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52352	000	6.75	**RUC Time**

CPT Descriptor Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

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
52441	000	4.00	**RUC Time**	22,785

CPT Descriptor 1 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	30,890

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

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:** 24.1 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 20.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 55710	Top Key Reference CPT Code: 55874	2nd Key Reference CPT Code: **52352**
Median Pre-Service Time	33.00	25.00	53.00
Median Intra-Service Time	25.00	30.00	45.00
Median Immediate Post-service Time	10.00	15.00	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	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**68.00**	**70.00**	**118.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	7%	21%	29%	43%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	21%	79%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	7%	21%	72%
Physical effort required	0%	43%	57%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician	7%	21%	72%

• Estimated risk of malpractice suit with poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	8%	17%	50%	25%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	25%	75%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	33%	59%
Physical effort required	8%	42%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	42%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background and Compelling Evidence:

A new family of prostate biopsy codes was created due to the current prostate biopsy code, 55700, being billed more than 75% of the time with code 76872, ultrasound, transrectal. There has been significant technological change since the last RUC survey of 55700 in 2016. An increasing number of patients undergoing prostate biopsies are having biopsies performed from a transperineal approach instead of the traditional transrectal biopsy. Prostate MRI has also been shown to have excellent sensitivity for the detection of clinically significant prostate cancer. Thus, many patients are undergoing pre-biopsy MRI with plan for image guided fusion biopsy of the suspicious lesion. This change in procedural technique and technology resulted in the need for a new family of codes to describe prostate biopsy work and meets the RUC threshold for compelling evidence.

Recommendation:
We are recommending an RVW of 3.81 for 55710. This service was previously typically reported with 55700 (RVW- 2.50) and 76872 (RVW- 0.69). Both prior codes had an intraservice time of 15 minutes.

The results of the survey of this family of codes demonstrates the significant increase in complexity in coding being asked of physicians going from coding almost all prostate biopsy services with 55700 to a family of 12 different codes. The reported intraservice time for many codes in this survey family demonstrates confusion among the survey respondents. Codes have the same reported intraservice time whether they are meant to be used to report one biopsy or 13 (or more) biopsies.

The standard transperineal prostate biopsy typically requires twenty biopsies to be obtained as explained in the description of work. Imaging guidance is used throughout to ensure appropriate sampling throughout the prostate gland at the recommend positions. Unfortunately, as discussed with the other codes in this family, survey results regarding intraservice time for the transperineal codes 55709, 55710, 55712, and 57706 are difficult to interpret given the significant difference in work involved with these codes.

55710 requires the typical 20 biopsies performed with 55709 along with identification of a target lesion using MRI fusion guidance. Adequate prostate ultrasound images must be obtained and appropriate fusion of the images with prior MRI must be confirmed manually by the physician. The target lesion must be located on the ultrasound and multiple biopsies are obtained of the target lesion. Following biopsy of the target lesion, complete sextant biopsies are obtained as in code 55709.

A database search of RUC reviewed codes since 2014 with an intraservice time between 25 and 30 minutes, total time between 60 and 70 minutes and a 000-day global period reveals 29 codes. 55710 with a RVW of 3.81 would fit within this portion of the fee schedule with an overall RVW range of 1.90-4.57 and would maintain appropriate relativity within this complex family of codes.

We understand the import of surveys to the RUC process but unfortunately the intraservice times for these services are difficult to understand across the family of surveyed codes given the inherent difference in work between taking one biopsy and multiple biopsies. Therefore, we feel that the intraservice times as reported by the survey respondents are not reliable indicators of the work or time involved. We are requesting that after recommending values for this family of codes that the codes be sent back to CPT for the next cycle and that re-survey then be performed with a new set of codes and code descriptors that more clearly explain the work involved.

Pre-time package 3 and Post-time package 7b are selected. The patient is straightforward, and the biopsy procedure is complex.. Evaluation time and scrub, dress, wait time are reduced to be consistent with the survey median. The positioning time was increased to match survey times as the patient requires positioning in dorsal lithotomy. Post-time is decreased based on survey median results.

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) 55700 and 76872

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 Urology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 20,000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Claims Data

Specialty Urology Frequency 20,000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Claims Data

Specialty Urology Frequency 10000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 55700

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:55711 Tracking Number J6 Original Specialty Recommended RVU: **2.70**
Presented Recommended RVU: **2.61**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **2.61**

CPT Descriptor: Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62-year-old male presents with rising prostate specific antigen (PSA) after radiation treatment for prostate cancer. A multi-parametric prostate MRI reveals a targeted lesion concerning for recurrent cancer. The patient elects to undergo a transrectal MRI-fusion guided biopsy of the targeted lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 95.77%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 25% , In the ASC 35%, In the office 40%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Laboratory and imaging studies are reviewed. Appropriate guidance method and approach are decided based on prior imaging or other clinical findings. Availability of ultrasound equipment and MRI fusion equipment is confirmed. Availability of appropriately marked and uploaded prostate MRI is confirmed. Risks and benefits of the procedure are discussed with the patient and informed consent is obtained. The surgeon confirms that the appropriate prophylactic antibiotics were ordered. Previous biopsy results are reviewed. The patient is asked if an enema has been used and appropriate preoperative antibiotics taken. The patient is confirmed to not be taking anticoagulants and nonsteroidal antiinflammatory medications. Preprocedure vital signs are checked. The patient is positioned on the procedural table in left lateral decubitus. The patient is prepped with appropriate antiseptic solution. The surgeon washes his hands and puts on personal protective equipment.

Description of Intra-Service Work: A time-out is performed for patient identification. A digital rectal examination and dilation of the anus are performed. Topical anesthetic is applied to the colonic mucosa overlying the prostate; time is allowed for the anesthetic to take effect. The ultrasound probe is placed per rectum. The prostate is identified. Starting at the base of the prostate ultrasound images are obtained moving in a steady, continuous pace towards the apex. This is done in conjunction with the MRI fusion software to allow for real time image fusion for targeted biopsy. Local anesthetic is infiltrated around the seminal vesicles and prostate using imaging guidance. Time is allowed for the anesthetic to take effect. The patient is informed that there will be sounds and sensations related to the individual biopsies. The targeted lesion is identified using ultrasound guidance with real-time fusion with the previously obtained MRI. After confirmation of the targeted lesion the biopsy gun is fired to take the first biopsy. The biopsy gun is then removed keeping the ultrasound probe in place. The prostate specimen core is removed from the biopsy needle and placed on a sterile pad. The gun is prepared and reinserted through the probe for the next biopsy. A second core is taken from the targeted lesion to ensure appropriate sampling of the area. Each prostate biopsy sample is placed into a formalin-filled container; each container is labeled appropriately (patient identification information and location of biopsy). Following completion of all biopsies the ultrasound probe is removed. Rectal pressure is applied for hemostasis.

Description of Post-Service Work: The patient is assisted in transfer from the procedural table. Recovery area care and medications are reviewed with clinical staff. Postprocedure vital signs are checked, and any immediate complications are

managed. The procedure, expected outcome, signs and symptoms to watch for in subsequent days, and planned postoperative care are discussed with the patient and family. Postoperative pain is assessed. The patient and family are informed about what the pathologist will do with the tissue and when the biopsy results will be available. The paperwork required for pathology specimen submission and evaluation is prepared. The referring physician is called and informed of the outcome of the procedure and any unusual aspects of postoperative care (eg, cardiac disease, diabetes management). An operative report is dictated.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Dr. Jonathan Kiechle, Dr. Seth Cohen					
Specialty Society(ies):	AUA					
CPT Code:	55711					
Sample Size:	6999	**Resp N:**	71			
Description of Sample:	AUA performed a random sample of 6999 of its membership.					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	1.00	**10.00**	30.00	300.00
Survey RVW:		0.40	3.27	**4.25**	5.18	33.00
Pre-Service Evaluation Time:				**22.00**		
Pre-Service Positioning Time:				**5.00**		
Pre-Service Scrub, Dress, Wait Time:				**5.00**		
Intra-Service Time:		5.00	15.00	**20.00**	30.00	55.00
Immediate Post Service-Time:	**10.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	55711	**Recommended Physician Work RVU: 2.61**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**22.00**	**33.00**	**-11.00**
Pre-Service Positioning Time:		**5.00**	**3.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**15.00**	**-10.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7B Local/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**21.00**	**-11.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
55874	000	3.03	**RUC Time**

CPT Descriptor Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19085	000	3.64	**RUC Time**

CPT Descriptor 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

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
52332	000	2.82	**RUC Time**	135,354

CPT Descriptor 1 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52441	000	4.00	**RUC Time**	22,785

CPT Descriptor 2 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant

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:** 14.0 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 11.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 55711	Top Key Reference CPT Code: 55874	2nd Key Reference CPT Code: **19085**
Median Pre-Service Time	32.00	25.00	22.00
Median Intra-Service Time	20.00	30.00	45.00
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
Median Total Time	**62.00**	**70.00**	**82.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	20%	40%	40%

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%	10%	90%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	30%	70%
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	20%	10%	70%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	37%	63%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	38%	62%
Physical effort required	0%	25%	75%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	50%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background and Compelling Evidence:

A new family of prostate biopsy codes was created due to the current prostate biopsy code, 55700, being billed more than 75% of the time with code 76872, ultrasound, transrectal. There has been significant technological change since the last RUC survey of 55700 in 2016. An increasing number of patients undergoing prostate biopsies are having biopsies performed from a transperineal approach instead of the traditional transrectal biopsy. Prostate MRI has also been shown to have excellent sensitivity for the detection of clinically significant prostate cancer. Thus, many patients are undergoing pre-biopsy MRI with plan for image guided fusion biopsy of the suspicious lesion. This change in procedural technique and technology resulted in the need for a new family of codes to describe prostate biopsy work and meets the RUC threshold for compelling evidence.

Recommendation:
We are recommending a crosswalk to code 31295 with an RVW of 2.70 below the 25th percentile RVW recommendation of 3.39 for 55711. This service was previously typically reported with 55700 (RVW- 2.50) and 76872 (RVW- 0.69). Prior MRI imaging is fused with real-time ultrasound imaging to identify the target lesion. Adequate prostate ultrasound images must be obtained and appropriate fusion of the images with prior MRI must be confirmed manually by the physician. The target lesion must be located on the ultrasound and multiple biopsies are obtained of the target lesion.

The results of the survey of this family of codes demonstrates the significant increase in complexity in coding being asked of physicians going from coding almost all prostate biopsy services with 55700 to a family of 12 different codes. The reported intraservice time for many codes in this survey family demonstrates confusion among the survey respondents. Codes have the same reported intraservice time whether they are meant to be used to report one biopsy or 13 (or more) biopsies.

A database search of RUC reviewed codes since 2014 with an intraservice time of 20 minutes, total time between 55 and 65 minutes and a 000-day global period reveals 7 codes. 55711 with a RVW of 2.70 would fit well within this portion of the fee schedule with a range of 1.81-6.45.

We understand the import of surveys to the RUC process but unfortunately the intraservice times for these services are difficult to understand across the family of surveyed codes given the inherent difference in work between taking one biopsy and multiple biopsies. Therefore, we feel that the intraservice times as reported by the survey respondents are not reliable indicators of the work or time involved. We are requesting that after recommending values for this family of codes that the codes be sent back to CPT for the next cycle and that re-survey then be performed with a new set of codes and code descriptors that more clearly explain the work involved.

Pre-time package 3 and Post-time package 7b are selected. The patient is straightforward, and the biopsy procedure is complex.. Evaluation time and scrub, dress, wait time are reduced to be consistent with the survey median. The positioning time was increased to match survey times as the patient requires positioning in left lateral decubitus position. Post-time is decreased based on survey median results.

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) 55700 and 76872

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 Urology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 750
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Claims Data

Specialty Urology Frequency 750 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Claims Data

Specialty Urology Frequency 500 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 55700

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:55712 Tracking Number J7 Original Specialty Recommended RVU: **3.10**
Presented Recommended RVU: **3.10**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **3.10**

CPT Descriptor: Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62-year-old male presents with rising prostate specific antigen (PSA) after radiation treatment for prostate cancer. A multi-parametric prostate MRI reveals a targeted lesion concerning for recurrent cancer. The patient elects to undergo a transperineal MRI-fusion guided biopsy of the targeted lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 92.73%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 43.64% , In the ASC 34.55%, In the office 21.82%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Laboratory and imaging studies are reviewed. Appropriate guidance method and approach are decided based on prior imaging or other clinical findings. Availability of ultrasound equipment and MRI fusion equipment is confirmed. Availability of appropriately marked and uploaded prostate MRI is confirmed. Risks and benefits of the procedure are discussed with the patient and informed consent is obtained. The surgeon confirms that the appropriate prophylactic antibiotics were ordered. Previous biopsy results are reviewed. The patient is confirmed to not be taking anticoagulants and nonsteroidal antiinflammatory medications. Preprocedure vital signs are checked. The patient is positioned on the procedural table. The patient is prepped with appropriate antiseptic solution. The surgeon washes his hands and puts on personal protective equipment.

Description of Intra-Service Work: A time-out is performed for patient identification. A digital rectal examination and dilation of the anus are performed. Topical anesthetic is applied to the colonic mucosa overlying the prostate; time is allowed for the anesthetic to take effect. The ultrasound probe is placed per rectum. The prostate is identified. Starting at the base of the prostate ultrasound images are obtained moving in a steady, continuous pace towards the apex. This is done in conjunction with the MRI fusion software to allow for real time image fusion for targeted biopsy. The perineal prostate guide is placed and secured on the ultrasound probe. The guide is then secured to the patient using the included needle trocar. Local anesthetic is infiltrated around the seminal vesicles and prostate using imaging guidance. Time is allowed for the anesthetic to take effect. The patient is informed that there will be sounds and sensations related to the individual biopsies. The targeted lesion is identified using ultrasound guidance with real-time fusion with the previously obtained MRI. After confirmation of the targeted lesion the biopsy gun is fired to take the first biopsy. The biopsy gun is then removed keeping the ultrasound probe in place. The prostate specimen core is removed from the biopsy needle and placed on a sterile pad. The gun is prepared and reinserted through the probe for the next biopsy. A second core is taken from the targeted lesion to ensure appropriate sampling of the area. Each prostate biopsy sample is placed into a formalin-filled container; each container is labeled appropriately (patient identification information and location of biopsy). The perineal biopsy guide is removed. The ultrasound probe is removed. Sterile dressing is applied.

Description of Post-Service Work: The patient is assisted in transfer from the procedural table. Recovery area care and medications are reviewed with clinical staff. Postprocedure vital signs are checked, and any immediate complications are

managed. The procedure, expected outcome, signs and symptoms to watch for in subsequent days, and planned postoperative care are discussed with the patient and family. Postoperative pain is assessed. The patient and family are informed about what the pathologist will do with the tissue and when the biopsy results will be available. The paperwork required for pathology specimen submission and evaluation is prepared. The referring physician is called and informed of the outcome of the procedure and any unusual aspects of postoperative care (eg, cardiac disease, diabetes management). An operative report is dictated

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Dr. Johnathan Kiechle, Dr. Seth Cohen					
Specialty Society(ies):	AUA					
CPT Code:	55712					
Sample Size:	6999	**Resp N:**	55			
Description of Sample:	AUA performed a random sample of 6999 of its membership.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**4.00**	18.00	300.00	
Survey RVW:	0.40	3.61	**5.00**	6.12	10.30	
Pre-Service Evaluation Time:			**25.00**			
Pre-Service Positioning Time:			**8.00**			
Pre-Service Scrub, Dress, Wait Time:			**5.00**			
Intra-Service Time:	5.00	20.00	**25.00**	30.00	60.00	
Immediate Post Service-Time:	**10**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	55712	**Recommended Physician Work RVU: 3.10**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**15.00**	**-10.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7B Local/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**21.00**	**-11.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
55874	000	3.03	**RUC Time**

CPT Descriptor Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52352	000	6.75	**RUC Time**

CPT Descriptor Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

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
52332	000	2.82	**RUC Time**	135,354

CPT Descriptor 1 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52441	000	4.00	**RUC Time**	22,785

CPT Descriptor 2 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 11 **% of respondents:** 20.0 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 20.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 55712	Top Key Reference CPT Code: 55874	2nd Key Reference CPT Code: **52352**
Median Pre-Service Time	38.00	25.00	53.00
Median Intra-Service Time	25.00	30.00	45.00
Median Immediate Post-service Time	10.00	15.00	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	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**73.00**	**70.00**	**118.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	27%	18%	55%

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%	18%	82%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	27%	73%
Physical effort required	0%	45%	55%

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	9%	18%	73%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	9%	27%	45%	19%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	18%	73%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	9%	27%	64%
Physical effort required	18%	36%	46%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	63%	37%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background and Compelling Evidence:

A new family of prostate biopsy codes was created due to the current prostate biopsy code, 55700, being billed more than 75% of the time with code 76872, ultrasound, transrectal. There has been significant technological change since the last RUC survey of 55700 in 2016. An increasing number of patients undergoing prostate biopsies are having biopsies performed from a transperineal approach instead of the traditional transrectal biopsy. Prostate MRI has also been shown to have excellent sensitivity for the detection of clinically significant prostate cancer. Thus, many patients are undergoing pre-biopsy MRI with plan for image guided fusion biopsy of the suspicious lesion. This change in procedural technique and technology resulted in the need for a new family of codes to describe prostate biopsy work and meets the RUC threshold for compelling evidence.

Recommendation:
We are recommending a crosswalk to 31572 with an RVW of 3.01 for 55712, below the 25th percentile of 3.61. This service was previously typically reported with 55700 (RVW- 2.50) and 76872 (RVW- 0.69). Both prior codes had an intraservice time of 15 minutes.

The results of the survey of this family of codes demonstrates the significant increase in complexity in coding being asked of physicians going from coding almost all prostate biopsy services with 55700 to a family of 12 different codes. The reported intraservice time for many codes in this survey family demonstrates confusion among the survey respondents. Codes have the same reported intraservice time whether they are meant to be used to report one biopsy or 13 (or more) biopsies.

The standard transperineal prostate biopsy typically requires twenty biopsies to be obtained as explained in the description of work. Imaging guidance is used throughout to ensure appropriate sampling throughout the prostate gland at the recommend positions. Unfortunately, as discussed with the other codes in this family, survey results regarding intraservice time for the transperineal codes 55709, 55710, 55712, and 57706 are difficult to interpret given the significant difference in work involved with these codes.

55712 describes biopsy of a single lesion fusing prior MRI imaging with real-time ultrasound imaging to identify the target lesion. Adequate prostate ultrasound images must be obtained and appropriate fusion of the images with prior MRI must be confirmed manually by the physician. The target lesion must be located on the ultrasound and multiple biopsies are obtained of the target lesion. No additional biopsies are taken of the prostate. Despite this difference in work with 55710, survey results showed the same intraservice time for 55710 and 55712.

A database search of RUC reviewed codes since 2014 with an intraservice time of 25 and a 000-day global period reveals 14 codes. 55712 with a RVW of 3.10 would fit within this portion of the fee schedule with an overall RVW range of 1.78-4.00 and would maintain appropriate relativity within this complex family of codes.

We understand the import of surveys to the RUC process but unfortunately the intraservice times for these services are difficult to understand across the family of surveyed codes given the inherent difference in work between taking one biopsy and multiple biopsies. Therefore, we feel that the intraservice times as reported by the survey respondents are not reliable indicators of the work or time involved. We are requesting that after recommending values for this family of codes that the codes be sent back to CPT for the next cycle and that re-survey then be performed with a new set of codes and code descriptors that more clearly explain the work involved.

Pre-time package 3 and Post-time package 7b are selected. The patient is straightforward, and the biopsy procedure is complex.. Evaluation time and scrub, dress, wait time are reduced to be consistent with the survey median. The positioning time was increased to match survey times as the patient requires positioning in dorsal lithotomy. Post-time is decreased based on survey median results.

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) 55700 and 76872

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 Urology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Claims Data

Specialty Urology Frequency 500 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 200
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Claims Data

Specialty Urology Frequency 200 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
NA

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 55700

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:55713 Tracking Number J8 Original Specialty Recommended RVU: **4.00**
Presented Recommended RVU: **4.00**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **4.00**

CPT Descriptor: Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant), with biopsy of additional targeted lesion(s), first targeted lesion

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62-year-old male presents with an elevated prostate specific antigen (PSA). A multi-parametric prostate MRI reveals a targeted lesion concerning for cancer. The patient elects to undergo an MRI-guided sextant biopsy with additional biopsy of the targeted lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 64% , In the ASC 20%, In the office 16%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Medical records and previous imaging are reviewed, and appropriate guidance method and initial approach are decided on based on prior imaging. Procedure details, including alternatives and risks, are discussed with the patient and/or family, and informed consent is obtained. MRI safety check and screening is performed. An IV is started for access, prophylactic antibiotics, and for moderate sedation as needed. The setup in the procedure suite is reviewed. Accurate calibration of the imaging equipment is ensured with the technologist. Initial positioning and preparation of the patient is supervised with the technologist and nursing staff. A surgical "time out" is performed. Non-contrast MRI images are obtained for adequate localization of the prostate. The patient and table are removed from the magnet bore. The skin is prepared with an appropriate surgical antiseptic solution, and local anesthesia is administered at the insertion site.

Description of Intra-Service Work: The patient is placed in the prone position on the MRI table. An MRI-compatible plastic needle guide with fiducial markers is inserted into the patient's rectum and a series of scans are performed with orthogonal planes to confirm localization of the lesion in question. Coordinates are determined for intended biopsy path. The needle guide position is adjusted as needed, the needle is then advanced, the biopsy device is deployed, and MRI images with the needle through the lesion is obtained for confirmation. At least 2 samples are typically taken. Sextant biopsy is then performed, adjusting the needle to obtain each sample and performing intermittent MRI as needed to ensure adequate coverage of the gland. Post-biopsy MRI images are obtained to evaluate for complications. Images are annotated and adjacent structures in the imaging field of view are evaluated. Specimens are labeled and sent to pathology.

Description of Post-Service Work: The area is covered with sterile dressing. The patient is transported to the recovery area for hemodynamic monitoring and pain control as needed. A formal report of the procedure is dictated into the permanent medical record. The results and further management are discussed with the patient and family, as well as the requesting physician. The procedure report is reviewed and signed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Dr. Jonathan Kiechle (AUA) Dr. Seth Cohen (AUA) Andrew Moriarity, MD (ACR) Michael, Booker, MD (ACR) Minhajuddin S. Khaja, MD (SIR) Jerry Niedzwiecki, MD (OEIS)					
Specialty Society(ies):	AUA, ACR, SIR, OEIS					
CPT Code:	55713					
Sample Size:	12040	**Resp N:**	50			
Description of Sample:	The AUA performed a random sample of 6,999 urologists from its membership. The ACR performed a random sample of 3,400 radiologists from its membership. The SIR performed a random sample of 1,448 interventional radiologists from its membership. The OEIS performed a random sample of 193 physicians from its membership.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	5.00	110.00
Survey RVW:	0.40	3.59	**5.00**	6.00	10.30
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**9.00**		
Intra-Service Time:	7.00	15.00	**25.00**	40.00	90.00

Immediate Post Service-Time:	**13.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	55713	**Recommended Physician Work RVU: 4.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**33.00**	**-3.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**9.00**	**15.00**	**-6.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**13.00**	**28.00**	**-15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52352	000	6.75	**RUC Time**

CPT Descriptor Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
55874	000	3.03	**RUC Time**

CPT Descriptor Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52287	000	3.20	**RUC Time**	60,498

CPT Descriptor 1 Cystourethroscopy, with injection(s) for chemodenervation of the bladder

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52441	000	4.00	**RUC Time**	22,785

CPT Descriptor 2 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 8 **% of respondents:** 16.0 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 14.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 55713	Top Key Reference CPT Code: 52352	2nd Key Reference CPT Code: **55874**
Median Pre-Service Time	49.00	53.00	25.00
Median Intra-Service Time	25.00	45.00	30.00
Median Immediate Post-service Time	13.00	20.00	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
Median Total Time	**87.00**	**118.00**	**70.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	13%	25%	38%	25%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	63%	38%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	13%	38%	50%
Physical effort required	13%	38%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	50%	50%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	14%	43%	43%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	14%	86%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	14%	86%
Physical effort required	0%	43%	57%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	14%	86%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background – 55713

CPT codes 55700 *(Biopsy, prostate; needle or punch, single or multiple, any approach)* and 76872 *(Ultrasound, transrectal)* were identified on the 75% reported together screen, triggering review of the prostate biopsy code family. This resulted in the deletion of CPT code 55700 and the creation of nine new codes to describe prostate

biopsy procedures which are now typically performed using real-time imaging guidance including ultrasound-guidance, MRI-ultrasound fusion-guidance, CT-guidance or MRI-guidance.

Survey Process

The American College of Radiology (ACR) in partnership with American Urological Association American (AUA), Society of Interventional Radiology (SIR) and Outpatient Endovascular and Interventional Society (OEIS) conducted a random survey of our respective members. All specialty societies assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendation

The 25th percentile work RVU of 3.59 for 55713 represents a rank order issue with the 25th percentile work RVU for 55714. The work required for 55713 includes a sextant biopsy, where 12 biopsy samples are obtained in addition to single targeted lesion. Therefore, the specialties are recommending a crosswalk for 55713 to CPT code52441 (*Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant)*, which has a work RVU of 4.00.

Time Recommendation

Pre-time - The specialties have chosen pre-service package 3 – Difficult patient/straightforward procedure (no anesthesia care) – Total of 51 minutes

Pre-evaluation time: Standard package time of 33 minutes. The specialties are recommending the survey median time of 30 minutes.

Pre-positioning time: Standard package time of 3 minutes. The specialties are requesting an additional 7 minutes for a total of 10 minutes, corresponding to the survey median time.

- The additional time is needed for: Complex prone patient positioning in bore (CT/MRI), complex coil positioning, complex equipment maneuvering, complex patient safety and comfort. This is a delicate exam with invasive coil placement that requires extensive patient communication. The patient will be moved inside the bore of the machine and back out of the bore, while keeping constant visual clearance of other objects; the coil cord or various patient monitoring cords that could come in contact with the patient or coil that could denigrate the coil positioning and require correction and rescanning of the patient.
- Positioning must also ensure that there is adequate exposure to perform the sextant biopsy in addition to the target lesion.
-

Pre-Scrub/dress/wait: Standard package time of 15 minutes. The specialties are recommending the survey median time of 9 minutes.

Immediate Post-time

The specialties have chosen post-service package 8B - IV Sedation/ Complex Procedure, with a standard time of 15 minutes. The specialties are recommending the survey median time of 13 minutes.

Key Reference Services

Our top two chosen key reference services (KRS) are

- CPT code **52352** *(Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)*
- CPT code **55874** *(Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed).*

55713 involves biopsy from a transrectal guided approach which is clinically similar to the transperineal 55874 procedure for placement using ultrasound-guidance in this anatomic region. There is more total time for the procedure because of the nature of using MR or CT guidance and which contributes to the higher intensity of

using intermittent imaging guidance in a technically challenging anatomic region and equipment environment. While both procedures involve needle passes, there are typically many more passes to obtain the sextant samples compared to placement of biodegradable material.

55713 and 52352 are performed in the similar anatomic region and the lower intra-service time results in an appropriately lower wRVU recommendation.

All three codes are presented for comparison in the following table.

CPT	Descriptor	wRVU	Total Time	Pre-Eval	Pre-Posit	Pre-SDW	Intra	Post	IWPUT
55874	Transperineal placement of biodegradable material	3.03	70	13	6	6	30	15	0.074
55713	**Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant), with biopsy of additional targeted lesion(s), first targeted lesion**	**4.00**	**87**	**30**	**10**	**9**	**25**	**13**	**0.110**
52352	Cystourethroscopy, with ureteroscopy	6.75	118	33	5	15	45	20	0.118

MPC Codes

The surveyed code compares well to the two MPC codes listed in the table below for comparison.
Both codes are within the urology family, involving a clinically similar anatomic region, and the intra-service times bracket 55713 with similar IWPUT.

- 52287 *(Cystourethroscopy, with injection(s) for chemodenervation of the bladder*)
- 52441 *(Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant)*

CPT	Descriptor	wRVU	Total Time	Pre-Eval	Pre-Posit	Pre-SDW	Intra	Post	IWPUT
52287	CYSTOSCOPY CHEMODENERVATION	3.20	58	7	5	10	21	15	0.120
55713	**Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant), with biopsy of additional targeted lesion(s), first targeted lesion**	**4.00**	**87**	**30**	**10**	**9**	**25**	**13**	**0.110**
52441	Cystourethroscopy, with implant	4.00	81	26	5	10	25	15	0.116

Conclusion

The survey results and comparisons to the KRS and MPC codes support the specialties' recommendation of 4.00 RVUs for 55713, with 87 minutes of total time (30 minutes of pre-service evaluation, 10 pre-service position, 9 minutes pre-scrub, dress and wait, 25 minutes of intra time, and 13 minutes of post-service time).

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 55700 and 77021

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Sometimes

Specialty Interventional Radiology How often? Sometimes

Specialty Urology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 4182
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 55713 is estimated to be provided 4,182 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 0 Percentage 0.00 %

Specialty Interventional Radiology Frequency 1882 Percentage 45.00 %

Specialty Urology Frequency 416 Percentage 9.94 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,394
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 55713 is estimated to be provided 1,394 times to Medicare patients nationally in a one-year period. This is 1% of the deleted code 55700 which has 139,388 claims.

Specialty Diagnostic Radiology Frequency 627 Percentage 44.97 %

Specialty Interventional Radiology Frequency 627 Percentage 44.97 %

Specialty Urology Frequency 139 Percentage 9.97 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 50434

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:55714 Tracking Number J9 Original Specialty Recommended RVU: **3.62**
Presented Recommended RVU: **3.62**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **3.62**

CPT Descriptor: Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62-year-old male presents with an elevated prostate specific antigen (PSA). A multi-parametric prostate MRI reveals a targeted lesion concerning for cancer. The patient elects to undergo an MRI-guided prostate biopsy of the targeted lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 66% , In the ASC 17%, In the office 17%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Medical records and previous imaging are reviewed, and appropriate guidance method and initial approach are decided on based on prior imaging. Procedure details, including alternatives and risks, are discussed with the patient and/or family, and informed consent is obtained. MRI safety check and screening is performed. An IV is started for access, prophylactic antibiotics, and for moderate sedation as needed. The setup in the procedure suite is reviewed. Accurate calibration of the imaging equipment is ensured with the technologist. Initial positioning and preparation of the patient is supervised with the technologist and nursing staff. A surgical "time out" is performed. Non-contrast MRI images are obtained for adequate localization and visualization of the lesion with direct comparison to prior imaging. Coordinates are determined for intended biopsy path. The patient and table are removed from the magnet bore. The skin is prepared with an appropriate surgical antiseptic solution, and local anesthesia is administered at the insertion site.

Description of Intra-Service Work: The patient is placed in the prone position on the MRI table. An MRI-compatible plastic needle guide with fiducial markers is inserted into the patient's rectum and a series of localizer scans are performed with orthogonal planes to confirm location. The needle guide position is adjusted as needed, the needle is then advanced, the biopsy device is deployed, and MRI images with the needle through the lesion is obtained for confirmation. At least 2 samples are typically taken. Post-biopsy MRI images are obtained to evaluate for complications. Images are annotated and adjacent structures in the imaging field of view are evaluated. Specimens are labeled and sent to pathology.

Description of Post-Service Work: The area is covered with sterile dressing. The patient is transported to the recovery area for hemodynamic monitoring and pain control as needed. A formal report of the procedure is dictated into the permanent medical record. The results and further management are discussed with the patient and family, as well as the requesting physician. The procedure report is reviewed and signed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Dr. Jonathan Kiechle (AUA) Dr. Seth Cohen (AUA) Andrew Moriarity, MD (ACR) Michael, Booker, MD (ACR) Minhajuddin S. Khaja, MD (SIR) Jerry Niedzwiecki, MD (OEIS)					
Specialty Society(ies):	AUA, ACR, SIR, OEIS					
CPT Code:	55714					
Sample Size:	12040	**Resp N:**	53			
Description of Sample:	The AUA performed a random sample of 6,999 urologists from its membership. The ACR performed a random sample of 3,400 radiologists from its membership. The SIR performed a random sample of 1,448 interventional radiologists from its membership. The OEIS performed a random sample of 193 physicians from its membership.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	5.00	110.00
Survey RVW:	0.40	3.62	**5.00**	6.00	10.20
Pre-Service Evaluation Time:			**32.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	15.00	**30.00**	45.00	75.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	55714	**Recommended Physician Work RVU: 3.62**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**33.00**	**-3.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**9.00**	**15.00**	**-6.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**13.00**	**28.00**	**-15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19085	000	3.64	**RUC Time**

CPT Descriptor 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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52352	000	6.75	**RUC Time**

CPT Descriptor Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

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
52287	000	3.20	**RUC Time**	60,498

CPT Descriptor 1 Cystourethroscopy, with injection(s) for chemodenervation of the bladder

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52441	000	4.00	**RUC Time**	22,785

CPT Descriptor 2 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant

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:** 16.9 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 15.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 55714	Top Key Reference CPT Code: 19085	2nd Key Reference CPT Code: **52352**
Median Pre-Service Time	49.00	22.00	53.00
Median Intra-Service Time	30.00	45.00	45.00
Median Immediate Post-service Time	13.00	15.00	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	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**92.00**	**82.00**	**118.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	11%	33%	56%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	33%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	0%	100%
Physical effort required	0%	0%	100%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	0%	89%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	13%	25%	38%	25%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	38%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	50%	50%
Physical effort required	0%	50%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	38%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background – 55714

CPT codes 55700 *(Biopsy, prostate; needle or punch, single or multiple, any approach)* and 76872 *(Ultrasound, transrectal)* were identified on the 75% reported together screen, triggering review of the prostate biopsy code family. This resulted in the deletion of CPT code 55700 and the creation of nine new codes to describe prostate

biopsy procedures which are now typically performed using real-time imaging guidance including ultrasound-guidance, MRI-ultrasound fusion-guidance, CT-guidance or MRI-guidance.

Survey Process

The American College of Radiology (ACR) in partnership with American Urological Association American (AUA), Society of Interventional Radiology (SIR) and Outpatient Endovascular and Interventional Society (OEIS) conducted a random survey of our respective members. All specialty societies assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendation

The specialties recommend a work RVU of 3.62, which is the survey 25th percentile value.

Time Recommendation

Pre-time - The specialties have chosen pre-service package 3 – Difficult patient/straightforward procedure (no anesthesia care) – Total of 51 minutes

Pre-evaluation time: Standard package time of 33 minutes. The specialties are recommending 30 minutes, consistent with our recommendation for CPT code 55713.

Pre-positioning time: Standard package time of 3 minutes. The specialties are requesting an additional 7 minutes for a total of 10 minutes, the survey median time.

- The additional time is needed for: Complex prone patient positioning in bore (CT/MRI), complex coil positioning, complex equipment maneuvering, complex patient safety and comfort. This is a delicate exam with invasive coil placement that requires extensive patient communication. The patient will be moved inside the bore of the machine and back out of the bore, while keeping constant visual clearance of other objects; the coil cord or various patient monitoring cords that could come in contact with the patient or coil that could denigrate the coil positioning and require correction and rescanning of the patient.

Pre-Scrub/dress/wait: Standard package time of 15 minutes. The specialties are recommending 9 minutes, consistent with our recommendation for CPT code 55713.

Immediate Post-time

The specialties have chosen post-service package 8B - IV Sedation/ Complex Procedure, with a standard time of 15 minutes. The specialties are recommending 13 minutes, consistent with our recommendation for CPT code 55713.

Key Reference Services

Our recommendation compares well to the top two chosen key reference services (KRS)

- CPT codes **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)*
- CPT code **52352** *(Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included).*

55714 involves biopsy from a transrectal approach using MR or CT guidance in a technically challenging anatomic region and equipment environment. Code 19085 also involves biopsy guidance in the MR environment and the differences in intra-service time reflect the different patient positioning requirements. While both procedures involve needle passes, there are typically several more passes to obtain the prostate samples compared to biopsy and localization device placement in the breast.

55714 and 52352 are performed in the similar anatomic region and the lower intra-service time results in an appropriately lower wRVU recommendation.

All three codes are presented for comparison in the following table.

CPT	Descriptor	wRVU	Total Time	Pre-Eval	Pre-Posit	Pre-SDW	Intra	Post	IWPUT
55714	**Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion**	**3.62**	**92**	**30**	**10**	**9**	**30**	**13**	**0.079**
19085	Biopsy, breast, with placement of breast localization device(s)	3.64	82	13	3	6	45	15	0.064
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy	6.75	118	33	5	15	45	20	0.118

MPC Codes

The surveyed code compares well to the two MPC codes listed in the table below for comparison.
Both codes are within the urology family involving a clinically similar anatomic region and similar intra times.

- 52287- *(Cystourethroscopy, with injection(s) for chemodenervation of the bladder*)
- 52441 – *(Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant)*

CPT	Descriptor	wRVU	Total Time	Pre-Eval	Pre-Posit	Pre-SDW	Intra	Post	IWPUT
52287	Cystoscopy Chemodenervation	3.20	58	7	5	10	21	15	0.120
55714	**Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion**	**3.62**	**92**	**30**	**10**	**9**	**30**	**13**	**0.079**
52441	Cystourethroscopy, with implant	4.00	81	26	5	10	25	15	0.116

Conclusion

The survey results and comparisons to the KRS and MPC codes support the specialties' recommendation of 3.62 RVUs for 55714, with 92 minutes of total time (30 minutes of pre-service evaluation, 10 pre-service position, 9 minutes pre-scrub, dress and wait, 30 minutes of intra time, and 13 minutes of post-service time).

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 55700 and 77021

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Sometimes

Specialty Interventional Radiology How often? Sometimes

Specialty Urology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 4182
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 55714 is estimated to be provided 4,182 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 0 Percentage 0.00 %

Specialty Interventional Radiology Frequency 1882 Percentage 45.00 %

Specialty Urology Frequency 418 Percentage 9.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,394
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 55714 is estimated to be provided 1,394 times to Medicare patients nationally in a one-year period. This is 1% of the deleted code 55700 which has 139,388 claims.

Specialty Diagnostic Radiology Frequency 627 Percentage 44.97 %

Specialty Interventional Radiology Frequency 627 Percentage 44.97 %

Specialty Urology Frequency 139 Percentage 9.97 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 50434

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:55715 Tracking Number J10 Original Specialty Recommended RVU: **1.05**
Presented Recommended RVU: **1.05**
Global Period: ZZZ Current Work RVU: **N/A** RUC Recommended RVU: **1.05**

CPT Descriptor: Biopsy, prostate, each additional, MRI-ultrasound fusion or in-bore CT- or MRI-guided targeted lesion (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During an MRI-ultrasound fusion biopsy of a targeted lesion or CT or MRI guided prostate biopsy of a targeted lesion, additional target lesion(s) are additionally biopsied. [Note: This is an add-on service. Only consider the additional work related to the performance of further biopsies on additionally marked and targeted lesion(s) above and beyond the initial lesion.]

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The additional targeted lesion is identified on real-time ultrasound imaging. The biopsy gun and ultrasound are manipulated and directed towards the additional target lesion. After imaging confirmation that the biopsy gun is appropriately directed towards the targeted lesion a biopsy is taken through the lesion. The biopsy gun is then readjusted and a biopsy is obtained through a second area in the targeted lesion. Each prostate biopsy sample is placed into a formalin-filled container; each container is labeled appropriately (patient identification information and location of biopsy).

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Dr. Jonathan Kiechle (AUA), Dr. Seth Cohen (AUA), Dr. Andrew Moriarity (ACR), Dr. Michael, Booker (ACR), Dr. Minhajuddin Khaja (SIR) Dr. Jerry Niedzwiecki (OEIS)					
Specialty Society(ies):	AUA/ACR/SIR/OEIS					
CPT Code:	55715					
Sample Size:	12040	**Resp N:**	69			
Description of Sample:	AUA surveyed a total of 6999 members, ACR surveyed a total of 3,400 members, SIR surveyed a total of 1,448 members, and OEIS surveyed a total of 193 of its members.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**10.00**	38.00	300.00
Survey RVW:	0.33	1.05	**1.90**	3.80	12.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	6.00	**20.00**	30.00	90.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	55715	**Recommended Physician Work RVU: 1.05**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19086	ZZZ	1.82	**RUC Time**

CPT Descriptor 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)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
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)

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
52442	ZZZ	1.01	**RUC Time**	90,771

CPT Descriptor 1 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37253	ZZZ	1.44	**RUC Time**	106,729

CPT Descriptor 2 Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		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: 19 **% of respondents:** 27.54 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 15.94 **%**

TIME ESTIMATES (Median)

	CPT Code: 55715	Top Key Reference CPT Code: 19086	2nd Key Reference CPT Code: **10006**
Median Pre-Service Time	0.00	5.00	0.00
Median Intra-Service Time	20.00	38.00	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
Median Total Time	**20.00**	**43.00**	**15.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	26%	37%	37%

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%	33%	61%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	37%	63%
Physical effort required	11%	37%	53%

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%	21%	74%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	55%	36%	9%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	64%	27%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	9%	45%	45%
Physical effort required	0%	91%	9%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	9%	73%	18%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background and Compelling Evidence:

A new family of prostate biopsy codes was created due to the current prostate biopsy code, 55700, being billed more than 75% of the time with code 76872, ultrasound, transrectal. There has been significant technological change since the last RUC survey of 55700 in 2016. An increasing number of patients undergoing prostate biopsies are having biopsies

performed from a transperineal approach instead of the traditional transrectal biopsy. Prostate MRI has also been shown to have excellent sensitivity for the detection of clinically significant prostate cancer. Thus, many patients are undergoing pre-biopsy MRI with plan for image guided fusion biopsy of the suspicious lesion. This change in procedural technique and technology resulted in the need for a new family of codes to describe prostate biopsy work and meets the RUC threshold for compelling evidence.

Recommendation:
We are recommending the 25th percentile RVW of 1.05. This service was previously typically reported with 55700 (RVW-2.50) and 76872 (RVW- 0.69). Both prior codes had an intraservice time of 15 minutes.

The results of the survey of this family of codes demonstrates the significant increase in complexity in coding being asked of physicians going from coding almost all prostate biopsy services with 55700 to a family of 12 different codes. The reported intraservice time for many codes in this survey family demonstrates confusion among the survey respondents. Codes have the same reported intraservice time whether they are meant to be used to report one biopsy or 13 (or more) biopsies.

This add-on code is meant to be used regardless of biopsy approach when an additional target lesion is identified on MRI beyond the first lesion. The work of the first lesion biopsy is included in the other codes in this family.

A database search of RUC reviewed codes since 2014 with an intraservice time of 20 and a ZZZ-day global period reveals 24 codes. 55715 with a RVW of 1.05 would fit within this portion of the fee schedule with an overall RVW range of 0.50-2.50 and given the difficulties in intraservice times within the survey would still maintain appropriate relativity within this complex family of codes.

We understand the import of surveys to the RUC process but unfortunately the intraservice times for these services are difficult to understand across the family of surveyed codes given the inherent difference in work between taking one biopsy and multiple biopsies. Therefore, we feel that the intraservice times as reported by the survey respondents are not reliable indicators of the work or time involved. We are requesting that after recommending values for this family of codes that the codes be sent back to CPT for the next cycle and that re-survey then be performed with a new set of codes and code descriptors that more clearly explain the work involved.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. This code will be used in addition to codes 55708, 55710, 55711, 55712, 55713, 55714 when additional target lesions beyond the first are present.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 55700 and 76872

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 Urology How often? Commonly

Specialty Radiology How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 17500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Claims data

Specialty Frequency 0 Percentage 0.00 %

Specialty Radiology Frequency 500 Percentage 2.85 %

Specialty Urology Frequency 17000 Percentage 97.14 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Claims data

Specialty Urology Frequency 9500 Percentage 95.00 %

Specialty Radiology Frequency 500 Percentage 5.00 %

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:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 55700

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:55706 Tracking Number J11 Original Specialty Recommended RVU: **4.57**
Presented Recommended RVU: **4.57**
Global Period: 000 Current Work RVU: **6.28** RUC Recommended RVU: **4.27**

CPT Descriptor: Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 58-year-old male previously presented four months ago with a prostate specific antigen (PSA) of 5.8 and a normal digital rectal exam. At that time, he underwent a standard 12 core transrectal biopsy which revealed high-grade prostatic intraepithelial neoplasia (PIN) involving the right mid-base and mid-apex of his prostate. He was followed carefully and a repeat PSA has now increased to 8.6. His digital rectal exam remains normal. Given his increasing PSA and prior history of high-grade PIN, it is elected to perform a transperineal stereotactic template guided saturation sampling of his prostate under general anesthesia.

Percentage of Survey Respondents who found Vignette to be Typical: 87.04%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 50.00% , In the ASC 44.44%, In the office 5.56%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Laboratory and imaging studies are reviewed. Appropriate guidance method and approach are decided based on prior imaging or other clinical findings. Availability of ultrasound equipment is confirmed. Risks and benefits of the procedure are discussed with the patient and informed consent is obtained. The surgeon confirms that the appropriate prophylactic antibiotics were ordered. Previous biopsy results are reviewed. The patient is asked if appropriate preoperative antibiotics were taken. The patient is confirmed to not be taking anticoagulants and nonsteroidal antiinflammatory medications. Preprocedure vital signs are checked. The patient is positioned on the procedural table. The patient is prepped with appropriate antiseptic solution. The surgeon washes his hands and puts on personal protective equipment.

Description of Intra-Service Work: A time-out is performed for patient identification. A digital rectal examination and dilation of the anus are performed. Topical anesthetic is applied to the colonic mucosa overlying the prostate; time is allowed for the anesthetic to take effect. The ultrasound probe is placed per rectum. The prostate is identified. Preliminary transrectal ultrasound is carried out and the biopsy template (grid) is positioned so that precise and exact coordinates for the prostate biopsies can be taken. The surgeon transperineally inserts the biopsy needle 40-60 times to be sure cores are taken at specific millimeter intervals through the template. Each specimen is removed from the biopsy needle, placed on telfa and the gun reloaded, then carefully reinserted through the biopsy template. Each core is then placed in a container with formalin and each bottle labeled. Each time the biopsy needle is reintroduced through the biopsy template, sagital and transverse ultrasound images are taken to ensure precise localization of the biopsy needle. Upon completion of the biopsies, the transrectal ultrasound probe is removed. The biopsy template is disassmbled. Perineal and rectal pressure is applied to prostate. Sterile dressing is applied.

Description of Post-Service Work: The patient is assisted in transfer from the procedural table. Recovery area care and medications are reviewed with clinical staff. Postprocedure vital signs are checked, and any immediate complications are

managed. The procedure, expected outcome, signs and symptoms to watch for in subsequent days, and planned postoperative care are discussed with the patient and family. Postoperative pain is assessed. The patient and family are informed about what the pathologist will do with the tissue and when the biopsy results will be available. The paperwork required for pathology specimen submission and evaluation is prepared. The referring physician is called and informed of the outcome of the procedure and any unusual aspects of postoperative care (eg, cardiac disease, diabetes management). An operative report is dictated

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Dr. Johnathan Kiechle, Dr. Seth Cohen					
Specialty Society(ies):	AUA					
CPT Code:	55706					
Sample Size:	6999	**Resp N:**	54			
Description of Sample:	AUA surveyed a total of 6999 of its members.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**3.00**	18.00	300.00	
Survey RVW:	0.60	4.00	**6.00**	6.84	18.00	
Pre-Service Evaluation Time:			**25.00**			
Pre-Service Positioning Time:			**10.00**			
Pre-Service Scrub, Dress, Wait Time:			**5.00**			
Intra-Service Time:	5.00	21.00	**30.00**	40.00	80.00	
Immediate Post Service-Time:	**11.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	55706	**Recommended Physician Work RVU: 4.27**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**8.00**	**8.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**15.00**	**-10.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**11.00**	**30.00**	**-19.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52352	000	6.75	**RUC Time**

CPT Descriptor Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
55874	000	3.03	**RUC Time**

CPT Descriptor Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52441	000	4.00	**RUC Time**	22,785

CPT Descriptor 1 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	30,890

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

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: 18 **% of respondents:** 33.3 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 12.96 **%**

TIME ESTIMATES (Median)

	CPT Code: 55706	Top Key Reference CPT Code: 52352	2nd Key Reference CPT Code: **55874**
Median Pre-Service Time	40.00	53.00	25.00
Median Intra-Service Time	30.00	45.00	30.00
Median Immediate Post-service Time	11.00	20.00	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
Median Total Time	**81.00**	**118.00**	**70.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	6%	33%	38%	23%

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%	39%	55%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	61%	33%
Physical effort required	12%	34%	44%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician	12%	44%	44%

• Estimated risk of malpractice suit with poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	14%	14%	43%	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	0%	14%	86%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	14%	29%	57%
Physical effort required	17%	33%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	29%	71%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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 and Compelling Evidence:

A new family of prostate biopsy codes was created due to the current prostate biopsy code, 55700, being billed more than 75% of the time with code 76872, ultrasound, transrectal. There has been significant technological change since the last RUC survey of 55700 in 2016. An increasing number of patients undergoing prostate biopsies are having biopsies performed from a transperineal approach instead of the traditional transrectal biopsy. Prostate MRI has also been shown to have excellent sensitivity for the detection of clinically significant prostate cancer. Thus, many patients are undergoing pre-biopsy MRI with plan for image guided fusion biopsy of the suspicious lesion. This change in procedural technique and technology resulted in the need for a new family of codes to describe prostate biopsy work and meets the RUC threshold for compelling evidence.

Recommendation:
We are recommending a crosswalk to 45385 with an RVW of 4.57 for code 55706. There has been a significant increase in utilization of 55706 over the past ten years from 1,569 claims in 2012 to over 3,000 claims in 2022. The expert panel believes this increase in utilization has been driven by confusion about the appropriate use of this code. The code language includes the term transperineal and therefore the rise of non-saturation sampling transperineal biopsy has likely resulted in this significant utilization increase in the use of 55706. National cancer guidelines do not recommend saturation sampling for typical patients undergoing prostate biopsy. The expert panel believes that this confusion led to providers underestimating the intraservice time for a true saturation biopsy of the prostate, which is infrequently required or performed. This confusion is further supported by the difference in only five minutes of intraservice time reported by surveyees for code 55712 which requires typically two transperineal biopsies from a single target lesion with an intraservice time of 25 minutes and this saturation technique requiring typically 40 or more biopsies with a reported intraservice time of 30 minutes.

The results of the survey of this family of codes demonstrates the significant increase in complexity in coding being asked of physicians going from coding almost all prostate biopsy services with 55700 to a family of 12 different codes. The reported intraservice time for many codes in this survey family demonstrates confusion among the survey respondents. Codes have the same reported intraservice time whether they are meant to be used to report one biopsy or 13 (or more) biopsies.

A database search of RUC reviewed codes since 2014 with an intraservice time of 30 minutes, total time between 65 and 85 minutes and a 000-day global period reveals 18 codes. 55706 with a RVW of 4.57 would fit well within this portion of the fee schedule with an RVW range of 2.00-4.62.

We understand the import of surveys to the RUC process but unfortunately the intraservices times for these services are difficult to understand across the family of surveyed codes given the inherent difference in work between taking one biopsy and multiple biopsies. Therefore, we feel that the intraservice times as reported by the survey respondents are not reliable indicators of the work or time involved. We are requesting that after recommending values for this family of codes that the codes be sent back to CPT for the next cycle and that re-survey then be performed with a new set of codes and code descriptors that more clearly explain the work involved.

Pre-time package 3 and Post-time package 9a are selected. The patient is straightforward, and the biopsy procedure is complex.. Evaluation time and scrub, dress, wait time are reduced to be consistent with the survey median. The positioning time was increased to match survey times as the patient requires positioning in dorsal lithotomy. Post-time is decreased based on survey median results.

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) 55706

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 Urology 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? 2,000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Urology Frequency 2,000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,200
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Urology Frequency 1200 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 55706

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:76872 Tracking Number J12 Original Specialty Recommended RVU: **0.67**
Presented Recommended RVU: **0.67**
Global Period: XXX Current Work RVU: **0.69** RUC Recommended RVU: **0.67**

CPT Descriptor: Ultrasound, transrectal

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 74-year-old man with voiding difficulty, who is not responsive to alpha blockers or 5-alpha reductase inhibitors (5-ARI) and a prostate specific antigen (PSA) level of 0.8 ng/mL is evaluated for possible invasive or minimally invasive prostate surgery. Transrectal prostate ultrasound is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Laboratory and imaging studies are reviewed. Availability of ultrasound equipment is confirmed. Risks and benefits of the procedure are discussed with the patient and informed consent is obtained. Preprocedure vital signs are checked.

Description of Intra-Service Work: After a digital rectal examination is performed, gently insert the transrectal ultrasound probe into the rectum. Adjust the ultrasound-image controls to the size of the prostate. Using the coronal image, measure prostate height and width. Using the sagittal image, measure the prostatic urethral length. Then freeze the image to calculate the prostate volume from previous measurements, and note the presence or absence of hypoechoic areas, prostatic calcifications, and prostatic cysts. Also note the presence or absence of the prostate median lobe, and if present, note its size. Evaluate the seminal vesicles. Transfer the images to a picture archiving and communication system (PACS).

Description of Post-Service Work: The patient is assisted in transfer from the procedural table. Recovery area care and medications are reviewed with clinical staff. Postprocedure vital signs are checked and any immediate complications are managed. The procedure, expected outcome, signs and symptoms to watch for in subsequent days, and planned postoperative care are discussed with the patient and family. Postprocedural pain is assessed. A report is dictated.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Dr. Jonathan Kiechle (AUA), Dr. Seth Cohen (AUA), Dr. Andrew Moriarity (ACR), Dr. Michael, Booker (ACR), Dr. Minhajuddin Khaja (SIR) Dr. Jerry Niedzwiecki (OEIS)					
Specialty Society(ies):	AUA/ACR/SIR/OEIS					
CPT Code:	76872					
Sample Size:	12040	**Resp N:**	87			
Description of Sample:	AUA surveyed a total of 6,999 members, ACR surveyed a total of 3,400 members, SIR surveyed a total of 1,448 members, and OEIS surveyed a total of 193 of its members.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	21.00	**50.00**	100.00	450.00
Survey RVW:	0.01	0.67	**0.77**	1.00	14.50
Pre-Service Evaluation Time:			**6.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	8.00	**10.00**	15.00	60.00

Immediate Post Service-Time:	**7.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	76872	**Recommended Physician Work RVU: 0.67**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**6.00**	**0.00**	**6.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**7.00**	**0.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76942	XXX	0.67	**RUC Time**

CPT Descriptor Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76998	XXX	0.91	**RUC Time**

CPT Descriptor Ultrasonic guidance, intraoperative

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**	93,312

CPT Descriptor 1 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
99212	XXX	0.70	**RUC Time**	8,350,126

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 27 **% of respondents:** 31.0 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 20.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 76872	Top Key Reference CPT Code: 76942	2nd Key Reference CPT Code: **76998**
Median Pre-Service Time	6.00	7.00	5.00
Median Intra-Service Time	10.00	15.00	12.00
Median Immediate Post-service Time	7.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**23.00**	**27.00**	**22.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	19%	56%	19%	7%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	22%	48%	30%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	19%	48%	33%
Physical effort required	22%	59%	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	30%	52%	19%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	50%	33%	17%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	61%	39%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	50%	50%
Physical effort required	17%	39%	44%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	6%	50%	44%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background and Compelling Evidence:

A new family of prostate biopsy codes was created due to the current prostate biopsy code, 55700, being billed more than 75% of the time with code 76872, ultrasound, transrectal. There has been significant technological change since the last RUC survey of 55700 in 2016. An increasing number of patients undergoing prostate biopsies are having biopsies

performed from a transperineal approach instead of the traditional transrectal biopsy. Prostate MRI has also been shown to have excellent sensitivity for the detection of clinically significant prostate cancer. Thus, many patients are undergoing pre-biopsy MRI with plan for image guided fusion biopsy of the suspicious lesion. This change in procedural technique and technology resulted in the need for a new family of codes to describe prostate biopsy work and meets the RUC threshold for compelling evidence.

Recommendation:
We are recommending the 25th percentile RVW of 0.67 for 76872. This does represent a decrease from current RVU. The intraservice time and total time from the survey decreased as well compared to the prior survey in 2012. A database search of RUC reviewed codes since 2014 with an intraservice time of 10 minutes, total time between 20 and 25 minutes and a XXX-day global period reveals 35 codes. 76872 with a RVW of 0.67 fits well within this portion of the fee schedule with codes ranging from 0.30-0.86 RVW.

Pre-time of 6 minutes and immediate post-time of 7 minutes are recommended based on survey median values.

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) 76872

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 Urology How often? Commonly

Specialty Diagnostic Radiology How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 75000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. claims data

Specialty Frequency 0 Percentage 0.00 %

Specialty Urology Frequency 69000 Percentage 92.00 %

Specialty Diagnostic Radiology Frequency 6000 Percentage 8.00 %

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. claims data

Specialty Urology Frequency 46000 Percentage 92.00 %

Specialty Diagnostic Radiology Frequency 4000 Percentage 8.00 %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Prostate, Transrectal

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 76872

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Prostate Biopsy Services
TAB: 8

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disc 91 92 33 32 31	FAC-inpt or obs/disc 38 39	Office 15 14 13 12 11	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	55876	Placement of interstitial device(s) for radiation	0	2006	9	0.043	0.029			1.73			59	19	10	0			20			10								
2nd REF	55874	Transperineal placement of biodegradable material,	0	2017	8	0.074	0.043			3.03			70	13	6	6			30			15								
HARVARD	55705	Biopsy, prostate; incisional, any approach	10			0.070	0.038			4.61			122	21	0	15			37			14		0.5	1					
SVY	55705	Biopsy, prostate; any approach, nonimaging-	0		50	0.179	0.056	0.20	1.93	2.50	3.54	8.20	45	15	5	5	3	8	10	15	60	10				0	0	1	5	350
REC	55705	Biopsy, prostate; any approach, nonimaging-	0			0.122	0.043			1.93			45	15	5	5			10			10								

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disc 91 92 33 32 31	FAC-inpt or obs/disc 38 39	Office 15 14 13 12 11	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	55876	Placement of interstitial device(s) for radiation	0	2006	18	0.043	0.029			1.73			59	19	10	0			20			10								
2nd REF	55874	Transperineal placement of biodegradable material,	0	2017	15	0.074	0.043			3.03			70	13	6	6			30			15								
CURRENT	55700	Biopsy, prostate; needle or punch, single or	0	2016		0.142	0.071			2.50			35	5	5	5			15			5								
CURRENT	76872	Ultrasound, transrectal;	XXX	2012		0.016	0.020			0.69			35	10					15			10								
SVY	55707	Biopsy, prostate, transrectal, ultrasound-	0		99	0.166	0.064	0.30	2.63	3.20	4.00	26.00	50	17	5	5	5	10	15	20	45	8				0	10	28	70	300
REC	55707	Biopsy, prostate, transrectal, ultrasound-	0			0.128	0.053			2.63			50	17	5	5			15			8								

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disc 91 92 33 32 31	FAC-inpt or obs/disc 38 39	Office 15 14 13 12 11	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	19085	Biopsy, breast, with placement of breast	0	2013	10	0.064	0.044			3.64			82	13	3	6			45			15								
2nd REF	55874	Transperineal placement of biodegradable material,	0	2017	10	0.074	0.043			3.03			70	13	6	6			30			15								
CURRENT	55700	Biopsy, prostate; needle or punch, single or	0	2016		0.142	0.071			2.50			35	5	5	5			15			5								
CURRENT	76872	Ultrasound, transrectal;	XXX	2012		0.016	0.020			0.69			35	10					15			10								
SVY	55708	Biopsy, prostate, transrectal, ultrasound-	0		80	0.164	0.068	0.30	3.39	4.10	5.50	30.00	60	20	5	5	5	15	20	28	45	10				0	10	25	60	300
REC	55708	Biopsy, prostate, transrectal, ultrasound-	0			0.128	0.057			3.39			60	20	5	5			20			10								

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	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO
4					RUC			Work Per	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disc							Office					SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX	
30					RUC			Work Per	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disc							Office					SURVEY EXPERIENCE				
31	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX	
32	1st REF	55874	Transperineal placement of biodegradable material,	0	2017	16	0.074	0.043			3.03			70	13	6	6			30			15																		
33	2nd REF	52214	Cystourethroscopy, with fulguration (including	0	2012	5	0.082	0.044			3.50			79	19	5	5			30			20																		
34	CURRENT	55700	Biopsy, prostate; needle or punch, single or	0	2016		0.142	0.071			2.50			35	5	5	5			15			5																		
35	CURRENT	76872	Ultrasound, transrectal;	XXX	2012		0.016	0.020			0.69			35	10					15			10																		
36	SVY	55709	Biopsy, prostate, transperineal, ultrasound-	0		60	0.167	0.068	0.40	3.23	4.20	5.21	10.20	62	20	7	5	6	15	20	25	60	10														0	2	10	25	300	
37	REC	55709	Biopsy, prostate, transperineal, ultrasound-	0			0.118	0.052			3.23			62	20	7	5			20			10																		
38																																									
39					RUC			Work Per	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disc							Office					SURVEY EXPERIENCE				
40	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX	
41	1st REF	55874	Transperineal placement of biodegradable material,	0	2017	14	0.074	0.043			3.03			70	13	6	6			30			15																		
42	2nd REF	52352	Cystourethroscopy, with ureteroscopy and/or	0	2011	12	0.118	0.057			6.75			118	33	5	15			45			20																		
43	CURRENT	55700	Biopsy, prostate; needle or punch, single or	0	2016		0.142	0.071			2.50			35	5	5	5			15			5																		
44	CURRENT	76872	Ultrasound, transrectal;	XXX	2012		0.016	0.020			0.69			35	10					15			10																		
45	SVY	55710	Biopsy, prostate, transperineal, ultrasound-	0		58	0.166	0.074	0.40	3.81	5.03	6.54	10.30	68	20	8	5	6	20	25	30	70	10														0	5	10	39	300	
46	REC	55710	Biopsy, prostate, transperineal, ultrasound-	0			0.117	0.056			3.81			68	20	8	5			25			10																		
47																																									
48					RUC			Work Per	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disc							Office					SURVEY EXPERIENCE				
49	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX	
50	1st REF	55874	Transperineal placement of biodegradable material,	0	2017	10	0.074	0.043			3.03			70	13	6	6			30			15																		
51	2nd REF	19085	Biopsy, breast, with placement of breast	0	2013	8	0.064	0.044			3.64			82	13	3	6			45			15																		
52	CURRENT	55700	Biopsy, prostate; needle or punch, single or	0	2016		0.142	0.071			2.50			35	5	5	5			15			5																		
53	CURRENT	76872	Ultrasound, transrectal;	XXX	2012		0.016	0.020			0.69			35	10					15			10																		
54	SVY	55711	Biopsy, prostate, transrectal, MRI-	0		71	0.169	0.069	0.40	3.27	4.25	5.18	33.00	62	22	5	5	5	15	20	30	55	10														0	1	10	30	300	
55	XWALK	47536	Exchange of biliary drainage catheter (eg,	0	2015		0.099	0.051			2.61			51	10	3	5			20			13																		
56	REC	55711	Biopsy, prostate, transrectal, MRI-	0			0.087	0.042			2.61			62	22	5	5			20			10																		
57																																									
58					RUC			Work Per	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disc							Office					SURVEY EXPERIENCE				
59	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX	
60	1st REF	55874	Transperineal placement of biodegradable material,	0	2017	11	0.074	0.043			3.03			70	13	6	6			30			15																		
61	2nd REF	52352	Cystourethroscopy, with ureteroscopy and/or	0	2011	11	0.118	0.057			6.75			118	33	5	15			45			20																		
62	CURRENT	55700	Biopsy, prostate; needle or punch, single or	0	2016		0.142	0.071			2.50			35	5	5	5			15			5																		
63	CURRENT	76872	Ultrasound, transrectal;	XXX	2012		0.016	0.020			0.69			35	10					15			10																		
64	SVY	55712	Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided,	0		55	0.160	0.068	0.40	3.61	5.00	6.12	10.30	73	25	8	5	5	20	25	30	60	10														0	0	4	18	300	

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	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO
4					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE					
5	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX	
65	Xwalk	33993	Repositioning of percutaneous right or left	0	2019		0.087	0.044			3.10			70	18	1	6			25			20																	
66	REC	55712	Biopsy, prostate, transperineal, MRI-	0			0.084	0.042			3.10			73	25	8	5			25			10																	
67																																								

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	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO
4					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disc						Office					SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX	
68					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disc						Office					SURVEY EXPERIENCE				
69	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX	
70	1st REF	52352	Cystourethroscopy, with ureteroscopy and/or	0	2011	8	0.118	0.057			6.75			118	33	5	15			45			20																		
71	2nd REF	55874	Transperineal placement of biodegradable material,	0	2017	7	0.074	0.043			3.03			70	13	6	6			30			15																		
72	CURRENT	55700	Biopsy, prostate; needle or punch, single or	0	2016		0.142	0.071			2.50			35	5	5	5			15			5																		
73	CURRENT	77021	Magnetic resonance imaging guidance for	XXX	2018		0.018	0.020			1.50			75	15	0	0			45			15																		
74	SVY	55713	Biopsy, prostate, in-bore CT- or MRI-guided (ie,	0		50	0.150	0.057	0.40	3.59	5.00	6.00	10.30	87	30	10	9	7	15	25	40	90	13														0	0	0	5	110	
78	SVY - No Exp in Last	55713	Biopsy, prostate, in-bore CT- or MRI-guided (ie,	0		35	0.153	0.060	1.76	3.25	5.00	5.63	10.30	83	30	10	8	10	16	25	38	70	10														0	0	0	0	0	
79	SVY - Exp in Last Yr	55713	Biopsy, prostate, in-bore CT- or MRI-guided (ie,	0		15	0.147	0.057	0.40	5.00	5.95	6.28	9.00	105	35	10	10	7	16	30	45	90	20														2	5	12	20	110	
80	SVY - Exp in 5 Yrs	55713	Biopsy, prostate, in-bore CT- or MRI-guided (ie,	0		19	0.108	0.050	0.40	4.53	5.95	6.38	9.00	120	40	10	10	7	21	40	53	90	20														2	3	9	14	110	
81	XWALK	52441	Cystourethroscopy, with insertion of permanent	0	2019		0.116	0.049			4.00			81	26	5	10			25			15																		
82	REC	55713	Biopsy, prostate, in-bore CT- or MRI-guided (ie,	0			0.110	0.046			4.00			87	30	10	9			25			13																		
83																																									
84					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disc						Office					SURVEY EXPERIENCE				
85	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX	
86	1st REF	19085	Biopsy, breast, with placement of breast	0	2013	9	0.064	0.044			3.64			82	13	3	6			45			15																		
87	2nd REF	52352	Cystourethroscopy, with ureteroscopy and/or	0	2011	8	0.118	0.057			6.75			118	33	5	15			45			20																		
88	CURRENT	55700	Biopsy, prostate; needle or punch, single or	0	2016		0.142	0.071			2.50			35	5	5	5			15			5																		
89	CURRENT	77021	Magnetic resonance imaging guidance for	XXX	2018		0.018	0.020			1.50			75	15	0	0			45			15																		
90	SVY	55714	Biopsy, prostate, in-bore CT- or MRI-guided	0		53	0.121	0.052	0.40	3.62	5.00	6.00	10.20	97	32	10	10	5	15	30	45	75	15														0	0	0	5	110	
95	SVY - No Exp in Last	55714	Biopsy, prostate, in-bore CT- or MRI-guided	0		34	0.126	0.051	1.80	3.13	4.36	5.45	10.20	85	31	10	9	10	15	25	40	70	10														0	0	0	0	0	
96	SVY - Exp in Last Yr	55714	Biopsy, prostate, in-bore CT- or MRI-guided	0		19	0.131	0.051	0.40	4.18	5.50	6.02	10.00	107	37	10	10	5	18	30	45	75	20														2	5	12	28	110	
97	SVY - Exp in 5 Yrs	55714	Biopsy, prostate, in-bore CT- or MRI-guided	0		23	0.086	0.044	0.40	3.89	5.50	6.02	10.00	125	40	10	10	5	23	45	48	75	20														1	5	10	23	110	
98	REC	55714	Biopsy, prostate, in-bore CT- or MRI-guided	0			0.079	0.039			3.62			92	30	10	9			30			13																		
99																																									
100					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disc						Office					SURVEY EXPERIENCE				
101	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX	
102	1st REF	19086	Biopsy, breast, with placement of breast	ZZZ	2013	19	0.046	0.042			1.82			43	0	1	4			38			0																		
103	2nd REF	10006	Fine needle aspiration biopsy, including	ZZZ	2017	11	0.067	0.067			1.00			15	0	0	0			15			0																		
104	CURRENT	55700	Biopsy, prostate; needle or punch, single or	0	2016		0.142	0.071			2.50			35	5	5	5			15			5																		
105	CURRENT	76872	Ultrasound, transrectal;	XXX	2012		0.016	0.020			0.69			35	10	0	0			15			10																		
106	SVY	55715	Biopsy, prostate, each additional, MRI-ultrasound	ZZZ		69	0.095	0.095	0.33	1.05	1.90	3.80	12.00	20	0	0	0	2	6	20	30	90	0														0	0	10	38	300	
107	AUA	55715	Biopsy, prostate, each additional, MRI-ultrasound	ZZZ		59	0.120	0.120	0.33	1.00	1.80	3.73	12.00	15	0	0	0	2	6	15	25	75	0														0	0	10	40	300	
108	SIR	55715	Biopsy, prostate, each additional, MRI-ultrasound	ZZZ		8	0.063	0.063	1.00	1.54	2.83	4.51	6.80	45	0	0	0	20	25	45	49	65	0														0	0	0	6	30	
109	OEIS	55715	Biopsy, prostate, each additional, MRI-ultrasound	ZZZ		2	0.061	0.061	2.13	3.15	4.17	5.18	6.20	68	0	0	0	45	56	68	79	90	0														0	1	3	4	5	

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO
4					RUC Review Year			Work Per Unit Time	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE					
5	Source	CPT	DESC	Global		Resp	IWPUT		MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX	
111	REC	55715	Biopsy, prostate, each additional, MRI-ultrasound	ZZZ			0.053	0.053	1.05					20						20			0																	

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	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO
4					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disc							Office					SURVEY EXPERIENCE					
5	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX	
112																																									
113					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disc							Office					SURVEY EXPERIENCE					
114	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX	
115	1st REF	52352	Cystourethroscopy, with ureteroscopy and/or	0	2011	18	0.118	0.057			6.75			118	33	5	15			45			20																		
116	2nd REF	55874	Transperineal placement of biodegradable material,	0	2017	7	0.074	0.043			3.03			70	13	6	6			30			15																		
117	CURRENT	55706	Biopsies, prostate, needle, transperineal,	10	2008		0.041	0.032			6.28			195	33	5	15			45			15					0.5		1	1										
118	SVY	55706	Biopsies, prostate, needle, transperineal,	0		54	0.164	0.074	0.60	4.00	6.00	6.84	18.00	81	25	10	5	5	21	30	40	80	11														0	0	3	18	300	
119	XWALK	31254	Nasal/sinus endoscopy, surgical with	0	2017		0.108	0.051			4.27			83	15	8	10			30			20																		
120	REC	55706	Biopsies, prostate, needle, transperineal,	0			0.108	0.054			4.27			79	25	8	5			30			11																		

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S): 55705, 55707, 55708, 55709, 55710, 55711, 55712, 55713, 55714. 55715, 555706, 76872**

SPECIALTY SOCIETY(IES): AUA, ACR, SIR, OEIS

PRESENTER(S): Dr. Jonathan Kiechle (AUA), Dr. Seth Cohen (AUA), Cindy Yuan MD (ACR), Robert Kennedy, MD (SIR), Minhajuddin S. Khaja, MD (SIR), Gerald Niedzwiecki, MD (OEIS)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 09/2024

CPT Code	Long Descriptor	Global Period
55705	Biopsy, prostate; any approach, nonimaging-guided (Do not report 55705 in conjunction with 55706, 55707, 55708, 55709, 55710, 55711, 55713, 55714, 55715, 76872, 76942, 77002, 77012, 77021) (For real-time spectral analysis of prostate tissue by fluorescence spectroscopy, use 0443T)	000
55707	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s]) (Do not report 55707 in conjunction with 55705, 55706, 55708, 55709, 55710, 55711, 55712, 55713, 55714, 55715, 76872, 76942) (For real-time spectral analysis of prostate tissue by fluorescence spectroscopy, use 0443T)	000
55708	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusion guidance, first targeted lesion	000
55709	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])	000
55710	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusionguidance biopsy, first targeted lesion	000
55711	Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion	000
55712	Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion	000
55713	Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant), with biopsy of additional targeted lesion(s), first targeted lesion	000
55714	Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion	000
55715	Biopsy, prostate, each additional, MRI-ultrasound fusion or in-bore CT- or MRI-guided targeted lesion (List separately in addition to code for primary procedure)	ZZZ
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	000
76872	Ultrasound, transrectal (Do not report 76872 in conjunction with 45341, 45342, 45391, 45392, 46948, 55707, 55708, 55709, 55710, 55711, 55712, 55705, 55706, 0421T, 0619T)	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
55705	A 62-year-old male presents with a prostate nodule on rectal exam concerning for prostate cancer. Imaging guidance is not available. A transrectal finger-guided prostate biopsy is performed.
55707	A 62-year-old male presents with an elevated prostate specific antigen (PSA). The patient elects to undergo a transrectal-ultrasound guided prostate needle biopsy.
55708	A 62-year-old male presents with an elevated prostate specific antigen (PSA). A multi-parametric prostate MRI reveals a targeted lesion concerning for cancer. After a discussion of the patient's options, the patient chooses to undergo a transrectal ultrasound-guided prostate sextant biopsy with MRI-fusion guided biopsy of the targeted lesion.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

55709	A 62-year-old male presents with an elevated prostate specific antigen (PSA). The patient elects to undergo a transperineal-ultrasound guided prostate needle biopsy.
55710	A 62-year-old male presents with an elevated prostate specific antigen (PSA). A multi-parametric prostate MRI reveals a targeted lesion concerning for cancer. The patient elects to undergo a transperineal ultrasound-guided prostate biopsy with MRI-fusion guided biopsy(ies) of the targeted lesion.
55711	A 62-year-old male presents with rising prostate specific antigen (PSA) after radiation treatment for prostate cancer. A multi-parametric prostate MRI reveals a targeted lesion concerning for recurrent cancer. The patient elects to undergo a transrectal MRI-fusion guided biopsy of the targeted lesion.
55712	A 62-year-old male presents with rising prostate specific antigen (PSA) after radiation treatment for prostate cancer. A multi-parametric prostate MRI reveals a targeted lesion concerning for recurrent cancer. The patient elects to undergo a transperineal MRI-fusion guided biopsy of the targeted lesion.
55713	A 62-year-old male presents with an elevated prostate specific antigen (PSA). A multi-parametric prostate MRI reveals a targeted lesion concerning for cancer. The patient elects to undergo an MRI-guided sextant biopsy with additional biopsy of the targeted lesion.
55714	A 62-year-old male presents with an elevated prostate specific antigen (PSA). A multi-parametric prostate MRI reveals a targeted lesion concerning for cancer. The patient elects to undergo an MRI-guided prostate biopsy of the targeted lesion.
55715	During an MRI-ultrasound fusion biopsy of a targeted lesion or CT or MRI guided prostate biopsy of a targeted lesion, additional target lesion(s) are additionally biopsied. [Note: This is an add-on service. Only consider the additional work related to the performance of further biopsies on additionally marked and targeted lesion(s) above and beyond the initial lesion.]
55706	A 58-year-old male previously presented four months ago with a prostate specific antigen (PSA) of 5.8 and a normal digital rectal exam. At that time, he underwent a standard 12 core transrectal biopsy which revealed high-grade prostatic intraepithelial neoplasia (PIN) involving the right mid-base and mid-apex of his prostate. He was followed carefully and a repeat PSA has now increased to 8.6. His digital rectal exam remains normal. Given his increasing PSA and prior history of high-grade PIN, it is elected to perform a transperineal stereotactic template guided saturation sampling of his prostate under general anesthesia.
76872	A 74-year-old man with voiding difficulty, who is not responsive to alpha blockers or 5-alpha reductase inhibitors (5-ARI) and a prostate specific antigen (PSA) level of 0.8 ng/mL is evaluated for possible invasive or minimally invasive prostate surgery. Transrectal prostate ultrasound is performed.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

The RUC advisors from the AUA reviewed the current code PE details and discussed the changes from the old to new coding structure to determine what PE revisions were required.

The societies of AUA, ACR, SIR and OEIS convened a panel of experts familiar with this service to evaluate the direct practice expense inputs for Prostate Biopsy Services 55713 and 55714.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

Deleted code 55700 and edited code 55705 serve as the reference codes.

55700 and 76872 serve as the reference codes. These codes were typically billed together to entail both the image guidance and prostate biopsy service.

The specialties have included CPT code 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)* as a reference code. Biopsy performed with real-time guidance in the gantry of the MRI is an uncommon procedure, with the most typical example being breast. The safety profile of the environment makes this procedure different from other types of biopsy procedures and the specific positioning requirements between both the Breast MRI guided biopsy and Prostate MRI guided biopsy have added complexity compared to standard biopsy procedures.

The specialties also included CPT codes 55700 *(Biopsy, prostate; incisional, any approach)* and 77021 *(Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation)*, which are the codes currently used to report the 55713 and 55714 procedures.

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
Is this code(s) typically reported with the E/M service in the non-facility?

No

See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

Urology- 98%

We believe Radiology/Interventional Radiology will be the dominant provider in the non-facility setting and this will be the same for the global setting. These services will be performed 5% of the time in the non-facility setting for 55713 and 55714.

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The expert panel is recommending an increase in the aggregate cost of clinical labor, supplies and equipment compared to the existing inputs.

Flawed methodology of prior review – missing required supplies. Change in technology resulting in missing required supplies and equipment.

SB014, *drape, sterile, three-quarter sheet*, is needed to drape the patient for biopsy procedures rather than the non-sterile sheet used in the imaging only service 76872

SB028, *gown, surgical, sterile*- two surgical gowns are required, one for the health professional performing the biopsy and one for the assistant

SB034, *mask, surgical, with face shield,* two are required, one for the health professional performing the biopsy and one for the assistant

SC029, *needle, 18-27g*- needed to draw up lidocaine

SC042, *needle, spine, Sprotte*- used to perform prostatic block

SG035, *dressing, 3inx4in (Telfa, release)*, used to collect specimens from biopsy gun

The expert panel is recommending an increase in the aggregate cost of clinical labor, supplies and equipment compared to the existing inputs.

Flawed methodology of prior review – missing required supplies. Change in technology resulting in missing required supplies and equipment.

SB014, *drape, sterile, three-quarter sheet*, is needed to drape the patient for biopsy procedures rather than the non-sterile sheet used in the imaging only service 76872

SB028, *gown, surgical, sterile*- two surgical gowns are required, one for the health professional performing the biopsy and one for the assistant

SB034, *mask, surgical, with face shield,* two are required, one for the health professional performing the biopsy and one for the assistant

SC029, *needle, 18-27g*- needed to draw up lidocaine

SC042, *needle, spine, Sprotte*- used to perform prostatic block

SG035, *dressing, 3inx4in (Telfa, release)*, used to collect specimens from biopsy gun

SG056, *gauze, sterile 4inx4in (10 pack)*- used to hold prostatic pressure and address intra-procedural bleeding

SJ043, *povidone swabsticks (3 pack)*, - used to clean the anus pre-procedurally

SJ089, *ultrasound transmission gel, sterile (single use)*- used for ultrasound imaging for guidance

SL036- *cup, biopsy- specimen sterile 4oz*,- used to send each specimen individually to pathology

Automatic biopsy gun- used to obtain biopsy samples

Transperineal ultrasound biopsy guide- used to guide needle alongside ultrasound equipment

Uronav- Used for fusion biopsies to fuse MRI images with real-time ultrasound

Disposable prostate core biopsy needle

The increase in aggregate cost can be attributed to the two new supply items, the Transrectal MRI-compatible biopsy gun and the associated needle guide. Both of these are required to perform the procedures described by CPT codes 55713 and 55714.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

Prostate biopsy is an invasive procedure performed for the diagnosis of prostate cancer. Risks of biopsy include infection from translocated rectal bacteria and bleeding. The standard inputs for extensive use of clinical staff time are necessary for this family of services. Clinical staff must coordinate pre-procedural services including rectal swab and pre-procedural PSA testing. Antibiotics and enemas are often prescribed pre-procedurally. Patients need to be called to confirm they have stopped their anticoagulant and anti-platelet medications. Pre-procedural education is provided regarding expectations on the day of the procedure and expectations following the procedure.

For 55713 and 55714:

- **Prepare room, equipment, and supplies (CA013)** – the standard is 2 minutes. The specialties request 3 minutes, as complex biopsy equipment is involved.
- **Prepare, set-up and start IV, initial positioning and monitoring of patient (CA016)** – more time is required because the patient is prone and the device must be positioned along the rectum to ensure proper alignment for the transrectal biopsy approach

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

5 minutes for vital signs is requested. Post-procedural infection is a significant risk of prostate biopsy. A full set of vital signs including temperature, heart rate, respiratory rate, oxygen saturation, and blood pressure are obtained pre-procedurally to confirm the patient is appropriate to proceed with biopsy.

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

Clinical staff must coordinate pre-procedural services including rectal swab and pre-procedural PSA testing. Antibiotics and enemas are often prescribed pre-procedurally. Patients need to be called to confirm they have stopped their anticoagulant and anti-platelet medications. Pre-procedural education is provided regarding expectations on the day of the procedure and expectations following the procedure. For 55713 and 55714: • Confirm availability of prior images/studies • Review patient clinical extant information and questionnaire

    b. Service period (includes pre, intra and post):

Clinical staff greets the patient, provides a gown, and ensures appropriate records are available. 5 vital signs are obtained as above. Consent is obtained. The room is prepared and supplies and equipment are arranged. Imaging technology is prepared. The patient is positioned and local anesthetics are administered. The clinical staff assist the surgeon throughout the procedure. Following the procedure, the patient is monitored for vital sign changes and pain is assessed to ensure the patient tolerated the procedure. The imaging equipment, surgical equipment and room are cleaned. Images are reviewed and entered into the PACS system. Post-procedural instructions are discussed with the patient. For 55713 and 55714: • Greet patient, provide gowning, ensure appropriate medical records are available • Obtain vital signs • Provide education/obtain consent • Prepare room, equipment and supplies • Confirm order, protocol exam • Prepare, set-up and start IV, initial positioning and monitoring of patient • Sedate/apply anesthesia • Perform procedure/service

- Monitor patient following procedure/service
- Clean room/equipment by staff
- Review/read post-procedure x-ray, lab and pathology reports
- Check dressings, catheters, wounds
- Technologist archives and QC's images to/in PACS, checking for all images and dose page
- Review examination with interpreting MD
- Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.
- Review home care instructions, coordinate visits/prescriptions

c. Post-service period:

A post-procedural phone call is made by clinical staff to assess for any complications and answer any post-procedural questions.

For 55713 and 55714:

- Conduct patient communications

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 is present throughout the entirety of the procedure. The clinical staff helps to monitor the patient and ensure the patient is tolerating the procedure. The staff hands instruments and supplies to the surgeon including local anesthetic, ultrasound probe, biopsy gun. The staff labels the specimens and ensures that specimens are correctly labeled and prepared for pathology.

For 55713 and 55714:
Technologist initiates a time out ensuring they have correct patient and the correct site. The technologist explains the consent and answers any general questions, if there are any detailed exam specific questions the technologist will direct those to the physician to answer before the exam begins. The technologist opens all biopsy supplies and prepares the tray drawing up medications in front of the physician. Technologist works hip to hip with physician during the biopsy, handing supplies as holding the specimen cup(s) and working the vacuum assisted biopsy equipment. Technologist responsible for all imaging during the biopsy to confirm targeted location. Technologist will close and initial biopsy specimen(s) prior to moving the patient. The nurse will monitor the patient and hold pressure following the biopsy.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment? One invoice pending

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? One price estimate pending

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

Transrectal Prostate Biopsy Guide- Used to guide needle placement alongside the ultrasound probe during biopsy Disposable prostate core biopsy needle Transrectal MRI-compatible - 150mm fully automatic biopsy gun – This is the equipment used to perform the biopsy. Transrectal MRI-compatible Needle Guide – The guide is required for make sure that the biopsy device follows the approach with MR guidance

18. Are you recommending a PE supply pack for this recommendation? Yes or No. Yes
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

The societies have included recommendations that include established PE supply packs (CMS defined):

SA019	kit, iv starter	1.07	
SA042	pack, cleaning and disinfecting, endoscope	19.43	
SA048	pack, minimum multi-specialty visit	5.02	
SA052	pack, post-op incision care (staple)	4.8	

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

SA019	kit, iv starter	1.07	kit	
	latex-free tourniquet, QTY 1			
	alcohol prep pad, QTY 1			

	iodophor PVP swabstick, QTY 1			
	transparent dressing, QTY 1			
	8-ply gauze sponges (2" x 2"), QTY 2			
	tape strips (1/2" x 4"), QTY 2			
	tape strips (1" x 4"), QTY 2			
	dressing change label, QTY 1			
SA042	pack, cleaning and disinfecting, endoscope	19.43	pack	
	gloves, non sterile, QTY 4			
	gown, staff, impervious, QTY 1			
	face shield, splash protection, QTY 1			
	biohazard bag, QTY 1			
	gauze, sterile 4in x 4in (10 pack uou), QTY 1			
	alcohol isopropyl 70%, 60 ML			
	cleaning brush, endoscope, QTY 1			
	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide), 32 OZ			
	glutaraldehyde test strips (Cidex, Metrex), QTY 1			
SA048	pack, minimum multi-specialty visit	5.02	pack	
	paper, exam table, 7 FT			
	gloves, non sterile, QTY 2 pairs			
	gown, staff, QTY 1			
	pillow case, QTY 1			
	cover, thermometer probe, QTY 1			
SA052	pack, post-op incision care (staple)	4.8	pack	
	kit, staple removal (SA030), QTY 1			
	stainless steel, disposable skin staple remover, QTY 1			
	3x3 gauze sponge, QTY 1			
	povdone soln (Betadine), QTY 10ML			
	gauze, sterile 4in x 4in, QTY 2			
	gloves, sterile, QTY 1 pair			
	steri-strip (6 strip uou), QTY 2			
	swab-pad, alcohol, QTY 2			
	tape, surgical paper 1in (micropore), QTY 12 inch			
	tincture of benzoin, swab, QTY 1			

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

Uronav- Used to fuse MRI images with real-time ultrasound to allow fusion targeted biopsy.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

10 Years

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

No

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

ED050	Technologist PACS workstation	5557	PACS
ED053	Professional PACS Workstation	15467.671	Other Formula
ED058	CAD Software	43308.12	Default
EF014	light, surgical	1256.667	Default
EF027	table, instrument, mobile	531.926	Default
EF031	table, power	5906.76	Default
EF034	table, ultrasound	8558.322	Default
EL008	room, MR	1559013.502	Highly Technical
ES018	fiberscope, flexible, cystoscopy	6998.699	Default
ES031	scope video system (monitor, processor, digital capture, cart, printer, LED light)	70673.3811	Default
EQ074	breast biopsy device w-system (Mammotome)	29862	Default
EQ168	light, exam	1232.887	Default
EQ250	ultrasound unit, portable	41612.533	Default
EQ371	Breast biopsy device (coil)	12238	Default
EQ375	Biopsy Guide	7000	Default
NEW	Uronav	181998.45	Default
ER086	Ultrasound probe	0	Default
ED047	Thermal Printer	0	Default

The "Other Formula" the professional PACS workstation is equal to½ physician pre-time + physician intra time

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

The standard of care is to send each biopsy separately. There are good studies that show the results are better when you send each biopsy separately. Therefore, we are requesting different cups for each specimen and the appropriate amount of formula (SL072).

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Clinical staff inputs
55713 and 55714
CA010 changed from RN/ Diagnostic to RN/LPN/MTA
CA017 changed from RN/ Diagnostic to RN/LPN/MTA

76872 – The specialty societies agreed to revise code 76872 clinical labor type from RN/Diagnostic to RN/LPN/MTA to align with the prostate biopsy code family.

CA026 (Line 89) – Removed cleaning time for all urology codes. This change was made because there are no surgical instrument packages in the supplies.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

FACILITY DIRECT PE INPUTS

CPT CODE(S):
55707, 55708, 55711, 55713, 55714
SPECIALTY SOCIETY(IES): AUA, ACR, SIR, OEIS
PRESENTER(S): Dr. Jonathan Kiechle (AUA), Dr. Seth Cohen (AUA), Cindy Yuan, MD (ACR), Robert Kennedy, MD (SIR), Minhajuddin S. Khaja, MD (SIR), Gerald Niedzwiecki, MD (OEIS)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 9/2024

CPT Code	Long Descriptor	Global Period
55707	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s]) (Do not report 55707 in conjunction with 55705, 55706, 55708, 55709, 55710, 55711, 55712, 55713, 55714, 55715, 76872, 76942) (For real-time spectral analysis of prostate tissue by fluorescence spectroscopy, use 0443T)	000
55708	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusion guidance, first targeted lesion	000
55711	Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion	000
55713	Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant), with biopsy of additional targeted lesion(s), first targeted lesion	000
55714	Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion	000

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
55707	A 62-year-old male presents with an elevated prostate specific antigen (PSA). The patient elects to undergo a transrectal-ultrasound guided prostate needle biopsy.
55708	A 62-year-old male presents with an elevated prostate specific antigen (PSA). A multi-parametric prostate MRI reveals a targeted lesion concerning for cancer. After a discussion of the patient's options, the patient chooses to undergo a transrectal ultrasound-guided prostate sextant biopsy with MRI-fusion guided biopsy of the targeted lesion.
55711	A 62-year-old male presents with rising prostate specific antigen (PSA) after radiation treatment for prostate cancer. A multi-parametric prostate MRI reveals a targeted lesion concerning for recurrent cancer. The patient elects to undergo a transrectal MRI-fusion guided biopsy of the targeted lesion.

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 RUC advisors from the AUA reviewed the current code PE details and discussed the changes from the old to new coding structure to determine what PE revisions were required.

The societies of AUA, ACR, SIR and OEIS convened a panel of experts familiar with this service to evaluate the direct practice expense inputs for Prostate Biopsy Services 55713 and 55714.

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:

Deleted code 55700 and current code 76872 serve as the reference codes.

The specialties have included CPT code 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) as a reference code. Biopsy performed with real-time guidance in the gantry of the MRI is an uncommon procedure, with the most typical example being breast. The safety profile of the environment makes this procedure different from other types of biopsy procedures and the specific positioning requirements between both the Breast MRI guided biopsy and Prostate MRI guided biopsy have added complexity compared to standard biopsy procedures.

The specialties also included CPT codes 55700 *(Biopsy, prostate; incisional, any approach)* and 77021 *(Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation)*, which are the codes currently used to report the 55713 and 55714 procedures.

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?

No

See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

55707, 55708, 55711

The expert panel is recommending an increase in the aggregate cost of clinical labor, supplies and equipment compared to the existing inputs. The deleted code 55700 requested standard staff times associated with a minimal use of clinical staff facility procedure. This is not appropriate given the change in technology necessitating this new family of codes. Pre-surgical services and testing to ensure the patient is appropriate for anesthesia must be obtained. The availability of specific equipment including MRI fusion technology must be confirmed. Clinical staff must coordinate pre-procedural services including rectal swab and pre-procedural PSA testing. Antibiotics and enemas are typically prescribed pre-procedurally. Patients need to be called to confirm they have stopped their anticoagulant and anti-platelet medications. Pre-procedural education is provided regarding expectations on the day of the procedure and expectations following the procedure.

55713, 55714

We are recommending facility inputs for CPT codes 55713 and 55714. We are recommending the standard *minimal use of clinical staff* inputs, for a total of 15 minutes.

See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and

has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

55707, 55708, 55711 Extensive clinical staff time is justified based on standard inputs for extensive clinical staff time. Pre-surgical services and testing to ensure the patient is appropriate for anesthesia must be obtained. The availability of specific equipment including MRI fusion technology must be confirmed. Clinical staff must coordinate pre-procedural services including rectal swab and pre-procedural PSA testing. Antibiotics and enemas are typically prescribed pre-procedurally. Patients need to be called to confirm they have stopped their anticoagulant and anti-platelet medications. Pre-procedural education is provided regarding expectations on the day of the procedure and expectations following the procedure.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

55707, 55708, 55711 Pre-surgical services and testing to ensure the patient is appropriate for anesthesia must be obtained. The availability of specific equipment including MRI fusion technology must be confirmed. Clinical staff must coordinate pre-procedural services including rectal swab and pre-procedural PSA testing. Antibiotics and enemas are typically prescribed pre-procedurally. Patients need to be called to confirm they have stopped their anticoagulant and anti-platelet medications. Pre-procedural education is provided regarding expectations on the day of the procedure and expectations following the procedure. 55713,55714 • Complete pre-service diagnostic and referral forms • Coordinate pre-surgery services (including test results) • Schedule space and equipment in facility • Provide pre-service education/obtain consent • Complete pre-procedure phone calls and prescription

   b. Service period (includes pre, intra and post):

N/A

   c. Post-service period:

A post-procedural phone call is made by clinical staff to assess for any complications and answer any post-procedural questions.

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):
   N/A

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    NA

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:
    N/A

14. Are you recommending a PE supply pack for this recommendation? Yes or No. Yes
    If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?
    N/A

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

N/A

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

FACILITY DIRECT PE INPUTS **CPT CODE(S):**
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

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	A	B	D	E	F	G	H	I	J	K
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**CU**
2						**CPT Code 55706 (Apr 2008)**		**CPT Code 55706 (Sept 2024)**		**CPT C (Ja**
3		***RUC Collaboration Website***								
4	**Clinical Activity Code**	**Meeting Date: September 2024 Revision Date (if applicable): Tab: 8 Prostate Biospy Services Specialty: AUA/ACR/SIR/OEIS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including		Biopsies, prostate, needle, transperineal, stereotactic template guided saturation		Biopsy incisional,
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**				**010**	**010**	**000**	**000**	**010**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 73.90**	**$ -**	**$ 17.93**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**125.0**	**0.0**	**33.0**	**0.0**
9			L047A	MRI Technologist	0.688	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10			L051B	RN/Diagnostic Medical	0.705	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**30.0**	**0.0**	**30.0**	**0.0**
12			L047A	MRI Technologist	0.688	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
13			L051B	RN/Diagnostic Medical	0.705	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
14		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**
15			L047A	MRI Technologist	0.688	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
16			L051B	RN/Diagnostic Medical	0.705	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**89.0**	**0.0**	**3.0**	**0.0**
18			L047A	MRI Technologist	0.688	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
19		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 62.25**	**$ -**	**$ 17.93**	**$ -**
20		**PRE-SERVICE PERIOD**								
21		**Start: Following visit when decision for surgery/procedure made**								
22	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.498		5		5	
23	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.498		10		10	
24	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.498		5		5	
25	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.498		7		7	
26	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.498		3		3	
27	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.498					
28	CA006	Confirm availability of prior images/studies	L051B	RN/Diagnostic	0.705					
29	CA006	Confirm availability of prior images/studies	L047A	MRI Technologist	0.688					
30	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.498					
31	CA007	Review patient clinical extant information and questionnaire	L047A	MRI Technologist	0.688					
32	CA008	Perform regulatory mandated quality assurance activity (pre-	L037D	RN/LPN/MTA	0.498					
33										
34										
35										
36		*Other activity: please include short clinical description here and*								
37		*Other activity: please include short clinical description here and*								
38		*Other activity: please include short clinical description here and*								
39		**End: When patient enters office/facility for surgery/procedure**								
40		**SERVICE PERIOD**								
41		**Start: When patient enters office/facility for surgery/procedure:**								
42		**Pre-Service (of service period)**								
43	CA009	Greet patient, provide gowning, ensure appropriate medical	L037D	RN/LPN/MTA	0.498					
44	CA009	Greet patient, provide gowning, ensure appropriate medical	L051B	RN/Diagnostic	0.705					
45	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L047A	MRI Technologist	0.688					
46	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.498					
47	CA010	Obtain vital signs	L051B	RN/Diagnostic	0.705					
48	CA010	Obtain vital signs	L047A	MRI Technologist	0.688					
49	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.498					
50	CA011	Provide education/obtain consent	L051B	RN/Diagnostic	0.705					
51	CA011	Provide education/obtain consent	L047A	MRI Technologist	0.688					
52	CA012	Review requisition, assess for special needs								
53	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.498					
54	CA013	Prepare room, equipment and supplies	L051B	RN/Diagnostic	0.705					
55	CA013	Prepare room, equipment and supplies	L047A	MRI Technologist	0.688					
56	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.498					
57	CA014	Confirm order, protocol exam	L047A	MRI Technologist	0.688					
58	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.498					
59	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.498					
60	CA016	Prepare, set-up and start IV, initial positioning and monitoring of	L051B	RN/Diagnostic	0.705					
61	CA016	Prepare, set-up and start IV, initial positioning and monitoring of	L047A	MRI Technologist	0.688					
62	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.498					
63	CA017	Sedate/apply anesthesia	L047A	MRI Technologist	0.688					
64										
65										
66		*Other activity: please include short clinical description here and*								
67		*Other activity: please include short clinical description here and*								
68		*Other activity: please include short clinical description here and*								
69		**Intra-service (of service period)**								
70	CA018	Assist physician or other qualified healthcare professional---	L037D	RN/LPN/MTA	0.498					
71	CA019	Assist physician or other qualified healthcare professional---								
72	CA020	Assist physician or other qualified healthcare professional---								
73	CA021	Perform procedure/service---NOT directly related to physician	L037D	RN/LPN/MTA	0.498					
74	CA021	Perform procedure/service---NOT directly related to physician	L051B	RN/Diagnostic	0.705					
75	CA021	Perform procedure/service---NOT directly related to physician	L047A	MRI Technologist	0.688					
76										
77		*Other activity: please include short clinical description here and*								
78		*Other activity: please include short clinical description here and*								
79		*Other activity: please include short clinical description here and*								
80		**Post-Service (of service period)**								
81	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.498					
82	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.498					
83	CA023	Monitor patient following procedure/service, no multitasking	L047A	MRI Technologist	0.688					
84	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.498					
85	CA024	Clean room/equipment by clinical staff	L051B	RN/Diagnostic	0.705					

	A	B	D	E	F	G	H	I	J	K
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12			L047A	MRI Technologist	0.688	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
13			L051B	RN/Diagnostic Medical	0.705	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
14		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**
15			L047A	MRI Technologist	0.688	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
16			L051B	RN/Diagnostic Medical	0.705	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**89.0**	**0.0**	**3.0**	**0.0**
18			L047A	MRI Technologist	0.688	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
86	CA024	Clean room/equipment by clinical staff	L047A	MRI Technologist	0.688					
87	CA025	Clean scope	L037D	RN/LPN/MTA	0.498					
88	CA025	Clean scope	L047A	MRI Technologist	0.688					
89	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.498					
90	CA027	Complete post-procedure diagnostic forms, lab and x-ray	L037D	RN/LPN/MTA	0.498					
91	CA028	Review/read post-procedure x-ray, lab and pathology reports	L047A	MRI Technologist	0.688					
92	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.498					
93	CA029	Check dressings, catheters, wounds	L047A	MRI Technologist	0.688					
94	CA030	Technologist QC's images in PACS, checking for all images,	L051B	RN/Diagnostic	0.705					
95	CA030	Technologist QC's images in PACS, checking for all images,	L037D	RN/LPN/MTA	0.498					
96	CA030	Technologist QC's images in PACS, checking for all images,	L047A	MRI Technologist	0.688					
97	CA031	Review examination with interpreting MD/DO	L051B	RN/Diagnostic	0.705					
98	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.498					
99	CA031	Review examination with interpreting MD/DO	L047A	MRI Technologist	0.688					
100	CA032	Scan exam documents into PACS. Complete exam in RIS	L037D	RN/LPN/MTA	0.498					
101	CA032	Scan exam documents into PACS. Complete exam in RIS	L051B	RN/Diagnostic	0.705					
102	CA032	Scan exam documents into PACS. Complete exam in RIS	L047A	MRI Technologist	0.688					
103	CA033	Perform regulatory mandated quality assurance activity (service								
104	CA034	Document procedure (nonPACS) (e.g. mandated reporting,								
105	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.498					
106	CA035	Review home care instructions, coordinate visits/prescriptions	L047A	MRI Technologist	0.688					
107	CA036	Discharge day management	L037D	RN/LPN/MTA	0.498		6			
108	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.498				3	
109	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.498					
110										
111										
112		*Clean ultrasound probe*	L051B	RN/Diagnostic	0.705					
113		*Other activity: please include short clinical description here and*								
114		*Other activity: please include short clinical description here and*								
115		**End: Patient leaves office/facility**								
116		**POST-SERVICE PERIOD**								
117		**Start: Patient leaves office/facility**								
118	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.498				3	
119	CA037	Conduct patient communications	L047A	MRI Technologist	0.688					
120	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.498					
121		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
122		99211 16 minutes	16							
123		99212 27 minutes	27							
124		99213 36 minutes	36				1			
125		99214 53 minutes	53				1			
126		99215 63 minutes	63							
127	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.498	**0.0**	**89.0**	**0.0**	**0.0**	**0.0**
128										
129										
130										
131		*Other activity: please include short clinical description here and*								
132		*Other activity: please include short clinical description here and*								
133		*Other activity: please include short clinical description here and*								
134		**End: with last office visit before end of global period**								

	A	B	D	E	F	G	H	I	J	K
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**CU**
2						**CPT Code 55706 (Apr 2008)**		**CPT Code 55706 (Sept 2024)**		**CPT C (Ja**
3		***RUC Collaboration Website***								
4	**Clinical Activity Code**	**Meeting Date: September 2024 Revision Date (if applicable): Tab: 8 Prostate Biospy Services Specialty: AUA/ACR/SIR/OEIS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including		Biopsies, prostate, needle, transperineal, stereotactic template guided saturation		Biopsy incisional,
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**				**010**	**010**	**000**	**000**	**010**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 73.90**	**$ -**	**$ 17.93**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**125.0**	**0.0**	**33.0**	**0.0**
9			L047A	MRI Technologist	0.688	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10			L051B	RN/Diagnostic Medical	0.705	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**30.0**	**0.0**	**30.0**	**0.0**
12			L047A	MRI Technologist	0.688	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
13			L051B	RN/Diagnostic Medical	0.705	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
14		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**
15			L047A	MRI Technologist	0.688	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
16			L051B	RN/Diagnostic Medical	0.705	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**89.0**	**0.0**	**3.0**	**0.0**
18			L047A	MRI Technologist	0.688	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
135	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**						
136		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 10.25**	**$ -**	**$ -**	**$ -**
137	SA019	kit, iv starter	1.07	kit						
146	SA042	pack, cleaning and disinfecting, endoscope	19.43	pack						
156	SA048	pack, minimum multi-specialty visit	5.02	pack			2			
162	SA052	pack, post-op incision care (staple)	4.8	pack						
173	SB001	cap, surgical	1.14	item						
174	SB005	cover-condom, transducer or ultrasound probe	4.46	item						
175	SB006	drape, non-sterile, sheet 40in x 60in	0.13	item						
176	SB012	drape, sterile, for Mayo stand	1.07	item						
177	SB014	drape, sterile, three-quarter sheet	3.46	item						
178	SB019	drape-towel, sterile 18in x 26in	0.47	item						
179	SB020	drape-towel, sterile OR blue (2 pk uou)	0.83	item						
180	SB022	gloves, non-sterile	0.3	pair						
181	SB024	gloves, sterile	0.91	pair						
182	SB026	gown, patient	0.59	item						
183	SB028	gown, surgical, sterile	5.13	item						
184	SB033	mask, surgical	0.43	item						
185	SB034	mask, surgical, with face shield	3.4	item						
186	SB039	shoe covers, surgical	0.1	pair						
187	SB044	underpad 2ft x 3ft (Chux)	0.32	item						
188	SC019	iv tubing (extension)	0.84	foot						
189	SC022	Mammotome probe guide	6.75	item						
190	SC029	needle, 18-27g	0.04	item						
191	SC032	needle, biopsy for breast-prostate core sample	33.2	item						
192	SC042	needle, spine, Sprotte	9.88	item						
193	SC051	syringe 10-12ml	0.21	item			1			
194	SC053	syringe 20ml	0.83	item						
195	SD010	canister, vacuum	9.1	item						
196	SD037	clip, tissue marker	71.11	item						
197	SD094	Mammotome probe	135	item						
198	SD135	tubing, vacuum (for Mammotome device)	16.09	item						
199	SD291	Urolift Implant and implantation device	875	item						
200	SF047	scalpel, safety, surgical, with blade (#10-20)	4.97	item						
201	SG035	dressing, 3in x 4in (Telfa, Release)	0.05	item						
202	SG055	gauze, sterile 4in x 4in	0.19	item						
203	SG056	gauze, sterile 4in x 4in (10 pack uou)	1.2	item						
204	SG074	steri-strip (6 strip uou)	1.54	item						
205	SG076	tape, elastic, 2in (Elastoplast, Elasticon) (5yd uou)	4.01	item						
206	SH046	lidocaine 1% w-epi inj (Xylocaine w-epi)	0.08	ml						
207	SH047	lidocaine 1%-2% inj (Xylocaine)	0.06	ml						
208	SH048	lidocaine 2% jelly, topical (Xylocaine)	1.04	ml						
209	SH067	sodium chloride 0.9% inj (250-1000ml uou)	3.39	item						
210	SJ001	alcohol isopropyl 70%	0.03	ml						
211	SJ029	ice pack, instant	1.4	item						
212	SJ032	lubricating jelly (K-Y) (5gm uou)	0.54	item						
213	SJ033	lubricating jelly (Surgilube)	0.57	oz						
214	SJ043	povidone swabsticks (3 pack uou)	0.48	item						
215	SJ053	swab-pad, alcohol	0.04	item						
216	SJ057	thermometer (single use)	0.18	item						
217	SJ089	ultrasound transmission gel, sterile (single use)	2.28	item						
218	SK062	patient education booklet	2.8	item						
219	SL034	cup, biopsy-specimen 86oz	1.47	item						
220	SL036	cup, biopsy-specimen sterile 4oz	0.8	item						
221	SL064	filter paper, qualitative, <15.0cm	0.14	item						
222	SL072	formalin	0.009	ml						
223	SM012	disinfectant spray (Transeptic)	0.05	ml						
224	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	3.44	oz						
225	SM019	glutaraldehyde test strips (Cidex, Metrex)	0.84	item						
226	SM021	sanitizing cloth-wipe (patient)	0.07	item						
228	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item						
229	NEW	Transperineal Ultrasound Biopsy Guide	237	item						
230	NEW	Transrectal MRI-compatible -150mm fully automatic biopsy gun	180	item						
231	NEW	Transrectal MRI-compatible needle guide	150	item						
232	NEW	Disposable Prostate Core Biopsy Needle	43.85	item						

	A	B	D	E	F	G	H	I	J	K
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**CU**
2						**CPT Code 55706 (Apr 2008)**		**CPT Code 55706 (Sept 2024)**		**CPT C (Ja**
3		***RUC Collaboration Website***								
4	**Clinical Activity Code**	**Meeting Date: September 2024 Revision Date (if applicable): Tab: 8 Prostate Biospy Services Specialty: AUA/ACR/SIR/OEIS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including		Biopsies, prostate, needle, transperineal, stereotactic template guided saturation		Biopsy incisional,
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**				**010**	**010**	**000**	**000**	**010**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 73.90**	**$ -**	**$ 17.93**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**125.0**	**0.0**	**33.0**	**0.0**
9			L047A	MRI Technologist	0.688	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10			L051B	RN/Diagnostic Medical	0.705	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**30.0**	**0.0**	**30.0**	**0.0**
12			L047A	MRI Technologist	0.688	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
13			L051B	RN/Diagnostic Medical	0.705	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
14		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**
15			L047A	MRI Technologist	0.688	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
16			L051B	RN/Diagnostic Medical	0.705	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**89.0**	**0.0**	**3.0**	**0.0**
18			L047A	MRI Technologist	0.688	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
233	NEW	Transrectal Ultrasound Biopsy Guide	17.31	item						
234	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**					
235		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 1.40**	**$ -**	**$ -**	**$ -**
236	ED050	Technologist PACS workstation	5557	PACS	0.02201792					
237	ED053	Professional PACS Workstation	15467.671	Other Formula	0.06128595					
238	ED058	CAD Software	43308.12	Default	0.16782447					
239	EF014	light, surgical	1256.667	Default	0.00279532					
240	EF027	table, instrument, mobile	531.926	Default	0.00118321					
241	EF031	table, power	5906.76	Default	0.01567493		89		0.0	
242	EF034	table, ultrasound	8558.322	Default	0.01903708					
243	EL008	room, MR	1559013.502	Highly Technical	5.90713201					
244	ES018	fiberscope, flexible, cystoscopy	6998.699	Default	0.04054931					
245	ES031	scope video system (monitor, processor, digital capture, cart, printer, LED light)	70673.3811	Default	0.26778279					
246	EQ074	breast biopsy device w-system (Mammotome)	29862	Default	0.11571905					
247	EQ168	light, exam	1232.887	Default	0.00327174					
248	EQ250	ultrasound unit, portable	41612.533	Default	0.16125386					
249	EQ371	Breast biopsy device (coil)	12238	Default	0.03247631					
250	EQ375	Biopsy Guide	7000	Default	0.02773537					
251	NEW	UroNav system	181998.45	Default	0.45					
252	ER086	Ultrasound probe	0	Default	0					
253	ED047	Thermal Printer	0	Default	0					
254										
255										
256										
257		*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*								

	A	B	L	M	N	O	P	Q	R
1	RUC Practice Expense Spreadsheet		RRENT	RECOMMENDED		REFERENCE CODE		CURRENT	
2			ode 55705 n 2003)	CPT Code 55705 (Sept 2024)		CPT Code 55700 (Jan 2016) DELETED		CPT Code 76872 (Apr 2012)	
3		*RUC Collaboration Website*							
4	Clinical Activity Code	Meeting Date: September 2024 Revision Date (if applicable): Tab: 8 Prostate Biospy Services Specialty: AUA/ACR/SIR/OEIS	, prostate; any approach	Biopsy, prostate; any approach, nonimaging-guided		Biopsy, prostate; needle or punch, single or multiple, any approach		Ultrasound, transrectal;	
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	010	000	000	000	000	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 41.71	$ 147.65	$ 16.43	$ 130.52	$ 5.98	$ 180.55	$ -
8		TOTAL CLINICAL STAFF TIME	63.0	70.5	33.0	67.0	12.0	0.0	0.0
9			0.0	0.0	0.0	0.0	0.0	0.0	0.0
10			0.0	0.0	0.0	0.0	0.0	48.0	0.0
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME	30.0	18.0	30.0	3.0	12.0	0.0	0.0
12			0.0	0.0	0.0	0.0	0.0	0.0	0.0
13			0.0	0.0	0.0	0.0	0.0	3.0	0.0
14		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	6.0	49.5	0.0	64.0	0.0	0.0	0.0
15			0.0	0.0	0.0	0.0	0.0	0.0	0.0
16			0.0	0.0	0.0	0.0	0.0	45.0	0.0
17		TOTAL POST-SERVICE CLINICAL STAFF TIME	27.0	3.0	3.0	0.0	0.0	0.0	0.0
18			0.0	0.0	0.0	0.0	0.0	0.0	0.0
19		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ 31.37	$ 35.11	$ 16.43	$ 33.37	$ 5.98	$ 33.84	$ -
20		PRE-SERVICE PERIOD							
21		Start: Following visit when decision for surgery/procedure mad							
22	CA001	Complete pre-service diagnostic and referral forms	5	5	5	3	3		
23	CA002	Coordinate pre-surgery services (including test results)	10	3	10		3		
24	CA003	Schedule space and equipment in facility	5		5		3		
25	CA004	Provide pre-service education/obtain consent	7	7	7		3		
26	CA005	Complete pre-procedure phone calls and prescription	3	3	3				
27	CA006	Confirm availability of prior images/studies							
28	CA006	Confirm availability of prior images/studies						3	
29	CA006	Confirm availability of prior images/studies							
30	CA007	Review patient clinical extant information and questionnaire							
31	CA007	Review patient clinical extant information and questionnaire							
32	CA008	Perform regulatory mandated quality assurance activity (pre-							
33									
34									
35									
36		*Other activity: please include short clinical description here and*							
37		*Other activity: please include short clinical description here and*							
38		*Other activity: please include short clinical description here and*							
39		End: When patient enters office/facility for surgery/procedure							
40		SERVICE PERIOD							
41		Start: When patient enters office/facility for surgery/procedure:							
42		Pre-Service (of service period)							
43	CA009	Greet patient, provide gowning, ensure appropriate medical		3		3			
44	CA009	Greet patient, provide gowning, ensure appropriate medical						3	
45	CA009	Greet patient, provide gowning, ensure appropriate medical records are available							
46	CA010	Obtain vital signs		5		5			
47	CA010	Obtain vital signs						3	
48	CA010	Obtain vital signs							
49	CA011	Provide education/obtain consent		3		3			
50	CA011	Provide education/obtain consent						3	
51	CA011	Provide education/obtain consent							
52	CA012	Review requisition, assess for special needs							
53	CA013	Prepare room, equipment and supplies		2		2			
54	CA013	Prepare room, equipment and supplies						3	
55	CA013	Prepare room, equipment and supplies							
56	CA014	Confirm order, protocol exam		1					
57	CA014	Confirm order, protocol exam							
58	CA015	Setup scope (nonfacility setting only)							
59	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient		5		2			
60	CA016	Prepare, set-up and start IV, initial positioning and monitoring of						3	
61	CA016	Prepare, set-up and start IV, initial positioning and monitoring of							
62	CA017	Sedate/apply anesthesia		7					
63	CA017	Sedate/apply anesthesia							
64									
65									
66		*Other activity: please include short clinical description here and*							
67		*Other activity: please include short clinical description here and*							
68		*Other activity: please include short clinical description here and*							
69		Intra-service (of service period)							
70	CA018	Assist physician or other qualified healthcare professional---		10		15			
71	CA019	Assist physician or other qualified healthcare professional---							
72	CA020	Assist physician or other qualified healthcare professional---							
73	CA021	Perform procedure/service---NOT directly related to physician							
74	CA021	Perform procedure/service---NOT directly related to physician						20	
75	CA021	Perform procedure/service---NOT directly related to physician							
76									
77		*Other activity: please include short clinical description here and*							
78		*Other activity: please include short clinical description here and*							
79		*Other activity: please include short clinical description here and*							
80		Post-Service (of service period)							
81	CA022	Monitor patient following procedure/service, multitasking 1:4		2.5					
82	CA023	Monitor patient following procedure/service, no multitasking		5		5			
83	CA023	Monitor patient following procedure/service, no multitasking							
84	CA024	Clean room/equipment by clinical staff		3		3			
85	CA024	Clean room/equipment by clinical staff						2	

	A	B	L	M	N	O	P	Q	R
1	RUC Practice Expense Spreadsheet		RRENT	RECOMMENDED		REFERENCE CODE		CURRENT	
2			ode 55705 n 2003)	CPT Code 55705 (Sept 2024)		CPT Code 55700 (Jan 2016) DELETED		CPT Code 76872 (Apr 2012)	
3		*RUC Collaboration Website*							
4	Clinical Activity Code	Meeting Date: September 2024 Revision Date (if applicable): Tab: 8 Prostate Biospy Services Specialty: AUA/ACR/SIR/OEIS	, prostate; any approach	Biopsy, prostate; any approach, nonimaging-guided		Biopsy, prostate; needle or punch, single or multiple, any approach		Ultrasound, transrectal;	
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	010	000	000	000	000	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 41.71	$ 147.65	$ 16.43	$ 130.52	$ 5.98	$ 180.55	$ -
8		TOTAL CLINICAL STAFF TIME	63.0	70.5	33.0	67.0	12.0	0.0	0.0
9			0.0	0.0	0.0	0.0	0.0	0.0	0.0
10			0.0	0.0	0.0	0.0	0.0	48.0	0.0
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME	30.0	18.0	30.0	3.0	12.0	0.0	0.0
12			0.0	0.0	0.0	0.0	0.0	0.0	0.0
13			0.0	0.0	0.0	0.0	0.0	3.0	0.0
14		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	6.0	49.5	0.0	64.0	0.0	0.0	0.0
15			0.0	0.0	0.0	0.0	0.0	0.0	0.0
16			0.0	0.0	0.0	0.0	0.0	45.0	0.0
17		TOTAL POST-SERVICE CLINICAL STAFF TIME	27.0	3.0	3.0	0.0	0.0	0.0	0.0
18			0.0	0.0	0.0	0.0	0.0	0.0	0.0
86	CA024	Clean room/equipment by clinical staff							
87	CA025	Clean scope							
88	CA025	Clean scope							
89	CA026	Clean surgical instrument package		**0**		10			
90	CA027	Complete post-procedure diagnostic forms, lab and x-ray				6			
91	CA028	Review/read post-procedure x-ray, lab and pathology reports							
92	CA029	Check dressings, catheters, wounds		1		10			
93	CA029	Check dressings, catheters, wounds							
94	CA030	Technologist QC's images in PACS, checking for all images,						2	
95	CA030	Technologist QC's images in PACS, checking for all images,							
96	CA030	Technologist QC's images in PACS, checking for all images,							
97	CA031	Review examination with interpreting MD/DO						2	
98	CA031	Review examination with interpreting MD/DO							
99	CA031	Review examination with interpreting MD/DO							
100	CA032	Scan exam documents into PACS. Complete exam in RIS							
101	CA032	Scan exam documents into PACS. Complete exam in RIS						1	
102	CA032	Scan exam documents into PACS. Complete exam in RIS							
103	CA033	Perform regulatory mandated quality assurance activity (service							
104	CA034	Document procedure (nonPACS) (e.g. mandated reporting,							
105	CA035	Review home care instructions, coordinate visits/prescriptions	6	2					
106	CA035	Review home care instructions, coordinate visits/prescriptions							
107	CA036	Discharge day management							
108	CA037	Conduct patient communications							
109	CA038	Coordinate post-procedure services							
110									
111									
112		*Clean ultrasound probe*						3	
113		*Other activity: please include short clinical description here and*							
114		*Other activity: please include short clinical description here and*							
115		**End: Patient leaves office/facility**							
116		**POST-SERVICE PERIOD**							
117		**Start: Patient leaves office/facility**							
118	CA037	Conduct patient communications		3	3				
119	CA037	Conduct patient communications							
120	CA038	Coordinate post-procedure services							
121		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
122		99211 16 minutes							
123		99212 27 minutes	1						
124		99213 36 minutes							
125		99214 53 minutes							
126		99215 63 minutes							
127	CA039	Post-operative visits (total time)	**27.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
128									
129									
130									
131		*Other activity: please include short clinical description here and*							
132		*Other activity: please include short clinical description here and*							
133		*Other activity: please include short clinical description here and*							
134		**End: with last office visit before end of global period**							

	A	B	L	M	N	O	P	Q	R
1	RUC Practice Expense Spreadsheet		RRENT	RECOMMENDED		REFERENCE CODE		CURRENT	
2			ode 55705 n 2003)	CPT Code 55705 (Sept 2024)		CPT Code 55700 (Jan 2016) DELETED		CPT Code 76872 (Apr 2012)	
3		*RUC Collaboration Website*							
4	Clinical Activity Code	Meeting Date: September 2024 Revision Date (if applicable): Tab: 8 Prostate Biospy Services Specialty: AUA/ACR/SIR/OEIS	, prostate; any approach	Biopsy, prostate; any approach, nonimaging-guided		Biopsy, prostate; needle or punch, single or multiple, any approach		Ultrasound, transrectal;	
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	010	000	000	000	000	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 41.71	$ 147.65	$ 16.43	$ 130.52	$ 5.98	$ 180.55	$ -
8		TOTAL CLINICAL STAFF TIME	63.0	70.5	33.0	67.0	12.0	0.0	0.0
9			0.0	0.0	0.0	0.0	0.0	0.0	0.0
10			0.0	0.0	0.0	0.0	0.0	48.0	0.0
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME	30.0	18.0	30.0	3.0	12.0	0.0	0.0
12			0.0	0.0	0.0	0.0	0.0	0.0	0.0
13			0.0	0.0	0.0	0.0	0.0	3.0	0.0
14		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	6.0	49.5	0.0	64.0	0.0	0.0	0.0
15			0.0	0.0	0.0	0.0	0.0	0.0	0.0
16			0.0	0.0	0.0	0.0	0.0	45.0	0.0
17		TOTAL POST-SERVICE CLINICAL STAFF TIME	27.0	3.0	3.0	0.0	0.0	0.0	0.0
18			0.0	0.0	0.0	0.0	0.0	0.0	0.0
135	Supply Code	MEDICAL SUPPLIES							
136		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ 9.82	$ 111.73	$ -	$ 94.88	$ -	$ 136.87	$ -
137	SA019	kit, iv starter							
146	SA042	pack, cleaning and disinfecting, endoscope				1			
156	SA048	pack, minimum multi-specialty visit	1	1		1		1	
162	SA052	pack, post-op incision care (staple)	1						
173	SB001	cap, surgical							
174	SB005	cover-condom, transducer or ultrasound probe						1	
175	SB006	drape, non-sterile, sheet 40in x 60in						1	
176	SB012	drape, sterile, for Mayo stand		1		1		1	
177	SB014	drape, sterile, three-quarter sheet		1					
178	SB019	drape-towel, sterile 18in x 26in		3		3			
179	SB020	drape-towel, sterile OR blue (2 pk uou)							
180	SB022	gloves, non-sterile						4	
181	SB024	gloves, sterile		2		2			
182	SB026	gown, patient							
183	SB028	gown, surgical, sterile		2					
184	SB033	mask, surgical							
185	SB034	mask, surgical, with face shield		2					
186	SB039	shoe covers, surgical							
187	SB044	underpad 2ft x 3ft (Chux)		1		1		1	
188	SC019	iv tubing (extension)						1	
189	SC022	Mammotome probe guide							
190	SC029	needle, 18-27g		1					
191	SC032	needle, biopsy for breast-prostate core sample				1			
192	SC042	needle, spine, Sprotte		1		1			
193	SC051	syringe 10-12ml						2	
194	SC053	syringe 20ml		1		1			
195	SD010	canister, vacuum							
196	SD037	clip, tissue marker							
197	SD094	Mammotome probe							
198	SD135	tubing, vacuum (for Mammotome device)							
199	SD291	Urolift Implant and implantation device							
200	SF047	scalpel, safety, surgical, with blade (#10-20)							
201	SG035	dressing, 3in x 4in (Telfa, Release)		1					
202	SG055	gauze, sterile 4in x 4in				4			
203	SG056	gauze, sterile 4in x 4in (10 pack uou)		1					
204	SG074	steri-strip (6 strip uou)							
205	SG076	tape, elastic, 2in (Elastoplast, Elasticon) (5yd uou)							
206	SH046	lidocaine 1% w-epi inj (Xylocaine w-epi)							
207	SH047	lidocaine 1%-2% inj (Xylocaine)		30		50			
208	SH048	lidocaine 2% jelly, topical (Xylocaine)		10				10	
209	SH067	sodium chloride 0.9% inj (250-1000ml uou)							
210	SJ001	alcohol isopropyl 70%						5	
211	SJ029	ice pack, instant							
212	SJ032	lubricating jelly (K-Y) (5gm uou)						2	
213	SJ033	lubricating jelly (Surgilube)							
214	SJ043	povidone swabsticks (3 pack uou)		1					
215	SJ053	swab-pad, alcohol				2		1	
216	SJ057	thermometer (single use)						1	
217	SJ089	ultrasound transmission gel, sterile (single use)							
218	SK062	patient education booklet		1		1			
219	SL034	cup, biopsy-specimen 86oz				6			
220	SL036	cup, biopsy-specimen sterile 4oz		12					
221	SL064	filter paper, qualitative, <15.0cm							
222	SL072	formalin		48		708			
223	SM012	disinfectant spray (Transeptic)						10	
224	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)						32	
225	SM019	glutaraldehyde test strips (Cidex, Metrex)						1	
226	SM021	sanitizing cloth-wipe (patient)		1				2	
228	SM022	sanitizing cloth-wipe (surface, instruments, equipment)		2		1			
229	NEW	Transperineal Ultrasound Biopsy Guide							
230	NEW	Transrectal MRI-compatible -150mm fully automatic biopsy gun							
231	NEW	Transrectal MRI-compatible needle guide							
232	NEW	Disposable Prostate Core Biopsy Needle		1					

	A	B	L	M	N	O	P	Q	R
1	RUC Practice Expense Spreadsheet		RRENT	RECOMMENDED		REFERENCE CODE		CURRENT	
2			ode 55705 n 2003)	CPT Code 55705 (Sept 2024)		CPT Code 55700 (Jan 2016) DELETED		CPT Code 76872 (Apr 2012)	
3		*RUC Collaboration Website*							
4	Clinical Activity Code	Meeting Date: September 2024 Revision Date (if applicable): Tab: 8 Prostate Biospy Services Specialty: AUA/ACR/SIR/OEIS	, prostate; any approach	Biopsy, prostate; any approach, nonimaging-guided		Biopsy, prostate; needle or punch, single or multiple, any approach		Ultrasound, transrectal;	
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	010	000	000	000	000	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 41.71	$ 147.65	$ 16.43	$ 130.52	$ 5.98	$ 180.55	$ -
8		TOTAL CLINICAL STAFF TIME	63.0	70.5	33.0	67.0	12.0	0.0	0.0
9			0.0	0.0	0.0	0.0	0.0	0.0	0.0
10			0.0	0.0	0.0	0.0	0.0	48.0	0.0
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME	30.0	18.0	30.0	3.0	12.0	0.0	0.0
12			0.0	0.0	0.0	0.0	0.0	0.0	0.0
13			0.0	0.0	0.0	0.0	0.0	3.0	0.0
14		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	6.0	49.5	0.0	64.0	0.0	0.0	0.0
15			0.0	0.0	0.0	0.0	0.0	0.0	0.0
16			0.0	0.0	0.0	0.0	0.0	45.0	0.0
17		TOTAL POST-SERVICE CLINICAL STAFF TIME	27.0	3.0	3.0	0.0	0.0	0.0	0.0
18			0.0	0.0	0.0	0.0	0.0	0.0	0.0
233	NEW	Transrectal Ultrasound Biopsy Guide							
234	Equipment Code	EQUIPMENT							
235		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ 0.51	$ 0.81	$ -	$ 2.27	$ -	$ 9.84	$ -
236	ED050	Technologist PACS workstation						45	
237	ED053	Professional PACS Workstation						20	
238	ED058	CAD Software							
239	EF014	light, surgical							
240	EF027	table, instrument, mobile		40		54		42	
241	EF031	table, power	27	40		54			
242	EF034	table, ultrasound						42	
243	EL008	room, MR							
244	ES018	fiberscope, flexible, cystoscopy							
245	ES031	scope video system (monitor, processor, digital capture, cart, printer, LED light)							
246	EQ074	breast biopsy device w-system (Mammotome)							
247	EQ168	light, exam	27	40					
248	EQ250	ultrasound unit, portable						42	
249	EQ371	Breast biopsy device (coil)							
250	EQ375	Biopsy Guide				49			
251	NEW	UroNav system							
252	ER086	Ultrasound probe						42	
253	ED047	Thermal Printer						15	
254									
255									
256									
257		*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*							

	A	B	S	T	U	V	W	X	Y	Z
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
2			**CPT Code 76872 (Sept 2024)**		**CPT Code 55707 (Sept 2024)**		**CPT Code 55708 (Sept 2024)**		**CPT Code 55709 (Sept 2024)**	
3		***RUC Collaboration Website***	Ultrasound, transrectal;		Biopsy, prostate, transrectal, ultrasound-guided		Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusionguidance,first		Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant, ultrasound-localized	
4	**Clinical Activity Code**	**Meeting Date: September 2024** **Revision Date (if applicable):** **Tab: 8 Prostate Biospy Services** **Specialty: AUA/ACR/SIR/OEIS**								
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 82.64**	**$ -**	**$ 216.28**	**$ 18.92**	**$ 245.37**	**$ 18.92**	**$ 444.76**	**$ 18.92**
8		**TOTAL CLINICAL STAFF TIME**	**60.5**	**0.0**	**83.5**	**35.0**	**88.5**	**35.0**	**86.5**	**35.0**
9			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**3.0**	**0.0**	**20.0**	**32.0**	**20.0**	**32.0**	**20.0**	**32.0**
12			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
13			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
14		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**57.5**	**0.0**	**60.5**	**0.0**	**65.5**	**0.0**	**63.5**	**0.0**
15			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
16			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
18			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
19		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 30.13**	**$ -**	**$ 48.06**	**$ 18.92**	**$ 50.55**	**$ 18.92**	**$ 49.55**	**$ 18.92**
20		**PRE-SERVICE PERIOD**								
21		**Start: Following visit when decision for surgery/procedure mad**								
22	CA001	Complete pre-service diagnostic and referral forms			5	5	5	5	5	5
23	CA002	Coordinate pre-surgery services (including test results)			3	10	3	10	3	10
24	CA003	Schedule space and equipment in facility				5		5		5
25	CA004	Provide pre-service education/obtain consent			7	7	7	7	7	7
26	CA005	Complete pre-procedure phone calls and prescription			3	3	3	3	3	3
27	CA006	Confirm availability of prior images/studies	**3**		2	2	2	2	2	2
28	CA006	Confirm availability of prior images/studies	0							
29	CA006	Confirm availability of prior images/studies								
30	CA007	Review patient clinical extant information and questionnaire								
31	CA007	Review patient clinical extant information and questionnaire								
32	CA008	Perform regulatory mandated quality assurance activity (pre-								
33										
34										
35										
36		*Other activity: please include short clinical description here and*								
37		*Other activity: please include short clinical description here and*								
38		*Other activity: please include short clinical description here and*								
39		**End: When patient enters office/facility for surgery/procedure**								
40		**SERVICE PERIOD**								
41		**Start: When patient enters office/facility for surgery/procedure:**								
42		**Pre-Service (of service period)**								
43	CA009	Greet patient, provide gowning, ensure appropriate medical	**3**		3		3		3	
44	CA009	Greet patient, provide gowning, ensure appropriate medical	0							
45	CA009	Greet patient, provide gowning, ensure appropriate medical records are available								
46	CA010	Obtain vital signs	**3**		5		5		5	
47	CA010	Obtain vital signs	0							
48	CA010	Obtain vital signs								
49	CA011	Provide education/obtain consent	**3**		3		3		3	
50	CA011	Provide education/obtain consent	0							
51	CA011	Provide education/obtain consent								
52	CA012	Review requisition, assess for special needs								
53	CA013	Prepare room, equipment and supplies	**3**		2		2			
54	CA013	Prepare room, equipment and supplies	0							
55	CA013	Prepare room, equipment and supplies								
56	CA014	Confirm order, protocol exam			1		1		1	
57	CA014	Confirm order, protocol exam								
58	CA015	Setup scope (nonfacility setting only)			5		5		5	
59	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	**3**		5		5		5	
60	CA016	Prepare, set-up and start IV, initial positioning and monitoring of	0							
61	CA016	Prepare, set-up and start IV, initial positioning and monitoring of								
62	CA017	Sedate/apply anesthesia			7		7		7	
63	CA017	Sedate/apply anesthesia								
64										
65										
66		*Other activity: please include short clinical description here and*								
67		*Other activity: please include short clinical description here and*								
68		*Other activity: please include short clinical description here and*								
69		**Intra-service (of service period)**								
70	CA018	Assist physician or other qualified healthcare professional---			15		20		20	
71	CA019	Assist physician or other qualified healthcare professional---								
72	CA020	Assist physician or other qualified healthcare professional---								
73	CA021	Perform procedure/service---NOT directly related to physician	**20**							
74	CA021	Perform procedure/service---NOT directly related to physician	0							
75	CA021	Perform procedure/service---NOT directly related to physician								
76										
77		*Other activity: please include short clinical description here and*								
78		*Other activity: please include short clinical description here and*								
79		*Other activity: please include short clinical description here and*								
80		**Post-Service (of service period)**								
81	CA022	Monitor patient following procedure/service, multitasking 1:4	2.5		2.5		2.5		2.5	
82	CA023	Monitor patient following procedure/service, no multitasking			5		5		5	
83	CA023	Monitor patient following procedure/service, no multitasking								
84	CA024	Clean room/equipment by clinical staff	2		3		3		3	
85	CA024	Clean room/equipment by clinical staff								

	A	B	S	T	U	V	W	X	Y	Z
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
2			**CPT Code 76872 (Sept 2024)**		**CPT Code 55707 (Sept 2024)**		**CPT Code 55708 (Sept 2024)**		**CPT Code 55709 (Sept 2024)**	
3		***RUC Collaboration Website***	Ultrasound, transrectal;		Biopsy, prostate, transrectal, ultrasound-guided		Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusionguidance,first		Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant, ultrasound-localized	
4	**Clinical Activity Code**	**Meeting Date: September 2024** **Revision Date (if applicable):** **Tab: 8 Prostate Biospy Services** **Specialty: AUA/ACR/SIR/OEIS**								
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 82.64**	**$ -**	**$ 216.28**	**$ 18.92**	**$ 245.37**	**$ 18.92**	**$ 444.76**	**$ 18.92**
8		**TOTAL CLINICAL STAFF TIME**	**60.5**	**0.0**	**83.5**	**35.0**	**88.5**	**35.0**	**86.5**	**35.0**
9			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**3.0**	**0.0**	**20.0**	**32.0**	**20.0**	**32.0**	**20.0**	**32.0**
12			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
13			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
14		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**57.5**	**0.0**	**60.5**	**0.0**	**65.5**	**0.0**	**63.5**	**0.0**
15			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
16			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
18			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
86	CA024	Clean room/equipment by clinical staff								
87	CA025	Clean scope	10		10		10		10	
88	CA025	Clean scope								
89	CA026	Clean surgical instrument package			**0**		**0**		**0**	
90	CA027	Complete post-procedure diagnostic forms, lab and x-ray								
91	CA028	Review/read post-procedure x-ray, lab and pathology reports								
92	CA029	Check dressings, catheters, wounds			1		1		1	
93	CA029	Check dressings, catheters, wounds								
94	CA030	Technologist QC's images in PACS, checking for all images,	0							
95	CA030	Technologist QC's images in PACS, checking for all images,	**2**							
96	CA030	Technologist QC's images in PACS, checking for all images,								
97	CA031	Review examination with interpreting MD/DO	0							
98	CA031	Review examination with interpreting MD/DO	**2**							
99	CA031	Review examination with interpreting MD/DO								
100	CA032	Scan exam documents into PACS. Complete exam in RIS	**1**		1		1		1	
101	CA032	Scan exam documents into PACS. Complete exam in RIS	0							
102	CA032	Scan exam documents into PACS. Complete exam in RIS								
103	CA033	Perform regulatory mandated quality assurance activity (service								
104	CA034	Document procedure (nonPACS) (e.g. mandated reporting,								
105	CA035	Review home care instructions, coordinate visits/prescriptions			2		2		2	
106	CA035	Review home care instructions, coordinate visits/prescriptions								
107	CA036	Discharge day management								
108	CA037	Conduct patient communications	3		3	3	3	3	3	3
109	CA038	Coordinate post-procedure services								
110										
111										
112		*Clean ultrasound probe*								
113		*Other activity: please include short clinical description here and*								
114		*Other activity: please include short clinical description here and*								
115		**End: Patient leaves office/facility**								
116		**POST-SERVICE PERIOD**								
117		**Start: Patient leaves office/facility**								
118	CA037	Conduct patient communications			3	3	3	3	3	3
119	CA037	Conduct patient communications								
120	CA038	Coordinate post-procedure services								
121		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
122		99211 16 minutes								
123		99212 27 minutes								
124		99213 36 minutes								
125		99214 53 minutes								
126		99215 63 minutes								
127	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
128										
129										
130										
131		*Other activity: please include short clinical description here and*								
132		*Other activity: please include short clinical description here and*								
133		*Other activity: please include short clinical description here and*								
134		**End: with last office visit before end of global period**								

	A	B	S	T	U	V	W	X	Y	Z
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
2			**CPT Code 76872 (Sept 2024)**		**CPT Code 55707 (Sept 2024)**		**CPT Code 55708 (Sept 2024)**		**CPT Code 55709 (Sept 2024)**	
3		***RUC Collaboration Website***	Ultrasound, transrectal;		Biopsy, prostate, transrectal, ultrasound-guided		Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusionguidance,first		Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant, ultrasound-localized	
4	**Clinical Activity Code**	**Meeting Date: September 2024** **Revision Date (if applicable):** **Tab: 8 Prostate Biospy Services** **Specialty: AUA/ACR/SIR/OEIS**								
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 82.64**	**$ -**	**$ 216.28**	**$ 18.92**	**$ 245.37**	**$ 18.92**	**$ 444.76**	**$ 18.92**
8		**TOTAL CLINICAL STAFF TIME**	**60.5**	**0.0**	**83.5**	**35.0**	**88.5**	**35.0**	**86.5**	**35.0**
9			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**3.0**	**0.0**	**20.0**	**32.0**	**20.0**	**32.0**	**20.0**	**32.0**
12			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
13			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
14		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**57.5**	**0.0**	**60.5**	**0.0**	**65.5**	**0.0**	**63.5**	**0.0**
15			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
16			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
18			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
135	**Supply Code**	**MEDICAL SUPPLIES**								
136		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 45.00**	**$ -**	**$ 158.09**	**$ -**	**$ 158.93**	**$ -**	**$ 384.47**	**$ -**
137	SA019	kit, iv starter								
146	SA042	pack, cleaning and disinfecting, endoscope	1		1		1		1	
156	SA048	pack, minimum multi-specialty visit	1		1		1		1	
162	SA052	pack, post-op incision care (staple)								
173	SB001	cap, surgical								
174	SB005	cover-condom, transducer or ultrasound probe	1		1		1		1	
175	SB006	drape, non-sterile, sheet 40in x 60in	1							
176	SB012	drape, sterile, for Mayo stand	1		1		1		1	
177	SB014	drape, sterile, three-quarter sheet			1		1		1	
178	SB019	drape-towel, sterile 18in x 26in			3		3		3	
179	SB020	drape-towel, sterile OR blue (2 pk uou)								
180	SB022	gloves, non-sterile	2		2		2		2	
181	SB024	gloves, sterile			2		2		2	
182	SB026	gown, patient								
183	SB028	gown, surgical, sterile			2		2		2	
184	SB033	mask, surgical								
185	SB034	mask, surgical, with face shield			2		2		2	
186	SB039	shoe covers, surgical								
187	SB044	underpad 2ft x 3ft (Chux)	1		1		1		1	
188	SC019	iv tubing (extension)								
189	SC022	Mammotome probe guide								
190	SC029	needle, 18-27g			1		1		1	
191	SC032	needle, biopsy for breast-prostate core sample								
192	SC042	needle, spine, Sprotte			1		1		1	
193	SC051	syringe 10-12ml								
194	SC053	syringe 20ml			1		1		1	
195	SD010	canister, vacuum								
196	SD037	clip, tissue marker								
197	SD094	Mammotome probe								
198	SD135	tubing, vacuum (for Mammotome device)								
199	SD291	Urolift Implant and implantation device								
200	SF047	scalpel, safety, surgical, with blade (#10-20)								
201	SG035	dressing, 3in x 4in (Telfa, Release)			1		1		1	
202	SG055	gauze, sterile 4in x 4in								
203	SG056	gauze, sterile 4in x 4in (10 pack uou)			1		1		1	
204	SG074	steri-strip (6 strip uou)								
205	SG076	tape, elastic, 2in (Elastoplast, Elasticon) (5yd uou)								
206	SH046	lidocaine 1% w-epi inj (Xylocaine w-epi)								
207	SH047	lidocaine 1%-2% inj (Xylocaine)			50		50		50	
208	SH048	lidocaine 2% jelly, topical (Xylocaine)	10		10		10		10	
209	SH067	sodium chloride 0.9% inj (250-1000ml uou)								
210	SJ001	alcohol isopropyl 70%								
211	SJ029	ice pack, instant								
212	SJ032	lubricating jelly (K-Y) (5gm uou)	2		2		2		2	
213	SJ033	lubricating jelly (Surgilube)								
214	SJ043	povidone swabsticks (3 pack uou)			1		1		1	
215	SJ053	swab-pad, alcohol								
216	SJ057	thermometer (single use)								
217	SJ089	ultrasound transmission gel, sterile (single use)	1		1		1		1	
218	SK062	patient education booklet			1		1		1	
219	SL034	cup, biopsy-specimen 86oz								
220	SL036	cup, biopsy-specimen sterile 4oz			12		13		20	
221	SL064	filter paper, qualitative, <15.0cm								
222	SL072	formalin			48		52		80	
223	SM012	disinfectant spray (Transeptic)								
224	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)								
225	SM019	glutaraldehyde test strips (Cidex, Metrex)								
226	SM021	sanitizing cloth-wipe (patient)	1		1		1		1	
228	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	2		2		2		2	
229	NEW	Transperineal Ultrasound Biopsy Guide							1	
230	NEW	Transrectal MRI-compatible -150mm fully automatic biopsy gun								
231	NEW	Transrectal MRI-compatible needle guide								
232	NEW	Disposable Prostate Core Biopsy Needle			1		1		1	

	A	B	S	T	U	V	W	X	Y	Z
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
2			**CPT Code 76872 (Sept 2024)**		**CPT Code 55707 (Sept 2024)**		**CPT Code 55708 (Sept 2024)**		**CPT Code 55709 (Sept 2024)**	
3		***RUC Collaboration Website***	Ultrasound, transrectal;		Biopsy, prostate, transrectal, ultrasound-guided		Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusionguidance,first		Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant, ultrasound-localized	
4	**Clinical Activity Code**	**Meeting Date: September 2024** **Revision Date (if applicable):** **Tab: 8 Prostate Biospy Services** **Specialty: AUA/ACR/SIR/OEIS**								
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 82.64**	**$ -**	**$ 216.28**	**$ 18.92**	**$ 245.37**	**$ 18.92**	**$ 444.76**	**$ 18.92**
8		**TOTAL CLINICAL STAFF TIME**	**60.5**	**0.0**	**83.5**	**35.0**	**88.5**	**35.0**	**86.5**	**35.0**
9			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**3.0**	**0.0**	**20.0**	**32.0**	**20.0**	**32.0**	**20.0**	**32.0**
12			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
13			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
14		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**57.5**	**0.0**	**60.5**	**0.0**	**65.5**	**0.0**	**63.5**	**0.0**
15			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
16			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
18			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
233	NEW	Transrectal Ultrasound Biopsy Guide			1		1			
234	**Equipment Code**	**EQUIPMENT**								
235		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 7.51**	**$ -**	**$ 10.13**	**$ -**	**$ 35.89**	**$ -**	**$ 10.74**	**$ -**
236	ED050	Technologist PACS workstation	42		48		53		51	
237	ED053	Professional PACS Workstation								
238	ED058	CAD Software								
239	EF014	light, surgical								
240	EF027	table, instrument, mobile	37		50	0	55	0	53	
241	EF031	table, power	37		50.0	0.0	55.0	0	53.0	0.0
242	EF034	table, ultrasound								
243	EL008	room, MR								
244	ES018	fiberscope, flexible, cystoscopy								
245	ES031	scope video system (monitor, processor, digital capture, cart, printer, LED light)								
246	EQ074	breast biopsy device w-system (Mammotome)								
247	EQ168	light, exam			50		55		53	
248	EQ250	ultrasound unit, portable	37		50		55		53	
249	EQ371	Breast biopsy device (coil)								
250	EQ375	Biopsy Guide								
251	NEW	UroNav system					55			
252	ER086	Ultrasound probe								
253	ED047	Thermal Printer								
254										
255										
256										
257		*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*								

	A	B	AA	AB	AC	AD	AE	AF	AG	AI
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**		**REFERENCE CODE**	**EFERENCE COD**
2			**CPT Code 55710 (Sept 2024)**		**CPT Code 55711 (Sept 2024)**		**CPT Code 55712 (Sept 2024)**		**CPT Code 77021 (Jan 2018)**	**CPT Code 19085**
3		***RUC Collaboration Website***	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusion guidance		Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion		Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first		Magnetic resonance imaging guidance for needle placement	Biopsy, breast, with placement of breast localization
4	**Clinical Activity Code**	**Meeting Date: September 2024** **Revision Date (if applicable):** **Tab: 8 Prostate Biospy Services** **Specialty: AUA/ACR/SIR/OEIS**								
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**000**	**000**	**000**	**XXX**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 475.20**	**$ 18.92**	**$ 231.88**	**$ 18.92**	**$ 458.48**	**$ 18.92**	**$ 399.30**	**$ 669.21**
8		**TOTAL CLINICAL STAFF TIME**	**91.5**	**35.0**	**85.5**	**35.0**	**91.5**	**35.0**	**0.0**	**0.0**
9			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**67.0**	**94.0**
10			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**20.0**	**32.0**	**20.0**	**32.0**	**20.0**	**32.0**	**0.0**	**0.0**
12			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**2.0**	**3.0**
13			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
14		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**68.5**	**0.0**	**62.5**	**0.0**	**68.5**	**0.0**	**0.0**	**0.0**
15			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**65.0**	**88.0**
16			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**0.0**	**0.0**
18			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**3.0**
19		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 52.04**	**$ 18.92**	**$ 49.05**	**$ 18.92**	**$ 52.04**	**$ 18.92**	**$ 46.10**	**$ 64.67**
20		**PRE-SERVICE PERIOD**								
21		**Start: Following visit when decision for surgery/procedure mad**								
22	CA001	Complete pre-service diagnostic and referral forms	5	5	5	5	5	5		
23	CA002	Coordinate pre-surgery services (including test results)	3	10	3	10	3	10		
24	CA003	Schedule space and equipment in facility		5		5		5		
25	CA004	Provide pre-service education/obtain consent	7	7	7	7	7	7		
26	CA005	Complete pre-procedure phone calls and prescription	3	3	3	3	3	3		
27	CA006	Confirm availability of prior images/studies	2	2	2	2	2	2		
28	CA006	Confirm availability of prior images/studies								
29	CA006	Confirm availability of prior images/studies							2	2
30	CA007	Review patient clinical extant information and questionnaire								
31	CA007	Review patient clinical extant information and questionnaire								1
32	CA008	Perform regulatory mandated quality assurance activity (pre-								
33										
34										
35										
36		*Other activity: please include short clinical description here and*								
37		*Other activity: please include short clinical description here and*								
38		*Other activity: please include short clinical description here and*								
39		**End: When patient enters office/facility for surgery/procedure**								
40		**SERVICE PERIOD**								
41		**Start: When patient enters office/facility for surgery/procedure:**								
42		**Pre-Service (of service period)**								
43	CA009	Greet patient, provide gowning, ensure appropriate medical	3		3		3			
44	CA009	Greet patient, provide gowning, ensure appropriate medical								
45	CA009	Greet patient, provide gowning, ensure appropriate medical records are available								3
46	CA010	Obtain vital signs	5		5		5			
47	CA010	Obtain vital signs								
48	CA010	Obtain vital signs								5
49	CA011	Provide education/obtain consent	3		3		3			
50	CA011	Provide education/obtain consent								
51	CA011	Provide education/obtain consent								5
52	CA012	Review requisition, assess for special needs								
53	CA013	Prepare room, equipment and supplies								
54	CA013	Prepare room, equipment and supplies								
55	CA013	Prepare room, equipment and supplies							3	3
56	CA014	Confirm order, protocol exam	1		1		1			
57	CA014	Confirm order, protocol exam								1
58	CA015	Setup scope (nonfacility setting only)	5		5		5			
59	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	5		5		5			
60	CA016	Prepare, set-up and start IV, initial positioning and monitoring of								
61	CA016	Prepare, set-up and start IV, initial positioning and monitoring of							3	3
62	CA017	Sedate/apply anesthesia	7		7		7			
63	CA017	Sedate/apply anesthesia								
64										
65										
66		*Other activity: please include short clinical description here and*								
67		*Other activity: please include short clinical description here and*								
68		*Other activity: please include short clinical description here and*								
69		**Intra-service (of service period)**								
70	CA018	Assist physician or other qualified healthcare professional---	25		20		25			
71	CA019	Assist physician or other qualified healthcare professional---								
72	CA020	Assist physician or other qualified healthcare professional---								
73	CA021	Perform procedure/service---NOT directly related to physician								
74	CA021	Perform procedure/service---NOT directly related to physician								
75	CA021	Perform procedure/service---NOT directly related to physician							50	45
76										
77		*Other activity: please include short clinical description here and*								
78		*Other activity: please include short clinical description here and*								
79		*Other activity: please include short clinical description here and*								
80		**Post-Service (of service period)**								
81	CA022	Monitor patient following procedure/service, multitasking 1:4	2.5		2.5		2.5			
82	CA023	Monitor patient following procedure/service, no multitasking	5		5		5			
83	CA023	Monitor patient following procedure/service, no multitasking								10
84	CA024	Clean room/equipment by clinical staff	3		3		3			
85	CA024	Clean room/equipment by clinical staff								

	A	B	AA	AB	AC	AD	AE	AF	AG	AI
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**		**REFERENCE CODE**	**EFERENCE COD**
2			**CPT Code 55710 (Sept 2024)**		**CPT Code 55711 (Sept 2024)**		**CPT Code 55712 (Sept 2024)**		**CPT Code 77021 (Jan 2018)**	**CPT Code 19085**
3		***RUC Collaboration Website***	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusion guidance		Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion		Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first		Magnetic resonance imaging guidance for needle placement	Biopsy, breast, with placement of breast localization
4	**Clinical Activity Code**	**Meeting Date: September 2024** **Revision Date (if applicable):** **Tab: 8 Prostate Biospy Services** **Specialty: AUA/ACR/SIR/OEIS**								
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**000**	**000**	**000**	**XXX**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 475.20**	**$ 18.92**	**$ 231.88**	**$ 18.92**	**$ 458.48**	**$ 18.92**	**$ 399.30**	**$ 669.21**
8		**TOTAL CLINICAL STAFF TIME**	**91.5**	**35.0**	**85.5**	**35.0**	**91.5**	**35.0**	**0.0**	**0.0**
9			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**67.0**	**94.0**
10			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**20.0**	**32.0**	**20.0**	**32.0**	**20.0**	**32.0**	**0.0**	**0.0**
12			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**2.0**	**3.0**
13			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
14		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**68.5**	**0.0**	**62.5**	**0.0**	**68.5**	**0.0**	**0.0**	**0.0**
15			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**65.0**	**88.0**
16			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**0.0**	**0.0**
18			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**3.0**
86	CA024	Clean room/equipment by clinical staff							3	3
87	CA025	Clean scope	10		10		10			
88	CA025	Clean scope								
89	CA026	Clean surgical instrument package	**0**		**0**		**0**			
90	CA027	Complete post-procedure diagnostic forms, lab and x-ray								
91	CA028	Review/read post-procedure x-ray, lab and pathology reports								2
92	CA029	Check dressings, catheters, wounds	1				1			
93	CA029	Check dressings, catheters, wounds								3
94	CA030	Technologist QC's images in PACS, checking for all images,								
95	CA030	Technologist QC's images in PACS, checking for all images,								
96	CA030	Technologist QC's images in PACS, checking for all images,							3	2
97	CA031	Review examination with interpreting MD/DO								
98	CA031	Review examination with interpreting MD/DO								
99	CA031	Review examination with interpreting MD/DO							2	2
100	CA032	Scan exam documents into PACS. Complete exam in RIS	1		1		1			
101	CA032	Scan exam documents into PACS. Complete exam in RIS								
102	CA032	Scan exam documents into PACS. Complete exam in RIS							1	1
103	CA033	Perform regulatory mandated quality assurance activity (service								
104	CA034	Document procedure (nonPACS) (e.g. mandated reporting,								
105	CA035	Review home care instructions, coordinate visits/prescriptions	2		2		2			
106	CA035	Review home care instructions, coordinate visits/prescriptions								
107	CA036	Discharge day management								
108	CA037	Conduct patient communications	3	3	3	3	3	3		
109	CA038	Coordinate post-procedure services								
110										
111										
112		*Clean ultrasound probe*								
113		*Other activity: please include short clinical description here and*								
114		*Other activity: please include short clinical description here and*								
115		**End: Patient leaves office/facility**								
116		**POST-SERVICE PERIOD**								
117		**Start: Patient leaves office/facility**								
118	CA037	Conduct patient communications	3	3	3	3	3	3		
119	CA037	Conduct patient communications								3
120	CA038	Coordinate post-procedure services								
121		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
122		99211 16 minutes								
123		99212 27 minutes								
124		99213 36 minutes								
125		99214 53 minutes								
126		99215 63 minutes								
127	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
128										
129										
130										
131		*Other activity: please include short clinical description here and*								
132		*Other activity: please include short clinical description here and*								
133		*Other activity: please include short clinical description here and*								
134		**End: with last office visit before end of global period**								

	A	B	AA	AB	AC	AD	AE	AF	AG	AI
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**		**REFERENCE CODE**	**EFERENCE COD**
2			**CPT Code 55710 (Sept 2024)**		**CPT Code 55711 (Sept 2024)**		**CPT Code 55712 (Sept 2024)**		**CPT Code 77021 (Jan 2018)**	**CPT Code 19085**
3		***RUC Collaboration Website***								
4	**Clinical Activity Code**	**Meeting Date: September 2024** **Revision Date (if applicable):** **Tab: 8 Prostate Biospy Services** **Specialty: AUA/ACR/SIR/OEIS**	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusion guidance		Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion		Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first		Magnetic resonance imaging guidance for needle placement	Biopsy, breast, with placement of breast localization
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**000**	**000**	**000**	**XXX**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 475.20**	**$ 18.92**	**$ 231.88**	**$ 18.92**	**$ 458.48**	**$ 18.92**	**$ 399.30**	**$ 669.21**
8		**TOTAL CLINICAL STAFF TIME**	**91.5**	**35.0**	**85.5**	**35.0**	**91.5**	**35.0**	**0.0**	**0.0**
9			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**67.0**	**94.0**
10			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**20.0**	**32.0**	**20.0**	**32.0**	**20.0**	**32.0**	**0.0**	**0.0**
12			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**2.0**	**3.0**
13			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
14		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**68.5**	**0.0**	**62.5**	**0.0**	**68.5**	**0.0**	**0.0**	**0.0**
15			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**65.0**	**88.0**
16			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**0.0**	**0.0**
18			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**3.0**
135	**Supply Code**	**MEDICAL SUPPLIES**								
136		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 385.31**	**$ -**	**$ 148.90**	**$ -**	**$ 368.59**	**$ -**	**$ -**	**$ 265.28**
137	SA019	kit, iv starter								
146	SA042	pack, cleaning and disinfecting, endoscope	1		1		1			
156	SA048	pack, minimum multi-specialty visit	1		1		1			
162	SA052	pack, post-op incision care (staple)								
173	SB001	cap, surgical								
174	SB005	cover-condom, transducer or ultrasound probe	1		1		1			
175	SB006	drape, non-sterile, sheet 40in x 60in								
176	SB012	drape, sterile, for Mayo stand	1		1		1			
177	SB014	drape, sterile, three-quarter sheet	1		1		1			
178	SB019	drape-towel, sterile 18in x 26in	3		3		3			
179	SB020	drape-towel, sterile OR blue (2 pk uou)								2
180	SB022	gloves, non-sterile	2		2		2			2
181	SB024	gloves, sterile	2		2		2			1
182	SB026	gown, patient								1
183	SB028	gown, surgical, sterile	2		2		2			
184	SB033	mask, surgical								2
185	SB034	mask, surgical, with face shield	2		2		2			
186	SB039	shoe covers, surgical								
187	SB044	underpad 2ft x 3ft (Chux)	1		1		1			1
188	SC019	iv tubing (extension)								
189	SC022	Mammotome probe guide								1
190	SC029	needle, 18-27g	1		1		1			1
191	SC032	needle, biopsy for breast-prostate core sample								
192	SC042	needle, spine, Sprotte	1		1		1			
193	SC051	syringe 10-12ml								2
194	SC053	syringe 20ml	1		1		1			
195	SD010	canister, vacuum								1
196	SD037	clip, tissue marker								1
197	SD094	Mammotome probe								1
198	SD135	tubing, vacuum (for Mammotome device)								1
199	SD291	Urolift Implant and implantation device								
200	SF047	scalpel, safety, surgical, with blade (#10-20)								1
201	SG035	dressing, 3in x 4in (Telfa, Release)	1		1		1			1
202	SG055	gauze, sterile 4in x 4in								
203	SG056	gauze, sterile 4in x 4in (10 pack uou)	1		1		1			2
204	SG074	steri-strip (6 strip uou)								1
205	SG076	tape, elastic, 2in (Elastoplast, Elasticon) (5yd uou)								1
206	SH046	lidocaine 1% w-epi inj (Xylocaine w-epi)								10
207	SH047	lidocaine 1%-2% inj (Xylocaine)	50		50		50			10
208	SH048	lidocaine 2% jelly, topical (Xylocaine)	10		10		10			
209	SH067	sodium chloride 0.9% inj (250-1000ml uou)								1
210	SJ001	alcohol isopropyl 70%								
211	SJ029	ice pack, instant								1
212	SJ032	lubricating jelly (K-Y) (5gm uou)	2		2		2			
213	SJ033	lubricating jelly (Surgilube)								
214	SJ043	povidone swabsticks (3 pack uou)	1		1		1			1
215	SJ053	swab-pad, alcohol								2
216	SJ057	thermometer (single use)								
217	SJ089	ultrasound transmission gel, sterile (single use)	1		1		1			
218	SK062	patient education booklet	1		1		1			
219	SL034	cup, biopsy-specimen 86oz								
220	SL036	cup, biopsy-specimen sterile 4oz	21		1		1			1
221	SL064	filter paper, qualitative, <15.0cm								1
222	SL072	formalin	84		4		4			
223	SM012	disinfectant spray (Transeptic)								
224	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)								0.34
225	SM019	glutaraldehyde test strips (Cidex, Metrex)								
226	SM021	sanitizing cloth-wipe (patient)	1		1		1			
228	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	2		2		2			
229	NEW	Transperineal Ultrasound Biopsy Guide	1				1			
230	NEW	Transrectal MRI-compatible -150mm fully automatic biopsy gun								
231	NEW	Transrectal MRI-compatible needle guide								
232	NEW	Disposable Prostate Core Biopsy Needle	1		1		1			

	A	B	AA	AB	AC	AD	AE	AF	AG	AI
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3		***RUC Collaboration Website***								
4	**Clinical Activity Code**	**Meeting Date: September 2024** **Revision Date (if applicable):** **Tab: 8 Prostate Biospy Services** **Specialty: AUA/ACR/SIR/OEIS**	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusion guidance		Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion		Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first		Magnetic resonance imaging guidance for needle placement	Biopsy, breast, with placement of breast localization
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**000**	**000**	**000**	**XXX**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 475.20**	**$ 18.92**	**$ 231.88**	**$ 18.92**	**$ 458.48**	**$ 18.92**	**$ 399.30**	**$ 669.21**
8		**TOTAL CLINICAL STAFF TIME**	**91.5**	**35.0**	**85.5**	**35.0**	**91.5**	**35.0**	**0.0**	**0.0**
9			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**67.0**	**94.0**
10			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**20.0**	**32.0**	**20.0**	**32.0**	**20.0**	**32.0**	**0.0**	**0.0**
12			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**2.0**	**3.0**
13			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
14		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**68.5**	**0.0**	**62.5**	**0.0**	**68.5**	**0.0**	**0.0**	**0.0**
15			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**65.0**	**88.0**
16			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**0.0**	**0.0**
18			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**3.0**
233	NEW	Transrectal Ultrasound Biopsy Guide			1					
234	**Equipment Code**	**EQUIPMENT**								
235		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 37.85**	**$ -**	**$ 33.93**	**$ -**	**$ 37.85**	**$ -**	**$ 353.20**	**$ 339.26**
236	ED050	Technologist PACS workstation	56		50		56		65	85
237	ED053	Professional PACS Workstation							53	19
238	ED058	CAD Software								54
239	EF014	light, surgical								
240	EF027	table, instrument, mobile	58		52	0	58			
241	EF031	table, power	58.0	0.0	52		58			
242	EF034	table, ultrasound								
243	EL008	room, MR							59	54
244	ES018	fiberscope, flexible, cystoscopy								
245	ES031	scope video system (monitor, processor, digital capture, cart, printer, LED light)								
246	EQ074	breast biopsy device w-system (Mammotome)								54
247	EQ168	light, exam	58		52		58			54
248	EQ250	ultrasound unit, portable	58		52		58			
249	EQ371	Breast biopsy device (coil)								54
250	EQ375	Biopsy Guide								
251	NEW	UroNav system	58		52		58			
252	ER086	Ultrasound probe								
253	ED047	Thermal Printer								
254										
255										
256										
257		*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*								

	A	B	AK	AL	AM	AN	AO	AP	AQ	AR
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**	
2			**CPT Code 55713 (Sept 2024)**		**CPT Code 55714 (Sept 2024)**		**CPT Code 52442 (Jan 2019)**		**CPT Code 55715 (Sept 2024)**	
3		***RUC Collaboration Website***								
4	**Clinical Activity Code**	**Meeting Date: September 2024** **Revision Date (if applicable):** **Tab: 8 Prostate Biospy Services** **Specialty: AUA/ACR/SIR/OEIS**	Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant), with biopsy of additional targeted lesion(s), first		Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion		Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional		Biopsy, prostate, each additional, MRI-ultrasound fusion or in-bore CT- or MRI-guided	
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 751.04**	**$ 7.47**	**$ 751.35**	**$ 7.47**	**$ 887.39**	**$ -**	**$ 23.86**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**20.0**	**15.0**	**20.0**	**15.0**	**15.0**	**0.0**	**20.0**	**0.0**
9			**80.0**	**0.0**	**80.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**15.0**	**0.0**	**15.0**	**0.0**	**0.0**	**0.0**	**0.0**
12			**3.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
13			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
14		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**20.0**	**0.0**	**20.0**	**0.0**	**15.0**	**0.0**	**20.0**	**0.0**
15			**74.0**	**0.0**	**74.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
16			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
18			**3.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
19		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 65.00**	**$ 7.47**	**$ 65.00**	**$ 7.47**	**$ 7.47**	**$ -**	**$ 9.96**	**$ -**
20		**PRE-SERVICE PERIOD**								
21		**Start: Following visit when decision for surgery/procedure mad**								
22	CA001	Complete pre-service diagnostic and referral forms		3		3				
23	CA002	Coordinate pre-surgery services (including test results)		3		3				
24	CA003	Schedule space and equipment in facility		3		3				
25	CA004	Provide pre-service education/obtain consent		3		3				
26	CA005	Complete pre-procedure phone calls and prescription		3		3				
27	CA006	Confirm availability of prior images/studies								
28	CA006	Confirm availability of prior images/studies								
29	CA006	Confirm availability of prior images/studies	2		2					
30	CA007	Review patient clinical extant information and questionnaire								
31	CA007	Review patient clinical extant information and questionnaire	1		1					
32	CA008	Perform regulatory mandated quality assurance activity (pre-								
33										
34										
35										
36		*Other activity: please include short clinical description here and*								
37		*Other activity: please include short clinical description here and*								
38		*Other activity: please include short clinical description here and*								
39		**End: When patient enters office/facility for surgery/procedure**								
40		**SERVICE PERIOD**								
41		**Start: When patient enters office/facility for surgery/procedure:**								
42		**Pre-Service (of service period)**								
43	CA009	Greet patient, provide gowning, ensure appropriate medical								
44	CA009	Greet patient, provide gowning, ensure appropriate medical								
45	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	3		3					
46	CA010	Obtain vital signs	**5**		**5**					
47	CA010	Obtain vital signs								
48	CA010	Obtain vital signs	0		0					
49	CA011	Provide education/obtain consent								
50	CA011	Provide education/obtain consent								
51	CA011	Provide education/obtain consent	5		5					
52	CA012	Review requisition, assess for special needs								
53	CA013	Prepare room, equipment and supplies								
54	CA013	Prepare room, equipment and supplies								
55	CA013	Prepare room, equipment and supplies	3		3					
56	CA014	Confirm order, protocol exam								
57	CA014	Confirm order, protocol exam	1		1					
58	CA015	Setup scope (nonfacility setting only)								
59	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient								
60	CA016	Prepare, set-up and start IV, initial positioning and monitoring of								
61	CA016	Prepare, set-up and start IV, initial positioning and monitoring of	5		5					
62	CA017	Sedate/apply anesthesia	**2**		**2**					
63	CA017	Sedate/apply anesthesia	0		0					
64										
65										
66		*Other activity: please include short clinical description here and*								
67		*Other activity: please include short clinical description here and*								
68		*Other activity: please include short clinical description here and*								
69		**Intra-service (of service period)**								
70	CA018	Assist physician or other qualified healthcare professional---					15		20	
71	CA019	Assist physician or other qualified healthcare professional---								
72	CA020	Assist physician or other qualified healthcare professional---								
73	CA021	Perform procedure/service---NOT directly related to physician								
74	CA021	Perform procedure/service---NOT directly related to physician								
75	CA021	Perform procedure/service---NOT directly related to physician	45		45					
76										
77		*Other activity: please include short clinical description here and*								
78		*Other activity: please include short clinical description here and*								
79		*Other activity: please include short clinical description here and*								
80		**Post-Service (of service period)**								
81	CA022	Monitor patient following procedure/service, multitasking 1:4								
82	CA023	Monitor patient following procedure/service, no multitasking	10		10					
83	CA023	Monitor patient following procedure/service, no multitasking								
84	CA024	Clean room/equipment by clinical staff								
85	CA024	Clean room/equipment by clinical staff								

	A	B	AK	AL	AM	AN	AO	AP	AQ	AR
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2			**CPT Code 55713 (Sept 2024)**		**CPT Code 55714 (Sept 2024)**		**CPT Code 52442 (Jan 2019)**		**CPT Code 55715 (Sept 2024)**	
3		***RUC Collaboration Website***								
4	**Clinical Activity Code**	**Meeting Date: September 2024** **Revision Date (if applicable):** **Tab: 8 Prostate Biospy Services** **Specialty: AUA/ACR/SIR/OEIS**	Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant), with biopsy of additional targeted lesion(s), first		Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion		Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional		Biopsy, prostate, each additional, MRI-ultrasound fusion or in-bore CT- or MRI-guided	
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 751.04**	**$ 7.47**	**$ 751.35**	**$ 7.47**	**$ 887.39**	**$ -**	**$ 23.86**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**20.0**	**15.0**	**20.0**	**15.0**	**15.0**	**0.0**	**20.0**	**0.0**
9			**80.0**	**0.0**	**80.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**15.0**	**0.0**	**15.0**	**0.0**	**0.0**	**0.0**	**0.0**
12			**3.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
13			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
14		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**20.0**	**0.0**	**20.0**	**0.0**	**15.0**	**0.0**	**20.0**	**0.0**
15			**74.0**	**0.0**	**74.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
16			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
18			**3.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
86	CA024	Clean room/equipment by clinical staff	3		3					
87	CA025	Clean scope								
88	CA025	Clean scope								
89	CA026	Clean surgical instrument package								
90	CA027	Complete post-procedure diagnostic forms, lab and x-ray								
91	CA028	Review/read post-procedure x-ray, lab and pathology reports	2		2					
92	CA029	Check dressings, catheters, wounds	1		1					
93	CA029	Check dressings, catheters, wounds								
94	CA030	Technologist QC's images in PACS, checking for all images,								
95	CA030	Technologist QC's images in PACS, checking for all images,								
96	CA030	Technologist QC's images in PACS, checking for all images,	4		4					
97	CA031	Review examination with interpreting MD/DO								
98	CA031	Review examination with interpreting MD/DO								
99	CA031	Review examination with interpreting MD/DO	2		2					
100	CA032	Scan exam documents into PACS. Complete exam in RIS								
101	CA032	Scan exam documents into PACS. Complete exam in RIS								
102	CA032	Scan exam documents into PACS. Complete exam in RIS	1		1					
103	CA033	Perform regulatory mandated quality assurance activity (service								
104	CA034	Document procedure (nonPACS) (e.g. mandated reporting,								
105	CA035	Review home care instructions, coordinate visits/prescriptions	2		2					
106	CA035	Review home care instructions, coordinate visits/prescriptions								
107	CA036	Discharge day management								
108	CA037	Conduct patient communications								
109	CA038	Coordinate post-procedure services								
110										
111										
112		*Clean ultrasound probe*								
113		*Other activity: please include short clinical description here and*								
114		*Other activity: please include short clinical description here and*								
115		**End: Patient leaves office/facility**								
116		**POST-SERVICE PERIOD**								
117		**Start: Patient leaves office/facility**								
118	CA037	Conduct patient communications								
119	CA037	Conduct patient communications	3		3					
120	CA038	Coordinate post-procedure services								
121		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
122		99211 16 minutes								
123		99212 27 minutes								
124		99213 36 minutes								
125		99214 53 minutes								
126		99215 63 minutes								
127	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
128										
129										
130										
131		*Other activity: please include short clinical description here and*								
132		*Other activity: please include short clinical description here and*								
133		*Other activity: please include short clinical description here and*								
134		**End: with last office visit before end of global period**								

	A	B	AK	AL	AM	AN	AO	AP	AQ	AR
1	RUC Practice Expense Spreadsheet		RECOMMENDED		RECOMMENDED		REFERENCE CODE		RECOMMENDED	
2			CPT Code 55713 (Sept 2024)		CPT Code 55714 (Sept 2024)		CPT Code 52442 (Jan 2019)		CPT Code 55715 (Sept 2024)	
3		*RUC Collaboration Website*								
4	Clinical Activity Code	Meeting Date: September 2024 Revision Date (if applicable): Tab: 8 Prostate Biospy Services Specialty: AUA/ACR/SIR/OEIS	Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant), with biopsy of additional targeted lesion(s), first		Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion		Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional		Biopsy, prostate, each additional, MRI-ultrasound fusion or in-bore CT- or MRI-guided	
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	000	000	000	000	ZZZ	ZZZ	ZZZ	ZZZ
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 751.04	$ 7.47	$ 751.35	$ 7.47	$ 887.39	$ -	$ 23.86	$ -
8		TOTAL CLINICAL STAFF TIME	20.0	15.0	20.0	15.0	15.0	0.0	20.0	0.0
9			80.0	0.0	80.0	0.0	0.0	0.0	0.0	0.0
10			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	15.0	0.0	15.0	0.0	0.0	0.0	0.0
12			3.0	0.0	3.0	0.0	0.0	0.0	0.0	0.0
13			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
14		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	20.0	0.0	20.0	0.0	15.0	0.0	20.0	0.0
15			74.0	0.0	74.0	0.0	0.0	0.0	0.0	0.0
16			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
17		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
18			3.0	0.0	3.0	0.0	0.0	0.0	0.0	0.0
135	Supply Code	MEDICAL SUPPLIES								
136		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ 350.37	$ -	$ 350.37	$ -	$ 875.00	$ -	$ 0.84	$ -
137	SA019	kit, iv starter	1		1					
146	SA042	pack, cleaning and disinfecting, endoscope								
156	SA048	pack, minimum multi-specialty visit								
162	SA052	pack, post-op incision care (staple)								
173	SB001	cap, surgical	1		1					
174	SB005	cover-condom, transducer or ultrasound probe								
175	SB006	drape, non-sterile, sheet 40in x 60in								
176	SB012	drape, sterile, for Mayo stand								
177	SB014	drape, sterile, three-quarter sheet								
178	SB019	drape-towel, sterile 18in x 26in								
179	SB020	drape-towel, sterile OR blue (2 pk uou)	2		2					
180	SB022	gloves, non-sterile	2		2					
181	SB024	gloves, sterile	2		2					
182	SB026	gown, patient	1		1					
183	SB028	gown, surgical, sterile								
184	SB033	mask, surgical	1		1					
185	SB034	mask, surgical, with face shield	2		2					
186	SB039	shoe covers, surgical	1		1					
187	SB044	underpad 2ft x 3ft (Chux)	1		1					
188	SC019	iv tubing (extension)								
189	SC022	Mammotome probe guide								
190	SC029	needle, 18-27g	1		1					
191	SC032	needle, biopsy for breast-prostate core sample								
192	SC042	needle, spine, Sprotte								
193	SC051	syringe 10-12ml	2		2					
194	SC053	syringe 20ml								
195	SD010	canister, vacuum								
196	SD037	clip, tissue marker								
197	SD094	Mammotome probe								
198	SD135	tubing, vacuum (for Mammotome device)								
199	SD291	Urolift Implant and implantation device					1			
200	SF047	scalpel, safety, surgical, with blade (#10-20)								
201	SG035	dressing, 3in x 4in (Telfa, Release)								
202	SG055	gauze, sterile 4in x 4in								
203	SG056	gauze, sterile 4in x 4in (10 pack uou)								
204	SG074	steri-strip (6 strip uou)								
205	SG076	tape, elastic, 2in (Elastoplast, Elasticon) (5yd uou)								
206	SH046	lidocaine 1% w-epi inj (Xylocaine w-epi)								
207	SH047	lidocaine 1%-2% inj (Xylocaine)	10		10					
208	SH048	lidocaine 2% jelly, topical (Xylocaine)								
209	SH067	sodium chloride 0.9% inj (250-1000ml uou)	1		1					
210	SJ001	alcohol isopropyl 70%								
211	SJ029	ice pack, instant								
212	SJ032	lubricating jelly (K-Y) (5gm uou)								
213	SJ033	lubricating jelly (Surgilube)								
214	SJ043	povidone swabsticks (3 pack uou)	1		1					
215	SJ053	swab-pad, alcohol	1		1					
216	SJ057	thermometer (single use)								
217	SJ089	ultrasound transmission gel, sterile (single use)								
218	SK062	patient education booklet								
219	SL034	cup, biopsy-specimen 86oz								
220	SL036	cup, biopsy-specimen sterile 4oz	1		1				1	
221	SL064	filter paper, qualitative, <15.0cm								
222	SL072	formalin							4	
223	SM012	disinfectant spray (Transeptic)								
224	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)								
225	SM019	glutaraldehyde test strips (Cidex, Metrex)								
226	SM021	sanitizing cloth-wipe (patient)								
228	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	1		1					
229	NEW	Transperineal Ultrasound Biopsy Guide								
230	NEW	Transrectal MRI-compatible -150mm fully automatic biopsy gun	1		1					
231	NEW	Transrectal MRI-compatible needle guide	1		1					
232	NEW	Disposable Prostate Core Biopsy Needle								

	A	B	AK	AL	AM	AN	AO	AP	AQ	AR
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**	
2			**CPT Code 55713 (Sept 2024)**		**CPT Code 55714 (Sept 2024)**		**CPT Code 52442 (Jan 2019)**		**CPT Code 55715 (Sept 2024)**	
3		***RUC Collaboration Website***								
4	**Clinical Activity Code**	**Meeting Date: September 2024** **Revision Date (if applicable):** **Tab: 8 Prostate Biospy Services** **Specialty: AUA/ACR/SIR/OEIS**	Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant), with biopsy of additional targeted lesion(s), first		Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion		Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional		Biopsy, prostate, each additional, MRI-ultrasound fusion or in-bore CT- or MRI-guided	
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 751.04**	**$ 7.47**	**$ 751.35**	**$ 7.47**	**$ 887.39**	**$ -**	**$ 23.86**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**20.0**	**15.0**	**20.0**	**15.0**	**15.0**	**0.0**	**20.0**	**0.0**
9			**80.0**	**0.0**	**80.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**15.0**	**0.0**	**15.0**	**0.0**	**0.0**	**0.0**	**0.0**
12			**3.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
13			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
14		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**20.0**	**0.0**	**20.0**	**0.0**	**15.0**	**0.0**	**20.0**	**0.0**
15			**74.0**	**0.0**	**74.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
16			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
18			**3.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
233	NEW	Transrectal Ultrasound Biopsy Guide								
234	**Equipment Code**	**EQUIPMENT**								
235		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 335.67**	**$ -**	**$ 335.98**	**$ -**	**$ 4.92**	**$ -**	**$ 13.07**	**$ -**
236	ED050	Technologist PACS workstation	80		80				20	
237	ED053	Professional PACS Workstation	50		55					
238	ED058	CAD Software								
239	EF014	light, surgical					15			
240	EF027	table, instrument, mobile	66		66		15		20	
241	EF031	table, power					15		20.0	
242	EF034	table, ultrasound								
243	EL008	room, MR	56		56					
244	ES018	fiberscope, flexible, cystoscopy					15			
245	ES031	scope video system (monitor, processor, digital capture, cart, printer, LED light)					15			
246	EQ074	breast biopsy device w-system (Mammotome)								
247	EQ168	light, exam							20	
248	EQ250	ultrasound unit, portable							20	
249	EQ371	Breast biopsy device (coil)								
250	EQ375	Biopsy Guide								
251	NEW	UroNav system							20	
252	ER086	Ultrasound probe								
253	ED047	Thermal Printer								
254										
255										
256										
257		*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*								

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2024

Cerebral Perfusion & CT Angiography-Head & Neck – Tab 09

In April 2022, the Relativity Assessment Workgroup (RAW) identified Category III code 0042T with 2020 Medicare utilization over 1,000. The RAW requested an action plan for September 2022. In September 2022, the specialty societies indicated, and the RUC agreed, that the code should be referred to the CPT Editorial Panel. Category III code 0042T had increased utilization and now qualifies for Category I status.

In April 2022, the RAW identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of $5 million or more were included. Further, 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. In September 2022, the RAW recommended referring CPT codes 70496 and 70498 to the CPT Editorial Panel to create a code bundling solution.

In May 2024, the CPT Editorial Panel deleted the existing Category III code 0042T and created a bundled code for computed tomographic angiography (CTA), head and neck, as well as an add-on and a standalone code for computed tomographic (CT) cerebral perfusion analysis with and without concurrent CT or angiography of the same anatomy. Codes 70471-70473 were surveyed for the September 2024 RUC meeting, along with the existing standalone codes for CTA head (70496) and CTA neck (70498). Instructional and exclusionary parentheticals were also added throughout the code family.

70471 ***Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing***
The RUC reviewed the survey results from 65 radiologists and neuroradiologists and determined that the survey 25th percentile work RVU of 2.50 appropriately accounts for the physician work involved in this service. The RUC recommends 5 minutes of pre-service time, 30 minutes of intra-service time and 5 minutes of immediate post-service time as supported by the survey.

The RUC discussed the high intensity of the surveyed code which is typically an acute stroke situation. The specialties explained that CPT code 70471 is the most highly detailed of the CTA studies with many complex anatomic structures assessed including vasculature and soft tissue structures of the brain and neck. The cognitive load on the radiologist including the detailed spatial resolution of the images coupled with the time pressure and psychological stress associated with having to provide a result to the clinical team to triage the patient as quickly as possible to therapy, contributes to the significantly increased complexity of the surveyed code. CPT code 70471 is typically performed in the emergency room in patients with focal neurological deficits where there is clinical concern for large vessel occlusion.

The RUC compared CPT code 70471 to the top key reference service code 74712 *Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation* (work RVU = 3.00, 60 minutes intra-service time and 90 minutes total time) and noted that the intra-service time is twice that of the surveyed code justifying the higher value. However, the RUC also noted that

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the higher intra-service time for the key reference service is offset by the intensity of the surveyed code. The reference code is one of the lengthier magnetic resonance studies with spatial resolution, less than a CTA. The work involved in magnetic resonance imaging (MRI) is related to the assessment of the different sequences acquired where there may be motion in between sequences of the fetus. The implications of the findings on the MRI are typically not associated with time-sensitive or intervenable conditions. Those intervenable conditions are not as time-sensitive as the CT angiogram head and neck. The MRI findings are often used to help counsel patients and families when any abnormalities are detected, while 70471 is a potentially life-saving service.

The RUC also referenced the second key reference MPC code 75635 *Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing* (work RVU = 2.40, 39 minutes intra-service time and 57 minutes total time) and again noted that the intensity of the surveyed code offsets the higher intra-service time for the key reference service. Over 90% of the survey respondents who selected the second key reference service rated 70471 as more intense and complex, justifying the higher work value for the surveyed code. The reference code is typically performed in the outpatient setting in patients with a known history of atherosclerotic disease, while 70471 is typically performed in the emergency department and is much more intense given that the impact of the exam will determine if the patient is a candidate for thrombolytic therapy or thrombectomy, which could significantly change patient's morbidity and mortality.

For additional support, the RUC compared CPT code 70471 to MPC code 72158 *Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar* (work RVU = 2.29, 25 minutes intra-service time and 35 minutes total time) and noted that the comparator code has less intra-service and total time than 70471, thus has a lower work RVU. The RUC further compared the surveyed code to CPT code 74174 *Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing* (work RVU = 2.20, 30 minutes intra-service time and 40 minutes total time) and noted that, although the times are similar, the CT abdomen is an outpatient study and therefore not as intense as 70471, justifying the higher value for the surveyed code.

The RUC concluded that CPT code 70471 should be valued at the 25th percentile work RVU as supported by the survey and appropriately bracketed by the key reference service codes. **The RUC recommends a work RVU of 2.50 for CPT code 70471.**

70472 ***Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 63 radiologists and neuroradiologists and determined that a direct work RVU crosswalk to CPT code 58110 *Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)* (work RVU = 0.77, 12 minutes intra-service and total time) accurately reflects the physician work necessary for this new add-on service. CPT code 70472 requires the assessment of multiple color maps that are generated while correlating with anatomic imaging to distinguish salvageable ischemic brain tissue from infarcted brain tissue. The RUC recommends 12 minutes intra-service and total time.

The RUC compared CPT code 70472 to the top key reference service code 76802 *Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to*

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code for primary procedure) (work RVU = 0.83, 10 minutes intra-service and total time) and noted that the intra-service time is less than the surveyed code but the service is more intense, justifying the higher value for the reference code. The RUC also referenced the second key reference service code 19288 *Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)* (work RVU = 1.28, 30 minutes intra-service time and 35 minutes total time) and noted that the reference service requires significantly more time than the surveyed code and is therefore appropriately valued higher. CPT code 19288 describes placement of a localization device using MRI which has more intra-service and total time than the surveyed code, but it requires some less intense time of imaging the patient during the procedure to ensure appropriate trajectory and placement of the device.

For additional support, the RUC compared CPT code 70472 to MPC code 51797 *Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)* (work RVU = 0.80, 15 minutes intra-service and total time) and noted that the non-radiology comparator code has more intra-service and total time than the surveyed code justifying the higher value.

The RUC concluded that CPT code 70472 should be valued based on a direct work RVU crosswalk to CPT code 58110 which falls below the survey 25th percentile. **The RUC recommends a work RVU of 0.77 for CPT code 70472.**

70473 ***Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy***
The RUC reviewed the survey results from 57 radiologists and neuroradiologists and determined that the survey median work RVU of 1.00 appropriately accounts for the physician work involved in this service. CPT code 70473 requires the assessment of multiple color maps and synthesis of that information in conjunction with anatomic brain imaging to differentiate ischemic, salvageable brain tissue from infarcted brain tissue. The RUC recommends 5 minutes of pre-service time, 12 minutes of intra-service time and 5 minutes of immediate post-service time as supported by the survey.

The RUC compared CPT code 70473 to the top key reference service code 70486 *Computed tomography, maxillofacial area; without contrast material* (work RVU = 0.85, 10 minutes intra-service time and 16 minutes total time) and noted that the reference service requires evaluation of the soft tissues and bones of the face, but assessment is somewhat limited given the lack of contrast. The work in 70473 requires slightly more time because the study involves the synthesis of multiple points of information for decision-making compared to the work of 70486, justifying a higher value for the surveyed code.

The RUC also referenced the second key reference service code 70552 *Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)* (work RVU = 1.78, 20 minutes intra-service time and 32 minutes total time) and noted that the reference service involves similar work to 70473 in the evaluation of multiple sequences of the same anatomic region to assess for abnormalities. However, the reference service has more images and therefore more intra service time, thus justifying a higher value for the reference code.

For additional support, the RUC noted that CPT code 70473 is appropriately bracketed between MPC codes 74246 *Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium*

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and effervescent agent) study, including glucagon, when administered (work RVU = 0.90, 15 minutes intra-service time and 22 minutes total time) and 70490 *Computed tomography, soft tissue neck; without contrast material* (work RVU = 1.28, 15 minutes intra-service time and 25 minutes total time).

The RUC concluded that CPT code 70473 should be valued at the median work RVU as supported by the survey and appropriately bracketed by both the key reference service codes and MPC codes. **The RUC recommends a work RVU of 1.00 for CPT code 70473.**

70496 *Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing*

The RUC reviewed the survey results from 63 radiologists and neuroradiologists and determined that the current work RVU of 1.75 appropriately accounts for the physician work involved in this service and falls slightly below the survey 25th percentile. The RUC recommends 5 minutes of pre-service time, 18 minutes of intra-service time and 5 minutes of immediate post-service time as supported by the survey.

The RUC discussed the high intensity of the surveyed code and the complexity of the patient population. The specialties explained that the patients in whom this service would be performed in isolation will likely be those patients who have had previous interventions either for aneurysm, occlusion, or stenosis and who are presenting with neurologic symptoms. In the last decade, the capabilities of neurointerventionalists have vastly expanded with new devices that can treat more distal diseases including clots in the M3 segment of the middle cerebral artery, as well as for therapy of smaller aneurysms. Because of this, the radiologist assesses more distal disease sites more carefully in smaller structures relative to when this was originally surveyed.

Furthermore, the work associated with 70496 is more intense than the prior survey because multiple studies have now shown the proven benefit of mechanical thrombectomy, therefore making CTA head and neck a critical component of stroke care where every minute counts to preserve brain function, leading to increased psychological stress when interpreting these studies. Since this code was last valued, additional reconstructed images, such as Maximum Intensity Projections (MIPS), are now in widespread use. Although there are more images to review, these MIP reconstructions allow radiologists to recognize focal stenosis or imaging findings of vasculitis more easily. This contributes to some of the decreased time spent reviewing images relative to the last time this was valued. The RUC acknowledged the two-minute decrease in time and also the increase in the number of images and the capabilities of the interventions. It was noted that due to the code bundling, the surveyed code will now be reported on a complex patient with prior interventions.

The RUC compared CPT code 70496 to the top key reference service code 74174 *Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing* (work RVU = 2.20, 30 minutes intra-service time and 40 minutes total time) and noted that the intra-service time is much higher than the surveyed code justifying the higher value. The reference code requires an assessment of the vasculature of the abdomen and pelvis and is associated with more images given the larger anatomic region covered compared to the surveyed code. However, the RUC also noted that the intensity of the surveyed code offsets the higher intra-service time for the key reference service. CPT code 70496 is considered more intense, with 88% of survey respondents who selected the reference code indicating that the survey code had more overall intensity/complexity relative to the key reference code, which supports maintaining the current value.

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The RUC also referenced the second key reference code 71275 *Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing* (work RVU = 1.82, 25 minutes intra-service time and 35 minutes total time) and again noted that the intensity of the surveyed code offsets the higher intra-service time for the key reference service. The reference code is the assessment of the vasculature in the chest and covers a larger anatomic region than the surveyed code. However, over 90% of the survey respondents who selected the second key reference service rated 70496 as more intense and complex, justifying maintaining the work value for the surveyed code. CPT code 70496 is more intense than both reference codes given the potential devastating neurologic complications that could occur if a finding is missed.

For additional support, the RUC noted that CPT code 70496 is appropriately bracketed between MPC codes 74176 *Computed tomography, abdomen and pelvis; without contrast material* (work RVU = 1.74, 22 minutes intra-service time and 32 minutes total time) and 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* (work RVU = 2.01, 30 minutes intra-service time and 40 minutes total time). Both MPC comparison codes are associated with less intense work than the CT angiography head code. Accounting for the survey times and intensity differences, the recommended current work RVU is appropriately bracketed between codes 74176 and 74178.

The RUC concluded that the existing value of CPT code 70496, which falls below the survey 25th percentile work RVU, should be maintained and is appropriately bracketed by the comparator codes. **The RUC recommends a work RVU of 1.75 for CPT code 70496.**

70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing

The RUC reviewed the survey results from 62 radiologists and neuroradiologists and determined that the current work RVU of 1.75 appropriately accounts for the physician work involved in this service and represents the survey 25th percentile. The RUC recommends 5 minutes of pre-service time, 18 minutes of intra-service time and 5 minutes of immediate post-service time as supported by the survey.

The RUC discussed the high intensity of the surveyed code and the complexity of the patient population. The expected typical patient for 70498 is a patient who has had prior intervention, likely prior stenosis in a carotid vessel, who is presenting with neurologic symptoms. Given that these patients had an identified abnormality or prior intervention, this patient population is more complex than when it was previously surveyed.

Furthermore, as with 70496, the work associated with 70498 is more intense than prior survey because multiple studies have now shown the proven benefit of mechanical thrombectomy, therefore making CTA head and neck a critical component of stroke care where every minute counts to preserve brain function, leading to increased psychological stress when interpreting these studies.

Since this code was last valued, additional reconstructed images, such as Maximum Intensity Projections (MIPS), are now standard use across practice. Although there are more images to review, these newly reconstructed images save some time for the radiologist to identify specific conditions such as vasculitis or dissection. Previously, this would have required more careful scrutiny of the source axial images and may not have been picked up previously.

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The RUC compared CPT code 70498 to the top key reference service code 71275 *Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing* (work RVU = 1.82, 25 minutes intra-service time and 35 minutes total time) and noted that the higher intra-service time for the key reference service is offset by the intensity of the surveyed code. The reference code is the assessment of the vasculature in the chest and covers a larger anatomic region than the surveyed code. However, over three-fourths of the survey respondents who selected the top key reference service rated 70498 as more intense and complex, justifying maintaining the work value for the surveyed code.

The RUC also referenced the second key reference code 74174 *Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing* (work RVU = 2.20, 30 minutes intra-service time and 40 minutes total time) and noted that the intra-service time is much higher than the surveyed code justifying the higher value. The reference code requires an assessment of the vasculature of the abdomen and pelvis and is associated with more images given the larger anatomic region covered compared to the surveyed code. However, the RUC also noted that the higher intra-service time for the key reference service is offset by the intensity of the surveyed code. CPT code 70498 is considered more intense, with nearly 80% of survey respondents who selected the reference code indicating that the survey code had more overall intensity/complexity relative to the key reference code, which supports maintaining the current value.
CPT code 70498 is more intense than both reference codes given the potential devastating neurologic complications that could occur if a finding is missed.

For additional support, the RUC noted that CPT code 70498 is appropriately bracketed between MPC codes 74176 *Computed tomography, abdomen and pelvis; without contrast material* (work RVU = 1.74, 22 minutes intra-service time and 32 minutes total time) and 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* (work RVU = 2.01, 30 minutes intra-service time and 40 minutes total time). Both MPC comparison codes are associated with less intense work than the CT angiography neck code. Accounting for the survey times and intensity differences, the recommended current work RVU is appropriately bracketed between codes 74176 and 74178.

The RUC concluded that the existing value of CPT code 70498 represents the survey 25th percentile and should be maintained as supported by the survey. **The RUC recommends a work RVU of 1.75 for CPT code 70498.**

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made one modification to CPT code 70472 to remove minutes from CA006 *Confirm availability of prior images/studies* and CA007 *Review patient clinical extant information and questionnaire* to eliminate duplication as 70472 is an add-on code. The PE Subcommittee agreed with the specialty recommendation to change the clinical staff type for CPT codes 70496 and 70498 from L041B *radiologic technologist* to L046A *CT Technologist*. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Radiology **Diagnostic Radiology (Diagnostic Imaging)** **Head and Neck** *70450* *Computed tomography, head or brain; without contrast material* *70460* *with contrast material(s)* *70470* *without contrast material, followed by contrast material(s) and further sections* *(To report 3D rendering, see 76376, 76377)*				
●70471	K1	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing (Do not report 70471 in conjunction with 70450 when performed during the same session) (Do not report 70471 in conjunction with 70460, 70470, 70490, 70491, 70492, 70496, 70498, 70473, 76376, 76377) (For noninvasive arterial plaque analysis using software processing of data from computerized tomography angiography to quantify structure and composition of the vessel wall, including assessment for lipid-rich necrotic core plaque, see 0710T, 0711T, 0712T, 0713T)	XXX	2.50
●+70472	K2	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (List separately in addition to code for primary procedure) (Use 70472 in conjunction with 70450, 70460, 70470, 70496, 70471) (Do not report 70472 in conjunction with 70473, 76376, 76377)	ZZZ	0.77

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●70473	K3	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy (Do not report 70473 in conjunction with 70450, 70460, 70470, 70496, 70471, 70472, 76376, 76377)	XXX	1.00
(f)70496	K4	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing (Do not report 70496 in conjunction with 70498, 70471) (Do not report 70496 in conjunction with 70450 when performed during the same session) (For computed tomographic angiography of head and neck performed during the same session, use 70471) (For noninvasive arterial plaque analysis using software processing of data from computerized tomography angiography to quantify structure and composition of the vessel wall, including assessment for lipid-rich necrotic core plaque, see 0710T, 0711T, 0712T, 0713T)	XXX	1.75 (No Change)
(f)70498	K5	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing (Do not report 70498 in conjunction with 70496, 70471) (For computed tomographic angiography of head and neck performed during the same session, use 70471) (For noninvasive arterial plaque analysis using software processing of data from computerized tomography angiography to quantify structure and composition of the vessel wall, including assessment for lipid-rich necrotic core plaque, see 0710T, 0711T, 0712T, 0713T)	XXX	1.75 (No Change)

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Other Procedures

~~(For computed tomography cerebral perfusion analysis, see Category III code 0042T)~~

(For arthrography of shoulder, use 73040; elbow, use 73085; wrist, use 73115; hip, use 73525; knee, use 73580; ankle, use 73615)

76000 *Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time*

(Do not report 76000 in conjunction with 33274, 33275, 33957, 33958, 33959, 33962, 33963, 33964, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0823T, 0824T, 0825T, 0861T, 0862T, 0863T)

76376 *3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation*

(Use 76376 in conjunction with code[s] for base imaging procedure[s])

(Do not report 76376 in conjunction with 31627, 34839, 70496, 70498, 70471, 70472, 70473, 70544, 70545, 70546, 70547, 70548, 70549, 71275, 71555, 72159, 72191, 72198, 73206, 73225, 73706, 73725, 74174, 74175, 74185, 74261, 74262, 74263, 75557, 75559, 75561, 75563, 75565, 75571, 75572, 75573, 75574, 75635, 76377, 77046, 77047, 77048, 77049, 77061, 77062, 77063, 78012-78999, 93319, 93355, 0523T, 0559T, 0560T, 0561T, 0562T, 0623T, 0624T, 0625T, 0626T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0710T, 0711T, 0712T, 0713T, *0876T*)

(For noninvasive arterial plaque analysis using software processing of data from computerized tomography angiography to quantify structure and composition of the vessel wall, including assessment for lipid-rich necrotic core plaque, see 0710T, 0711T, 0712T, 0713T)

76377 *requiring image postprocessing on an independent workstation*

(Use 76377 in conjunction with code[s] for base imaging procedure[s])

(Do not report 76377 in conjunction with 34839, 70496, 70498, 70471, 70472, 70473, 70544, 70545, 70546, 70547, 70548, 70549, 71275, 71555, 72159, 72191, 72198, 73206, 73225, 73706, 73725, 74174, 74175, 74185, 74261, 74262, 74263, 75557, 75559, 75561, 75563, 75565, 75571, 75572, 75573, 75574, 75635, 76376, 77046, 77047, 77048, 77049, 77061, 77062, 77063, 78012-78999, 93319, 93355, 0523T, 0559T, 0560T, 0561T, 0562T, 0623T, 0624T, 0625T, 0626T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0710T, 0711T, 0712T, 0713T, *0876T*)

(76376, 76377 require concurrent supervision of image postprocessing 3D manipulation of volumetric data set and image rendering)

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(For noninvasive arterial plaque analysis using software processing of data from computerized tomography angiography to quantify structure and composition of the vessel wall, including assessment for lipid-rich necrotic core plaque, see 0710T, 0711T, 0712T, 0713T)

Category III Codes

~~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~~

(0042T has been deleted)

(For computed tomographic [CT] cerebral perfusion analysis, see 70472, 70473)

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September 24, 2024

Ezequiel Silva III, MD
Chair, AMA/Specialty Society RVS Update Committee
Relative Value Systems,
American Medical Association
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611

Dear Dr. Silva,

The American Academy of Neurology (AAN) wishes to comment on Tab 9 -Cerebral Perfusion & CT Angiography-Head & Neck, which is on the September 2024 RUC meeting agenda. The AAN indicated a level 2 interest, comment only, for tab 9 and wishes to provide the RUC with context on that decision. While the AAN was one of the requestors for the code change application at the CPT Editorial Panel, the society opted not to survey the code set. The consensus was that neurologists that perform the services being surveyed would be represented by ASNR and once we were to de-duplicate AAN/ASNR members from the survey sample, the AAN may not be able to achieve sufficient survey response rates.

The AAN would like to acknowledge we were aware of the survey and feel represented by the surveying societies. Please contact AAN staff should you have any questions or require anything further.

Sincerely,

Marianna V. Spanaki, MD, PhD, AAN RUC Advisor

Meghan Ward, MD, FAAN, AAN RUC Alternate Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:70471 Tracking Number K1 Original Specialty Recommended RVU: **2.50**
Presented Recommended RVU: **2.50**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **2.50**

CPT Descriptor: Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A code stroke is activated in the emergency department on a 60-year-old male with sudden onset left-sided weakness.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the request for clinical appropriateness and review clinical history. Contact clinician if needed to clarify or modify order as needed based on clinical indication. Review laboratory studies to assess renal function. Review medical records for allergy history, absence of contraindications for contrast injection Adjust contrast product as needed. Request renal consult if necessary. Review the nature and risks of contrast reaction with the patient and obtain informed consent where applicable. Supervise placement of an IV line. Communicate protocol to technologist.

Description of Intra-Service Work: Interpret scout views of area to be imaged. Review axial CT images of head and neck prior to contrast (if obtained). Supervise processing of two-dimensional reconstructions. Interpret the axial source images and the multiplanar reformats in brain, subdural, stroke, vascular, and bone windows. Evaluate brain parenchyma; ventricular system; subdural and subarachnoid spaces; meninges; calvarium; sella, cavernous sinuses, petrous temporal bones; skull base; fissures; foramina; and superficial soft tissues. Evaluate for origins of patient's symptoms, such as ischemia or infarction, hemorrhage, mass effect, hydrocephalus, white matter disease, congenital anomalies, and disorders of brain coverings. Evaluate major vascular structures for evidence of thrombosis, aneurysmal dilatation, dissection, atherosclerotic calcification. In the neck evaluate the parotid glands, submandibular glands, thyroid gland, paranasal sinuses, orbits (globes, orbital fat, extraocular muscles, lacrimal glands, optic nerves), nasal cavity, nasopharynx, oropharynx, oral cavity, hypopharynx, and larynx. Parapharyngeal, retropharyngeal, and carotid spaces; neck muscles; and lymph nodes are evaluated. The vasculature for stenosis, occlusion, or thrombosis is evaluated. The cervical spine and facial bones are evaluated. Masses and/or enlarged lymph nodes are counted and measured. Review axial CT angiographic images of the head and neck after administration of contrast. Supervise processing of two-dimensional and three-dimensional reconstructions. Interpret the axial source CTA images, the multiplanar reformats, and three-dimensional reformats in soft tissue, vascular, and bone windows. Evaluate brain parenchyma; ventricular system; subdural and subarachnoid spaces; meninges; calvarium; sella, cavernous sinuses, petrous temporal bones; skull base; fissures; foramina; and superficial soft tissues. Evaluate in detail the major vascular structures for evidence of thrombosis, embolus, aneurysmal dilatation, arteriovenous malformations, dissection, vascular anomalies, vascular variants, or atherosclerotic calcification. Assess for active extravasation of contrast in patients with intracranial bleeding. Assess perfusion and collateral differences between the cerebral hemispheres. Assess dural venous sinuses and jugular bulbs for stenosis,

thrombus, and fistulas. Evaluate cervical cord, vertebrae, and visualized lung apices. Evaluate the neck soft tissues including orbits, sinuses, nasopharynx, oropharynx, oral cavity, larynx, hypopharynx, visualized trachea, and esophagus. Evaluate parotid, submandibular, and thyroid glands. Evaluate for enlarged lymph nodes. Assess bony structures for fracture and abnormal lesions. Evaluate in detail the major arteries in the neck for stenosis (based on North American Symptomatic Carotid Endarterectomy Trial [NASCET] criteria) requiring either direct (obtaining measurements of diameters) or indirect comparison of the segment of stenosis with a normal segment distal to area of stenosis. Evaluate for thrombosis, embolus, aneurysms and/or pseudoaneurysms, vascular anomalies, vascular loops, dissections, vasculitis, and external compressions of the major arteries in the neck. Assess right innominate artery, bilateral common carotid, external carotid, internal carotid, and vertebral arteries. Evaluate aortic arch, visualized subclavian arteries, and visualized pulmonary vessels. Generate additional three-dimensional reformats that may help guide any open surgical procedure. Compare to all pertinent available prior studies. Compare to all pertinent available prior studies. Dictate report.

Description of Post-Service Work: Confirm lack of complications from contrast agent such as allergic reaction or extravasation. Review and sign final report. Communicate findings to referring physician, emergency physician, and/or patient as necessary.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Andrew Moriarity MD Michael, Booker, MD Melissa Chen, MD Jacob Ormsby, MD, MBA Cindy Yuan, MD					
Specialty Society(ies):	ACR, ASNR					
CPT Code:	70471					
Sample Size:	3000	**Resp N:**	65			
Description of Sample:	The ACR performed a random sample of 2,000 radiologists from its membership. The ASNR performed a random sample of 1,000 neuroradiologists from its membership.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	25.00	100.00	**200.00**	500.00	2000.00
Survey RVW:	1.98	2.50	**3.00**	3.50	4.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	16.00	**30.00**	39.00	55.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	70471	**Recommended Physician Work RVU: 2.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74712	XXX	3.00	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
75635	XXX	2.40	**RUC Time**

CPT Descriptor Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72158	XXX	2.29	**RUC Time**	208,724

CPT Descriptor 1 Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
75635	XXX	2.40	**RUC Time**	100,384

CPT Descriptor 2 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing

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: 29 **% of respondents:** 44.6 **%**

Number of respondents who choose 2nd Key Reference Code: 21 **% of respondents:** 32.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 70471	Top Key Reference CPT Code: 74712	2nd Key Reference CPT Code: **75635**
Median Pre-Service Time	5.00	15.00	10.00
Median Intra-Service Time	30.00	60.00	39.00
Median Immediate Post-service Time	5.00	15.00	8.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**40.00**	**90.00**	**57.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	41%	34%	24%

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%	41%	48%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	14%	55%	31%
Physical effort required	3%	59%	38%

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%	34%	59%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	10%	48%	43%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	5%	5%	90%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	48%	52%
Physical effort required	0%	76%	24%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	0%	100%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT codes 70496 *(Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing)* and 70498 *(Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing)* were identified as being reported together 75% or more and referred to CPT for bundling. Category III code 0042T has increased utilization and now qualifies for category I status. Patterns of CTP utilization include performance during the same imaging session as performance of CTA Head and Neck, CTA Head, and CT Head as well as performance as a standalone procedure.

The CPT Panel created a bundled code for CTA head and neck, as well as an add-on and a standalone code for CTP. These three codes were surveyed for the September 2024 RUC meeting, along with the existing standalone codes for CTA head and CTA neck.

Survey Process

The American College of Radiology (ACR) and the American Society of Neuroradiology (ASNR) conducted a random survey of our respective members. Both societies assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendation

We recommend a work RVU of 2.50, which is the survey 25th percentile value.

Time Recommendation

We recommend the median survey times of 5 minutes pre-service and 30 minutes intra-service and a post-service time of 5 minutes.

Key Reference Services

Our recommendation is bracketed by the following key reference services (KRS):

- CPT code **75635** *(Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing)* is typically performed in the outpatient setting in patients with known history of atherosclerotic disease. 70471 is typically performed in the ER setting in patients with focal neurological deficits where there is clinical concern for large vessel occlusion. This service is much more intense given that the impact of the exam will determine if the patient is a candidate for thrombolytic therapy or thrombectomy, which could significantly change patient's morbidity and mortality. This is also supported by surveyees who indicated the 70471 is more intense than 75635.
- CPT code **74712** (*Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation*) is one of the lengthier MR studies with spatial resolution less than a CT. The work involved in the MRI is related to the assessment of the different sequences acquired where there may be motion in between sequences of the fetus. The implications of the findings on the MRI are typically not associated with time-sensitive or intervenable conditions. Those intervenable conditions are not as time-sensitive as the CT Angiogram head and neck. Most of the time, the MRI findings are used to help counsel patients and family of any abnormalities detected. 70471 is the most highly detailed CTA studies with many complex anatomic structures assessed including vasculature and soft tissue structures of the brain and neck. The cognitive load on the radiologist including the detailed spatial resolution of the images coupled with the time pressure and psychological stress associated with having to provide a result to the clinical team to triage the patient as quickly as possible to therapy, contributes to the significantly increased complexity relative to 74712.

All three codes are presented for comparison in the following table.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
75635	CTA abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s)	2.40	57	10	39	8	0.051
70471	**Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing performed, and image postprocessing**	**2.50**	**40**	**5**	**30**	**5**	**0.076**
74712	MRI fetal, including placental and maternal pelvic imaging	3.00	90	15	60	15	0.039

MPC Codes

CPT code 70471 compares well with the two MPC codes below:

- CPT code **75635** *(Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing)* has more intra-service and total time, but is less intense due to the type of anatomy involved, which is reflected in the lower RVU. This is also one of our key reference codes.
- CPT code **72158** *(Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar)* has less intra- and total time than 70471, which translates into the lower work RVU.

The surveyed code and the two MPC codes are listed in the table below for comparison.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
72158	MR lumbar spine without and with	2.29	35	5	25	5	0.083
75635	CT angiography abdominal aorta	2.40	57	10	39	8	0.051
70471	**Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing performed, and image postprocessing**	**2.50**	**40**	**5**	**30**	**5**	**0.076**

Conclusion

The survey results and comparison with applicable codes support the specialties' recommendation of 2.50 RVU with 5 minutes of pre-, 30 minutes of intra-, and 5 of minutes post-service time for CT code 70471.

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) 70496 and 70498

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty DIAGNOSTIC RADIOLOGY How often? Commonly

Specialty INTERVENTIONAL RADIOLOGY How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1705200
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 70471 is estimated to be provided 1,705,200 times nationally in a one-year period.

Specialty Frequency 0 Percentage 0.00 %

Specialty DIAGNOSTIC RADIOLOGY Frequency 1636992 Percentage 96.00 %

Specialty INTERVENTIONAL RADIOLOGY Frequency 51156 Percentage 3.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 568,400 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 70471 is estimated to be provided 568,400 times to Medicare patients nationally in a one-year period.

Specialty DIAGNOSTIC RADIOLOGY Frequency 545664 Percentage 96.00 %

Specialty INTERVENTIONAL RADIOLOGY Frequency 17052 Percentage 3.00 %

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:
Imaging/procedure

BETOS Sub-classification Level II:
CAT/CT/CTA: Brain/Head/Neck

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. 70498

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:70472 Tracking Number K2 Original Specialty Recommended RVU: **0.90**
Presented Recommended RVU: **0.90**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **0.77**

CPT Descriptor: Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 63-year-old male presents with difficulty speaking and left arm numbness. Computed tomography (CT) cerebral perfusion is performed during the same session as a CTA head and neck to determine if patient is candidate for neuroendovascular intervention. A previously performed CT head without contrast did not demonstrate intracranial hemorrhage. [Note: This is an add-on service. Only consider the additional work related to the performance of CT cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy.]

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Obtain and interpret scout views of area to be imaged. Evaluate the multi-timepoint axial images for correct timing of contrast and degree of motion throughout the exam. Interpret the multi-timepoint axial source images in brain, subdural, stroke, vascular, and bone windows. Supervise post-processed source images provided by the technologist. This includes arterial input function, venous outflow function, and evaluating the provided time curves of these functions. Additional post-processing imaging includes detailed color encoded maps such as, but not limited to, relative cerebral blood volume, relative cerebral blood flow, mean transit time, and Tmax. Radiologists compare the color encoded maps for mismatches. Perform quantitative measurements of areas of abnormality. Compare to all pertinent available prior studies. Compare to all pertinent available prior studies. Dictate report.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Andrew Moriarity MD; Michael, Booker, MD Melissa Chen, MD Jacob Ormsby, MD, MBA Cindy Yuan, MD					
Specialty Society(ies):	ACR, ASNR					
CPT Code:	70472					
Sample Size:	3000	**Resp N:**	63			
Description of Sample:	The ACR performed a random sample of 2,000 radiologists from its membership. The ASNR performed a random sample of 1,000 neuroradiologists from its membership.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	50.00	**100.00**	225.00	1000.00
Survey RVW:	0.50	0.90	**1.20**	2.45	6.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	10.00	**12.00**	20.00	60.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	70472	**Recommended Physician Work RVU: 0.77**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**12.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76802	ZZZ	0.83	**RUC Time**

CPT Descriptor Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19288	ZZZ	1.28	**RUC Time**

CPT Descriptor 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)

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
51797	ZZZ	0.80	**RUC Time**	93,588

CPT Descriptor 1 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64484	ZZZ	1.00	**RUC Time**	325,687

CPT Descriptor 2 Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 22.2 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 17.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 70472	Top Key Reference CPT Code: 76802	2nd Key Reference CPT Code: **19288**
Median Pre-Service Time	0.00	0.00	5.00
Median Intra-Service Time	12.00	10.00	30.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**12.00**	**10.00**	**35.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	7%	71%	21%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	21%	79%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	29%	71%
Physical effort required	0%	57%	43%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	14%	86%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	9%	36%	55%

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	9%	9%	82%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	18%	18%	64%
Physical effort required	45%	36%	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	0%	0%	100%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT codes 70496 *(Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing)* and 70498 *(Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing)* were identified as

being reported together 75% or more and referred to CPT for bundling. Category III code 0042T has increased utilization and now qualifies for category I status. Patterns of CTP utilization include performance during the same imaging session as performance of CTA Head and Neck, CTA Head, and CT Head as well as performance as a standalone procedure.

The CPT Panel created a bundled code for CTA head and neck, as well as an add-on and a standalone code for CTP. These three codes were surveyed for the September 2024 RUC meeting, along with the existing standalone codes for CTA head and CTA neck.

Survey Process

The American College of Radiology (ACR) and the American Society of Neuroradiology (ASNR) conducted a random survey of our respective members. Both societies assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendation

We recommend a work RVU of 0.77, which is below 25th percentile value based on the crosswalk to CPT code 58110 (*Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)*.

Time Recommendation

We recommend the median survey time of 12 minutes of intra-service work.

Key Reference Services

Our recommendation is bracketed by the key reference services (KRS) below. 70472 requires the assessment of multiple different color maps that are generated while correlating with anatomic imaging to distinguish salvageable ischemic brain tissue from infarcted brain tissue.

- CPT code **76802** (*Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure*) is used to assess fetal measurements to confirm gestational age. 76802 has slightly less intra-service time, which is reflected in the lower work RVU. As supported by our surveyees' responses, the IWPUT for 76802 is appropriately higher.
- CPT code **19288** (*Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure*) is placement of a localization device using MRI which has more intra-service and total time than 70472, which is also reflected in the higher work RVU. CPT code 19288 requires some less intense time of imaging the patient during the procedure to ensure appropriate trajectory and placement of the device, which is reflected in the lower IWPUT.

All three codes are presented for comparison in the following table.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
76802	Ultrasound, 14 week transabdominal	0.83	10	0	10	0	0.083
70472	**Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (List separately in addition to code for primary procedure)**	**0.77**	**12**	**0**	**12**	**0**	**0.064**
19288	MRI Placement of breast localization device(s)	1.28	35	5	30	0	0.041

MPC Codes

CPT code 70472 compares well with two non-radiology MPC codes:

- CPT code **51797** *(Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure))* has slightly more intra-service time and a slightly lower work RVU than CPT code 70472.
- CPT code **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)* has a slightly higher work RVU, with less intra-service time than CPT code 70472.

70472 is more intense than CPT code 51797 but less intense than CPT code 64484. Accounting for the survey times and intensity differences, the recommended 0.77 work RVU is appropriately bracketed between CPT codes 51797 and 64484.

The surveyed code and the two MPC codes are listed in the table below for comparison.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
51797	Intraabdominal pressure test	0.80	15	0	15	0	0.053
70472	**Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (List separately in addition to code for primary procedure)**	**0.77**	**12**	**0**	**12**	**0**	**0.064**
64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance	1.00	10	0	10	0	0.100

Conclusion

The survey results and comparison with applicable codes support the specialties' recommendation of 0.77 RVU with 12 minutes of intra-service time for CPT code 70472.

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) 0042T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty DIAGNOSTIC RADIOLOGY How often? Commonly

Specialty INTERVENTIONAL RADIOLOGY How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 21561
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 70472 is estimated to be provided 21,561 times nationally in a one-year period.

Specialty Frequency 0 Percentage 0.00 %

Specialty DIAGNOSTIC RADIOLOGY Frequency 20483 Percentage 95.00 %

Specialty INTERVENTIONAL RADIOLOGY Frequency 1078 Percentage 4.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,187
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 70472 is estimated to be provided 7,187 times to Medicare patients nationally in a one-year period.

Specialty DIAGNOSTIC RADIOLOGY Frequency 6828 Percentage 95.00 %

Specialty INTERVENTIONAL RADIOLOGY Frequency 359 Percentage 4.99 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
CAT/CT/CTA: Brain/Head/Neck

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. 70496

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:70473 Tracking Number K3 Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **1.00**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **1.00**

CPT Descriptor: Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62-year-old male with proximal right middle cerebral artery thrombus is identified prior to transfer from an outside facility for thrombectomy. CTA head and neck was performed at the outside facility prior to transfer. CT cerebral perfusion performed upon arrival at thrombectomy facility to determine if penumbra present.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the request for clinical appropriateness and review clinical history. Review chart noting how many CT scans the patient has had for background information on history of radiation exposure. Review laboratory studies to assess renal function. Review medical records for allergy history, absence of contraindications for contrast injection (renal failure, sickle cell anemia, multiple myeloma, asthma, etc). Adjust contrast product and amount to be injected. Supervise placement of an IV line. Review any applicable prior studies. Search health information exchange for any studies not performed at affiliated institution. Communicate protocol to technologist.

Description of Intra-Service Work: Interpret scout views of area to be imaged. Evaluate the multi-timepoint axial images for correct timing of contrast and degree of motion throughout the exam. Interpret the multi-timepoint axial source images in brain, subdural, stroke, vascular, and bone windows. Evaluate brain parenchyma; ventricular system; subdural and subarachnoid spaces; meninges; calvarium; sella, cavernous sinuses, petrous temporal bones; skull base; fissures; foramina; and superficial soft tissues. Evaluate for origins of patient's symptoms, such as ischemia or infarction, hemorrhage, mass effect, hydrocephalus, white matter disease, congenital anomalies, and disorders of brain coverings. Evaluate major vascular structures for evidence of thrombosis, aneurysmal dilatation, dissection, or atherosclerotic calcification. Post-process source images including choosing arterial input function, venous outflow function, and evaluating time curves of these functions. Further post-processing includes creating different color encoded maps such as, but not limited to, relative cerebral blood volume, relative cerebral blood flow, mean transit time, and Tmax. Compare the color encoded maps for mismatches. Perform quantitative measurements of areas of abnormality. Compare to all pertinent available prior studies. Document radiation dose administered and ensure database entry if appropriate. Compare to all pertinent available prior studies. Dictate report.

Description of Post-Service Work: Confirm lack of complications from contrast agent such as allergic reaction or extravasation. Review and sign final report. Communicate findings to referring physician, emergency physician, and/or patient as necessary.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Andrew Moriarity MD; Michael, Booker, MD Melissa Chen, MD Jacob Ormsby, MD, MBA Cindy Yuan, MD.					
Specialty Society(ies):	ACR, ASNR					
CPT Code:	70473					
Sample Size:	3000	**Resp N:**	57			
Description of Sample:	The ACR performed a random sample of 2,000 radiologists from its membership. The ASNR performed a random sample of 1,000 neuroradiologists from its membership					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**50.00**	100.00	1000.00
Survey RVW:	0.50	0.90	**1.00**	1.80	6.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	10.00	**12.00**	15.00	59.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	70473	**Recommended Physician Work RVU: 1.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**12.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70486	XXX	0.85	**RUC Time**

CPT Descriptor Computed tomography, maxillofacial area; without contrast material

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70552	XXX	1.78	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74246	XXX	0.90	**RUC Time**	46,283

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70490	XXX	1.28	**RUC Time**	61,888

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: 8 **% of respondents:** 14.0 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 10.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 70473	Top Key Reference CPT Code: 70486	2nd Key Reference CPT Code: **70552**
Median Pre-Service Time	5.00	3.00	5.00
Median Intra-Service Time	12.00	10.00	20.00
Median Immediate Post-service Time	5.00	3.00	7.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**22.00**	**16.00**	**32.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	38%	38%	25%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	63%	25%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	63%	38%
Physical effort required	13%	38%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	13%	88%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	17%	33%	50%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	17%	83%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	67%	33%
Physical effort required	0%	83%	17%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	0%	100%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT codes 70496 *(Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing)* and 70498 *(Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing)* were identified as being reported together 75% or more and referred to CPT for bundling. Category III code 0042T has increased utilization and now qualifies for category I status. Patterns of CTP utilization include performance during the same imaging session as performance of CTA Head and Neck, CTA Head, and CT Head as well as performance as a standalone procedure.

The CPT Panel created a bundled code for CTA head and neck, as well as an add-on and a standalone code for CTP. These three codes were surveyed for the September 2024 RUC meeting, along with the existing standalone codes for CTA head and CTA neck.

Survey Process

The American College of Radiology (ACR) and the American Society of Neuroradiology (ASNR) conducted a random survey of our respective members. Both societies assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendation

We recommend a work RVU of 1.00, which is the survey median value. The median value allows for an appropriate valuation of this service relative to 70472 without creating a rank order anomaly. As our surveyees indicate, the intra service work of 70473 is the same as 70472, and median value allows for the appropriate valuation of the pre-service and post-service work for this service.

Time Recommendation

We recommend the median survey times of 5 minutes pre-service and 12 minutes intra-service and a post-service time of 5 minutes.

Key Reference Services

Our recommendation is bracketed by the key reference services (KRS) below. 70473 requires the assessment of multiple color maps and synthesis of that information in conjunction with anatomic brain imaging to differentiate ischemic, salvageable brain tissue from infarcted brain tissue.

- CPT code **70486** (*Computed tomography, maxillofacial area; without contrast material*) requires evaluation of the soft tissues and bones of the face, but assessment is somewhat limited given the lack of contrast. The work in 70473 is slightly more time (resulting in a higher work RVU) because this study requires the synthesis of multiple points of information for decision-making compared to the work of 70486.
- CPT code **70552** (*Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)*) is similar work to 70473 in the evaluation of multiple sequences of the same anatomic region to assess for abnormalities. 70552 has more images than 70473 and therefore is associated with more intra service time, reflected in the higher work RVU.

All three codes are presented for comparison in the following table.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
70486	CT, maxillofacial area without contrast.	0.85	16	3	10	3	0.072

70473	**Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy**	**1.00**	**22**	**5**	**12**	**5**	**0.065**
70552	MRI brain, with contrast	1.78	32	5	20	7	0.076

MPC Codes

CPT code 70473 compares well with two radiology MPC codes:

- CPT code **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)* has more intra-service time but the same total time as 70473. The difference in intensity is reflected in the lower work RVU and resulting IWPUT.
- CPT code **70490** *(Computed tomography, soft tissue neck; without contrast material)* has slightly higher intra- and total time than CPT code 70473, which is reflected in the slightly higher work RVU.

Accounting for the survey times and intensity differences, the recommended 1.00 work RVU is appropriately bracketed between CPT codes 74246 and 70490.

The surveyed code and the two MPC codes are listed in the table below for comparison.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74246	X-Ray, upper GI tract; double-contrast study	0.90	22	4	15	3	0.050
70473	**Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy**	**1.00**	**22**	**5**	**12**	**5**	**0.065**
70490	Computed tomography, soft tissue neck; without contrast material	1.28	25	5	15	5	0.070

Conclusion

The survey results and comparison with applicable codes support the specialties' recommendation of 1.00 RVU with 5 minutes of pre-, 12 minutes of intra-, and 5 of minutes post-service time for CPT code 70473.

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) 0042T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty DIAGNOSTIC RADIOLOGY How often? Commonly

Specialty INTERVENTIONAL RADIOLOGY How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 86193
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 70473 is estimated to be provided 86,193 times nationally in a one-year period.

Specialty Frequency 0 Percentage 0.00 %

Specialty DIAGNOSTIC RADIOLOGY Frequency 81932 Percentage 95.05 %

Specialty INTERVENTIONAL RADIOLOGY Frequency 4312 Percentage 5.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 28,748 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 70473 is estimated to be provided 28,748 times to Medicare patients nationally in a one-year period.

Specialty DIAGNOSTIC RADIOLOGY Frequency 27311 Percentage 95.00 %

Specialty INTERVENTIONAL RADIOLOGY Frequency 1437 Percentage 4.99 %

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:

BETOS Sub-classification Level II:

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

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. 70496

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:70496 Tracking Number K4 Original Specialty Recommended RVU: **1.75**
Presented Recommended RVU: **1.75**
Global Period: XXX Current Work RVU: **1.75** RUC Recommended RVU: **1.75**

CPT Descriptor: Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old patient presents with acute onset aphasia and right-sided weakness. Computed tomography angiography (CTA) of the head is ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the request for clinical appropriateness and review clinical history. Review chart noting how many CT scans the patient has had for background information on history of radiation exposure. Review laboratory studies to assess renal function. Review medical records for allergy history. Adjust contrast product as needed. Request renal consult if necessary. Review the nature and risks of contrast reaction with the patient and obtain informed consent where applicable. Supervise placement of an IV line. Review any applicable prior studies. Search health information exchange for any studies not performed at affiliated institution. Communicate protocol to technologist

Description of Intra-Service Work: Interpret scout views of area to be imaged. Review axial CT images of head prior to contrast (if obtained). Supervise processing of two-dimensional reconstructions. Interpret the axial source images and the multiplanar reformats in brain, subdural, stroke, vascular, and bone windows. Evaluate brain parenchyma; ventricular system; subdural and subarachnoid spaces; meninges; calvarium; sella, cavernous sinuses, petrous temporal bones; skull base; fissures; foramina; and superficial soft tissues. Evaluate for origins of patient's symptoms, such as ischemia or infarction, hemorrhage, mass effect, hydrocephalus, white matter disease, congenital anomalies, and disorders of brain coverings. Evaluate major vascular structures for evidence of thrombosis, aneurysmal dilatation, dissection, or atherosclerotic calcification. Compare to all pertinent available prior studies.

Review axial CT angiographic images of the head after administration of contrast. Supervise processing of two-dimensional and three-dimensional reconstructions. Review the axial source CTA images, multiplanar reformats, and three-dimensional reformats in brain, subdural, stroke, vascular, and bone windows. Evaluate brain parenchyma; ventricular system; subdural and subarachnoid spaces; meninges; calvarium; sella, cavernous sinuses, petrous temporal bones; skull base; fissures; foramina; and superficial soft tissues. Evaluate in detail the major vascular structures for evidence of thrombosis, embolus, aneurysmal dilatation, arteriovenous malformations, dissection, vascular anomalies, vascular variants, or atherosclerotic calcification. Assess for active extravasation of contrast in patients with intracranial bleeding. Assess for perfusion and collateral differences between the cerebral hemispheres. Generate additional three-dimensional reformats that may help guide any open surgical procedure. Compare to all pertinent available prior studies. Document radiation dose administered and ensure database entry if appropriate. Compare to all pertinent available prior studies. Dictate report.

Description of Post-Service Work: Confirm lack of complications from contrast agent such as allergic reaction or extravasation. Review and sign final report. Communicate findings to referring physician, emergency physician, and/or patient as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Andrew Moriarity MD; Michael, Booker, MD Melissa Chen, MD Jacob Ormsby, MD, MBA Cindy Yuan, MD.					
Specialty Society(ies):	ACR, ASNR					
CPT Code:	70496					
Sample Size:	3000	**Resp N:**	63			
Description of Sample:	The ACR performed a random sample of 2,000 radiologists from its membership. The ASNR performed a random sample of 1,000 neuroradiologists from its membership					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	25.00	75.00	**100.00**	400.00	2000.00
Survey RVW:	1.22	1.78	**1.90**	2.20	4.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	12.00	**18.00**	20.00	40.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	70496	**Recommended Physician Work RVU: 1.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**18.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74174	XXX	2.20	**RUC Time**

CPT Descriptor Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
71275	XXX	1.82	**RUC Time**

CPT Descriptor Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74176	XXX	1.74	**RUC Time**	2,190,688

CPT Descriptor 1 Computed tomography, abdomen and pelvis; without contrast material

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74178	XXX	2.01	**RUC Time**	461,097

CPT Descriptor 2 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

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: 12 **% of respondents:** 19.0 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 17.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 70496	Top Key Reference CPT Code: 74174	2nd Key Reference CPT Code: **71275**
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	18.00	30.00	25.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**28.00**	**40.00**	**35.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	17%	42%	42%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	25%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	33%	67%
Physical effort required	0%	58%	42%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	0%	100%

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	9%	73%	18%

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%	36%	64%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	45%	55%
Physical effort required	0%	64%	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	0%	9%	91%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT codes 70496 *(Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing)* and 70498 *(Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing)* were identified as being reported together 75% or more and referred to CPT for bundling. Category III code 0042T has increased utilization and now qualifies for category I status. Patterns of CTP utilization include performance during the same imaging session as performance of CTA Head and Neck, CTA Head, and CT Head as well as performance as a standalone procedure.

The CPT Panel created a bundled code for CTA head and neck, as well as an add-on and a standalone code for CTP. These three codes were surveyed for the September 2024 RUC meeting, along with the existing standalone codes for CTA head and CTA neck.

Survey Process

The American College of Radiology (ACR) and the American Society of Neuroradiology (ASNR) conducted a random survey of our respective members. Both societies assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendation

We recommend the current work RVU of 1.75, which is below the survey 25th percentile. This also maintains relativity with our recommendation for CPT code 70498.

Time Recommendation

We recommend the median survey times of 5 minutes pre-service, 18 minutes intra-service, and a post-service time of 5 minutes.

Key Reference Services

Our recommendation is supported by the top two key reference services listed below.

- CPT code **74174** (*Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing*)
- CPT code **71275** (*Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing*)

CPT code 74174 requires an assessment of the vasculature of the abdomen and pelvis and is associated with more images given the larger anatomic region covered compared to 70496. This is reflected in the higher intra-service and total time, as well as the work RVU. CPT code 71275 is the assessment of the vasculature in the chest and covers a larger anatomic region than 70496. This is reflected in the slightly higher intra-service and total time, as well as the work RVU. CPT code 70496 is more intense than both CPT codes 71275 and 74174, given the potential devastating neurologic complications that could occur if a finding is missed.

The work associated with 70496 is more intense than prior survey because it was in 2015 that multiple studies including the Multicenter Randomized Clinical Trial of Endovascular Treatment for Acute Ischemic Stroke in the Netherlands (MR CLEAN), Endovascular Revascularization with Solitaire Device versus Best Medical Therapy in Anterior Circulation Stroke within 8 h (REVASCAT), Endovascular Treatment for Small Core and Proximal Occlusion Ischemic Stroke (ESCAPE), Solitaire™ FR as Primary Treatment for Acute Ischemic Stroke (SWIFT PRIME) and Extending the Time for Thrombolysis in Emergency Neurological Deficits with Intra-Arterial Therapy (EXTEND IA) all showed the proven benefit of mechanical thrombectomy and therefore making CTA head and neck a critical part for stroke care where every minute counts to preserve brain leading to increased psychological stress when interpreting these studies.

Furthermore, the patients in which this service would be performed in isolation will likely be those patients who have had previous interventions either for aneurysm, occlusion or stenosis who are presenting with neurologic symptoms. In the last decade, the capabilities of neurointerventionalists have vastly expanded with new devices

that can treat more distal disease including clots in the M3 segment of middle cerebral artery, as well as for therapy of smaller aneurysms. Because of this, the radiologist assesses more distal disease sites more carefully in smaller structures relative to when this was originally surveyed.

Since this code was last valued, maximum intensity projections (MIPS), additional reconstructions, are now in wide-spread use. Although there are more images to review, these MIP reconstructions allow radiologists to recognize focal stenosis or imaging findings of vasculitis more easily. This likely contributes to some of the decreased time spent reviewing relative to the last time this was valued.

All three codes are presented for comparison in the following table.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
70496	**Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing**	**1.75**	**28**	**5**	**18**	**5**	**0.085**
71275	CTA, chest, with contrast	1.82	35	5	25	5	0.064
74174	CTA, abdomen & pelvis, with contrast material(s)	2.20	40	5	30	5	0.066

MPC Codes

CPT code 70496 (*Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing*) compares well with the two MPC codes below:

- CPT code **74176** *(Computed tomography, abdomen and pelvis; without contrast material)* has more intra-service and total time, but a slightly lower work RVU than CPT code 70496, which is appropriate as it is a less-intense service.
- CPT code **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)* has more intra-service and total time than CPT code 70496, which is reflected in the difference in work RVU.

Both MPC comparison codes are associated with less intense work than the CT angiography head code. Accounting for the survey times and intensity differences, the recommended 1.75 work RVU is appropriately bracketed between CPT codes 74176 and 74178.

The surveyed code and the two MPC codes are listed in the table below for comparison.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74176	CT abdomen & pelvis without	1.74	32	5	22	5	0.069
70496	**Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing**	**1.75**	**28**	**5**	**18**	**5**	**0.085**
74178	CT abdomen & pelvis without and with	2.01	40	5	30	5	0.060

Conclusion

The survey results and comparison with applicable codes support the specialties' recommendation of 1.75 RVU with 5 minutes of pre-, 18 minutes of intra-, and 5 of minutes post-service time for CPT code 70496.

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) 70496

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty DIAGNOSTIC RADIOLOGY How often? Commonly

Specialty INTERVENTIONAL RADIOLOGY How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 187364
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 70496 is estimated to be provided 187,364 times nationally in a one-year period.

Specialty Frequency 0 Percentage 0.00 %

Specialty DIAGNOSTIC RADIOLOGY Frequency 179869 Percentage 95.99 %

Specialty INTERVENTIONAL RADIOLOGY Frequency 5621 Percentage 3.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 62,455 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 70 496 is estimated to be provided 62,455 times to Medicare patients nationally in a one-year period.

Specialty DIAGNOSTIC RADIOLOGY Frequency 59956 Percentage 95.99 %

Specialty INTERVENTIONAL RADIOLOGY Frequency 1874 Percentage 3.00 %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
CAT/CT/CTA: Brain/Head/Neck

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. 70496

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:70498 Tracking Number K5 Original Specialty Recommended RVU: **1.75**
Presented Recommended RVU: **1.75**
Global Period: XXX Current Work RVU: **1.75** RUC Recommended RVU: **1.75**

CPT Descriptor: Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 69-year-old patient presents with recurrent episodes of left arm, face, and leg weakness. Computed tomography angiography (CTA) of the neck is ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the request for clinical appropriateness and review clinical history. Review chart noting how many CT scans the patient has had for background information on history of radiation exposure. Review laboratory studies to assess renal function. Review medical records for allergy history, absence of contraindications for contrast injection (renal failure, sickle cell anemia, multiple myeloma, asthma, etc). Adjust contrast product as needed. Request renal consult if necessary. Review the nature and risks of contrast reaction with the patient and obtain informed consent where applicable. Supervise placement of an IV line. Review any applicable prior studies. Search health information exchange for any studies not performed at affiliated institution. Communicate protocol to technologist.

Description of Intra-Service Work: Review axial CT angiographic images of the neck after administration of contrast. Supervise processing of two-dimensional and three-dimensional reconstructions. Interpret the axial source CTA images, the multiplanar reformats, and three-dimensional reformats in soft tissue, vascular, and bone windows. Evaluate visualized brain parenchyma, cervical cord and vertebrae, and visualized lung apices. Evaluate the neck soft tissues including orbits, sinuses, nasopharynx, oropharynx, oral cavity, larynx, hypopharynx, visualized trachea, and esophagus. Evaluate parotid, submandibular, and thyroid glands. Evaluate for enlarged lymph nodes. Assess bony structures for fracture and abnormal lesions. Evaluate in detail the major arteries in the neck for stenosis (based on North American Symptomatic Carotid Endarterectomy Trial [NASCET] criteria) requiring either direct (obtaining measurements of diameters) or indirect comparison of the segment of stenosis with a normal segment distal to area of stenosis. Evaluate for thrombosis, embolus, aneurysms and/or pseudoaneurysms, vascular anomalies, vascular loops, dissections, and external compressions of the major arteries in the neck. Assess right innominate artery, bilateral common carotid, external carotid, internal carotid, and vertebral arteries. Evaluate aortic arch, visualized subclavian arteries, and visualized pulmonary vessels. Assess jugular veins, innominate veins, and subclavian veins for patency, thrombus, or fistulas. Compare to all pertinent available prior studies. Document radiation dose administered and ensure database entry if appropriate . Compare to all pertinent available prior studies. Dictate report.

Description of Post-Service Work: Confirm lack of complications from contrast agent such as allergic reaction or extravasation. Review and sign final report. Communicate findings to referring physician, emergency physician, and/or patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Andrew Moriarity MD; Michael, Booker, MD Melissa Chen, MD Jacob Ormsby, MD, MBA Cindy Yuan, MD.					
Specialty Society(ies):	ACR, ASNR					
CPT Code:	70498					
Sample Size:	3000	**Resp N:**	62			
Description of Sample:	The ACR performed a random sample of 2,000 radiologists from its membership. The ASNR performed a random sample of 1,000 neuroradiologists from its membership					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	20.00	75.00	**100.00**	315.00	2000.00
Survey RVW:	1.00	1.75	**1.80**	2.11	4.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	11.00	**18.00**	20.00	40.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	70498	**Recommended Physician Work RVU: 1.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**18.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
71275	XXX	1.82	**RUC Time**

CPT Descriptor Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74174	XXX	2.20	**RUC Time**

CPT Descriptor Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74176	XXX	1.74	**RUC Time**	2,190,688

CPT Descriptor 1 Computed tomography, abdomen and pelvis; without contrast material

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74178	XXX	2.01	**RUC Time**	461,097

CPT Descriptor 2 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

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: 18 **% of respondents:** 29.0 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 22.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 70498	Top Key Reference CPT Code: 71275	2nd Key Reference CPT Code: **74174**
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	18.00	25.00	30.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**28.00**	**35.00**	**40.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	22%	61%	17%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	39%	61%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	72%	28%
Physical effort required	0%	78%	22%

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%	17%	83%

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	21%	50%	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	7%	36%	57%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	14%	86%
Physical effort required	0%	50%	50%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	0%	100%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT codes 70496 *(Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing)* and 70498 *(Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing)* were identified as being reported together 75% or more and referred to CPT for bundling. Category III code 0042T has increased utilization and now qualifies for category I status. Patterns of CTP utilization include performance during the same imaging session as performance of CTA Head and Neck, CTA Head, and CT Head as well as performance as a standalone procedure.

The CPT Panel created a bundled code for CTA head and neck, as well as an add-on and a standalone code for CTP. These three codes were surveyed for the September 2024 RUC meeting, along with the existing standalone codes for CTA head and CTA neck.

Survey Process

The American College of Radiology (ACR) and the American Society of Neuroradiology (ASNR) conducted a random survey of our respective members. Both societies assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendation

We recommend the current work RVU of 1.75, which is the survey 25th percentile value and maintains relativity with CPT code 70496.

Time Recommendation

We recommend the median survey times of 5 minutes pre-service and 18 minutes intra-service and a post-service time of 5 minutes.

Key Reference Services

Our recommendation compares well to the top two key reference services listed below:

- CPT code **71275** (*Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing*)
- CPT code **74174** (*Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing)*

CPT code 74174 requires an assessment of the vasculature of the abdomen and pelvis and is associated with more images given the larger anatomic region covered compared to 70498. This is reflected in the higher intra-service and total time, as well as the work RVU. CPT code 71275 is the assessment of the vasculature in the chest and covers a larger anatomic region than 70498. This is reflected in the slightly higher intra-service and total time, as well as the work RVU. CPT code 70498 is more intense than both CPT codes 71274 and 74174, given the potential devastating neurologic complications that could occur if a finding is missed.

The work associated with 70498 is more intense than prior survey because it was in 2015 that multiple studies including the Multicenter Randomized Clinical Trial of Endovascular Treatment for Acute Ischemic Stroke in the Netherlands (MR CLEAN), Endovascular Revascularization with Solitaire Device versus Best Medical Therapy in Anterior Circulation Stroke within 8 h (REVASCAT), Endovascular Treatment for Small Core and Proximal Occlusion Ischemic Stroke (ESCAPE), Solitaire™ FR as Primary Treatment for Acute Ischemic Stroke (SWIFT PRIME) and Extending the Time for Thrombolysis in Emergency Neurological Deficits with Intra-Arterial Therapy (EXTEND IA) all showed the proven benefit of mechanical thrombectomy and therefore making CTA head and neck a critical part for stroke care where every minute counts to preserve brain leading to increased psychological stress when interpreting these studies.

The expected typical patient for 70498 is a patient who has had prior intervention, likely prior stenosis in a carotid vessel, who is presenting with neurologic symptoms. Given that these patients had an identified

abnormality or prior intervention, this patient population is more complex than when it was previously surveyed.

Since this code was last valued, additional reconstructed images, such as Maximum Intensity Projections (MIPS), are now standard use across practice. Although there are more images to review, these new reconstructed images save some time for the radiologist to identify specific conditions such as vasculitis or dissection. This would have previously required more careful scrutiny of the source axial images and may not have been picked up previously.

All three codes are presented for comparison in the following table.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74174	CTA, abdomen & pelvis, with contrast material(s)	2.20	40	5	30	5	0.066
71275	CTA, chest, with contrast	1.82	35	5	25	5	0.064
70498	**Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing**	**1.75**	**28**	**5**	**18**	**5**	**0.085**

MPC Codes

CPT code 70498 (*Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing*) compares well with the two MPC codes below:

- CPT code **74176** *(Computed tomography, abdomen and pelvis; without contrast material)* has more intra-service and total time, but a slightly lower work RVU than CPT code 70498, which is appropriate as it is a less-intense service.
- CPT code **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)* has more intra-service and total time than CPT code 70498, which is reflected in the difference in work RVU.

Both MPC comparison codes are associated with less intense work than the CT angiography neck code. Accounting for the survey times and intensity differences, the recommended 1.75 work RVU is appropriately bracketed between MPC codes 74176 and 74178.

The surveyed code and the two MPC codes are listed in the table below for comparison.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74176	CT abdomen & pelvis without	1.74	32	5	22	5	0.69
70498	**Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing**	**1.75**	**28**	**5**	**18**	**5**	**0.085**
74178	CT abdomen & pelvis without and with	2.01	40	5	30	5	0.060

Conclusion

The survey results and comparison with applicable codes support the specialties' recommendation of 1.75 RVU with 5 minutes of pre-, 18 minutes of intra-, and 5 of minutes post-service time for CPT code 70498.

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) 70498

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty DIAGNOSTIC RADIOLOGY How often? Commonly

Specialty INTERVENTIONAL RADIOLOGY How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 261836
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 70498 is estimated to be provided 261,836 times nationally in a one-year period.

Specialty Frequency 0 Percentage 0.00 %

Specialty DIAGNOSTIC RADIOLOGY Frequency 248744 Percentage 94.99 %

Specialty INTERVENTIONAL RADIOLOGY Frequency 7855 Percentage 2.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 87,279 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 70498 is estimated to be provided 87,279 times to Medicare patients nationally in a one-year period.

Specialty DIAGNOSTIC RADIOLOGY Frequency 82915 Percentage 94.99 %

Specialty INTERVENTIONAL RADIOLOGY Frequency 2618 Percentage 2.99 %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
CAT/CT/CTA: Brain/Head/Neck

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. 70498

SS Rec Summary

ISSUE: CT Cerebral Perfusion & CTA Head & Neck

TAB: 9

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed;	XXX	Apr-15	29	0.039	0.033			3.00			90	15					60			15					
2nd REF	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with	XXX	Apr-16	21	0.051	0.042			2.40			57	10					39			8					
CURRENT	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed,	XXX	2014		0.076	0.058			1.75			30	5					20			5					
CURRENT	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed,	XXX	2014		0.076	0.058			1.75			30	5					20			5					
SVY	70471	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast	XXX		65	0.093	0.075	1.98	2.50	3.00	3.50	4.50	40	5			10	16	30	39	55	5	25	100	200	500	2000
ACR	70471	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when	XXX		43	0.093	0.075	2.15	2.50	3.00	3.50	4.50	40	5			10	16	30	40	55	5	50	100	200	475	2000
ASNR	70471	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when	XXX		22	0.099	0.079	1.98	2.78	3.00	3.58	4.10	38	5			14	19	28	38	50	5	25	250	500	700	2000
REC	70471	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	XXX			0.076	0.063			2.50			40	5					30			5					

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first	ZZZ	Apr-02	14	0.083	0.083			0.83			10						10								
2nd REF	19288	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds),	ZZZ	Apr-13	11	0.041	0.037			1.28			35		1	4			30								
CURRENT	0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of	XXX			-	-						0														
SVY	70472	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing	ZZZ		63	0.100	0.100	0.50	0.90	1.20	2.45	6.00	12				3	10	12	20	60		0	50	100	225	1000
ACR	70472	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed	ZZZ		42	0.125	0.125	0.66	0.93	1.50	2.68	6.00	12				3	10	12	20	60		0	50	83	200	450
ASNR	70472	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed	ZZZ		21	0.090	0.090	0.50	0.85	1.08	1.75	6.00	12				5	10	12	20	36		9	50	100	350	1000
Crosswalk	58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for	ZZZ	2017		0.064	0.064			0.77			12						12								
REC	70472	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (List separately in addition to code for primary procedure)	ZZZ			0.064	0.064			0.77			12						12								

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	70486	Computed tomography, maxillofacial area; without contrast material	XXX	Apr-14	8	0.072	0.053			0.85			16	3					10			3					
2nd REF	70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	XXX	Jan-13	6	0.076	0.056			1.78			32	5					20			7					
CURRENT	0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of	XXX			-	-						0														
SVY	70473	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing	XXX		57	0.065	0.045	0.50	0.90	1.00	1.80	6.00	22	5			3	10	12	15	59	5	0	10	50	100	1000

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	AJ	AK	AL	AM	AN
33	ACR	70473	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed	XXX		37	0.071	0.048	0.80	1.00	1.00	1.80	3.40	21	5			3	10	11	15	59	5	0	10	25	75	1000
34	ASNR	70473	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed	XXX		20	0.064	0.045	0.50	0.85	0.99	2.05	6.00	22	5			4	8	12	15	52	5	1	19	50	213	1000
35	**REC**	**70473**	**Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy**	**XXX**			**0.065**	**0.045**			**1.00**			**22**	**5**					**12**			**5**					
36																												

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	AJ	AK	AL	AM	AN
37									RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
38	Source	CPT	DESC	Global	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
39	1st REF	74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast	XXX	Oct-13	12	0.066	0.055			2.20			40	5					30			5					
40	2nd REF	71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including	XXX	Jan-14	11	0.064	0.052			1.82			35	5					25			5					
41	CURRENT	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed,	XXX	Apr-14		0.076	0.058			1.75			30	5					20			5					
42	SVY	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed,	XXX		63	0.093	0.068	1.22	1.78	1.90	2.20	4.00	28	5			4	12	18	20	40	5	25	75	100	400	2000
43	ACR	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and	XXX		41	0.093	0.068	1.22	1.75	1.90	2.20	2.50	28	5			4	12	18	20	40	5	30	75	100	200	2000
44	ASNR	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and	XXX		22	0.105	0.073	1.50	1.80	1.91	2.29	4.00	26	5			8	13	16	25	28	5	25	81	250	500	1000
45	REC	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	XXX			0.085	0.063			1.75			28	5					18			5					
46																												
47									RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
48	Source	CPT	DESC	Global	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
49	1st REF	71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including	XXX	Jan-14	18	0.064	0.052			1.82			35	5					25			5					
50	2nd REF	74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast	XXX	Oct-13	14	0.066	0.055			2.20			40	5					30			5					
51	CURRENT	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed,	XXX	Apr-14		0.076	0.058			1.75			30	5					20			5					
52	SVY	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed,	XXX		62	0.088	0.064	1.00	1.75	1.80	2.11	4.00	28	5			4	11	18	20	40	5	20	75	100	315	2000
53	ACR	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and	XXX		41	0.088	0.064	1.00	1.70	1.80	2.20	2.50	28	5			4	10	18	20	40	5	20	75	100	200	2000
54	ASNR	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and	XXX		21	0.079	0.060	1.00	1.78	1.80	2.26	4.00	30	5			7	14	20	23	26	5	25	87	250	500	1000
55	REC	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	XXX			0.085	0.063			1.75			28	5					18			5					

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 70471, 70496 and 70498
SPECIALTY SOCIETY(IES): ACR & ASNR
PRESENTER(S): Andrew Moriarity, MD; Jacob Ormsby, MD, Melissa Chen, MD, Cindy Yuan, MD.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 09/2024

CPT Code	Long Descriptor	Global Period
70471	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	XXX
	Vignette	
	A code stroke is activated in the emergency department on a 60-year-old male with sudden onset left-sided weakness.	

CPT Code	Long Descriptor	Global Period
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	XXX
	Vignette	
	A 68-year-old patient presents with acute onset aphasia and right-sided weakness. Computed tomography angiography (CTA) of the head is ordered.	

CPT Code	Long Descriptor	Global Period
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	XXX
	Vignette	
	A 69-year-old patient presents with recurrent episodes of left arm, face, and leg weakness. Computed tomography angiography (CTA) of the neck is ordered.	

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The societies of ACR & ASNR convened a panel of experts familiar with this service to evaluate the direct practice expense inputs for Computed tomography angiography 70471, 70496, and 70498.

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:
   As these are existing codes, the specialties are using the current inputs for CPT codes 70496 and 70498 as a reference in making our direct PE input recommendations for CPT codes 70496, 70498, and 70471. 70471 is a bundled code consisting of 70496 and 70498.
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 70471, 70496 and 70498
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?

   No.

   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

   Radiology is the expected predominant provider in the nonfacility setting as well as dominate in the global setting.
   - 70496 – 98.8% in the global and 86.4% in the non-facility
   - 70498 – 98.8% in the global and 82% in the non-facility

   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   The PE inputs for CPT codes 70496 and 70498 were last reviewed in 2014, prior to the creation of the technologist and professional PACS workstations. In our recommendations, we are including both PACS workstations in our equipment costs, as appropriate, which is contributing to a higher equipment and overall PE cost for these two codes. The room times have also increased for these codes as a result of the application of the highly technical formula. Our recommendation for new code 70471 also includes the PACS workstations, as it is a bundle of codes 70496 and 70498.

   See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

   No.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 70471, 70496 and 70498
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

- **CA013 (Prepare room, equipment and supplies) –** The specialties are requesting two additional minutes (total of 4 minutes), which is typical for codes requiring contrast administration.
- **CA016 (Prepare, set-up and start IV, initial positioning and monitor of patient) –** Increase to 5 mins from 2 min standard. This extra time is necessary to ensure appropriate positioning of the patient for several reasons: (1) patient comfort to minimize the possibility of motion artifact; (2) to ensure that the entire head or neck will remain in the field of view and (3) to ensure that the arms and other objects do not lead to artifacts such as beam hardening or quantum mottle; (4) to ensure appropriate positioning of the injector and support devices relative to the patient and (5) to ensure an adequate view of the IV site by the technologist to evaluate for extravasation during power injection.
- **CA030 (Technologist QC's images in PACS…) –** The specialties are requesting an additional minute (total of 3 minutes). In the CY 2017 Medicare Physician Fee Schedule (MPFS) final rule, CMS finalized a policy to establish a range of appropriate standard minutes for the clinical labor activity, "Technologist QCs images in PACS, checking for all images, reformats, and dose page." This establishes 2 minutes as the standard for the simple case, 3 minutes as the standard for the intermediate case—such as CT/MR, 4 minutes as the standard for the complex case, and 5 minutes as the standard for the highly complex case.

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

When 70496 and 70498 were reviewed in April 2014, 2 minutes was the standard for *"Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist."* Since the new PE spreadsheet update, this activity has been split into CA007 *(Review patient clinical extant information and questionnaire)* and CA014 *(Confirm order, protocol exam)*, each with 1 minute as the standard. Therefore, we have recommended 1 minute each for CA007 and CA014 for CPT codes 70496, 70498, and 70471.

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:

- Confirm availability of prior images/studies

- Review patient clinical extant information and questionnaire

b. Service period (includes pre, intra and post):

- Greet patient, provide gowning, ensure appropriate medical records are available
- Provide education/obtain consent
- Prepare room, equipment and supplies
- Confirm order, protocol exam
- Prepare, set-up and start IV, initial positioning and monitoring of patient
- Perform procedure/service—NOT directly related to physician work time
- Clean room/equipment by clinical staff
- Technologist QC's images in PACS, checking for all images, reformats, and dose page
- Review examination with interpreting MD/DO
- Scan exam documents into PACS. Complete exam in RIS system to populate images into 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 related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Bring patient into CT room and assist patient onto CT table. Position patient's anatomy for anatomic coverage and comfort. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Obtain scout image. Confirm appropriate patient positioning to ensure adequate coverage of anatomic region and potential pathology. Adjust patient positioning if needed. Set acquisition parameters. Instruct patient to hold still. Obtain axial images. Confirm appropriate imaging coverage. The images are checked for quality and the above steps are repeated for any additional coverage needed. During 70471, the CT angiographic head images and CT angiographic neck images are separated to perform reconstructions separately for each anatomic site. Coronal and sagittal reformations are performed. MIPS are performed. 3-D post processing is performed of the vessels. 3D post-processing images for the head include tumble images of the Circle of Willis including the anterior and posterior circulation with exclusion of extra-cranial vessels and anatomic structures that obscure 3D view of the arteries. 3D post-processing images of the neck include subtracting out vessels and anatomic structures that interfere with the appearance of the arteries in the neck. Center line images of the carotid artery are generated for assessment of areas of stenosis. Send the images from the console to the image archive. Explain to the patient that he/she will be receiving a letter and copy of the CT report shortly. Explain that if prior images need to be obtained, it may delay the interpretation of the CT. Mention to the patient that if he/she has any questions about the CT results, the patient should call the Radiology Department and ask to speak with one of the radiologists.

NON-FACILITY DIRECT PE INPUTS

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes, we are recommending SA114 (kit, contrast imaging), an established package for 70496, 70498, and 70471.

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

NON-FACILITY DIRECT PE INPUTS

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

SA114	Kit, Contrast Imaging
	> gloves, non-sterile Quantity 1
	> angiocatheter 14g-24g, Quantity 1
	> heparin lock, Quantity 1
	> iv tubing (extension), Quantity 1
	> needle, 18-27g, Quantity 1
	> syringe 20ml, Quantity 1
	> sodium chloride (30ml), Quantity 1
	> swab-pad, alcohol, Quantity 1
	> KIT, IV STARTER
	>> tourniquet, Quantity 1
	>> swab-pad, alcohol, Quantity 1
	>> PVP ointment, Quantity 1
	>> PVP prep pad, Quantity 1
	>> gauze sponges (2x2), Quantity 2
	>> bandage (1x3"), Quantity 1
	>> sm roll of surgical tape, Quantity 1
	>> > gloves, non-sterile Quantity 1
	>> underpad 2'x3' (chux), Quantity 1

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

- **PACS Workstation Proxy (ED050)** [PACS formula]: Equal to the total clinical service period time
- **Professional PACS Workstation Proxy (ED053)** [Other formula]: Equal to the physician work intra service time + ½ of the physician work pre-service time.
- **Room, CT (EL007)** [Highly technical equipment formula]

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 70471, 70496 and 70498
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

    N/A

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

    N/A

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

    Clinical Staff Revision – CPT codes 70496 and 70498 currently list L041B (radiologic technologist) as the clinical staff for these procedures. Upon re-review, the specialties feel that L046A (CT Technologist) is the more appropriate staff to perform these procedures. We have adjusted our clinical staff type recommendations for CPT codes 70496, 70498, and 70471.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 70472 and 70473
SPECIALTY SOCIETY(IES): ACR & ASNR
PRESENTER(S): Andrew Moriarity, MD; Jacob Ormsby, MD, Melissa Chen, MD, Cindy Yuan, MD.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 09/2024

CPT Code	Long Descriptor	Global Period
70472	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (List separately in addition to code for primary procedure)	ZZZ
	Vignette	
	A 63-year-old male presents with difficulty speaking and left arm numbness. Computed tomography (CT) cerebral perfusion is performed during the same session as a CTA head and neck to determine if patient is candidate for neuroendovascular intervention. A previously performed CT head without contrast did not demonstrate intracranial hemorrhage. ***Note: This is an add-on service. Only consider the additional work related to the performance of CT cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy.***	

CPT Code	Long Descriptor	Global Period
70473	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy	XXX
	Vignette	
	A 62-year-old male with proximal right middle cerebral artery thrombus is identified prior to transfer from an outside facility for thrombectomy. CTA head and neck was performed at the outside facility prior to transfer. CT cerebral perfusion performed upon arrival at thrombectomy facility to determine if penumbra present.	

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The societies of ACR & ASNR convened a panel of experts familiar with this service to evaluate the direct practice expense inputs for Computed Tomography Cerebral Perfusion, CPT codes 70472 and 70473.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   CPT code 0042T is the current code, however, this code has no current PE inputs. Therefore, the specialties have included CPT code 70460 *(Computed tomography, head or brain; with contrast material(s))* as reference code. This is because CT head perfusion is essentially a multi-timepoint CT head with contrast material.

NON-FACILITY DIRECT PE INPUTS

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SPECIALTY SOCIETY(IES): ACR & ASNR
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
Is this code(s) typically reported with the E/M service in the non-facility?

No.

See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

Radiology is the expected predominant provider in the nonfacility setting as well as dominant in the global setting. • 0042T – 99.3% in the global and 100.0% in the non-facility

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

70472 and 70473 are replacing 0042T which is being deleted. 0042T currently has no PE inputs. The specialties are recommending the appropriate supplies, labor and equipment inputs for 70472 and 70473.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 70472 and 70473
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

For 70473 only;

- **CA013 (Prepare room, equipment and supplies) –** The specialties are requesting two additional minutes (total of 4 minutes), which is typical for codes requiring contrast administration.
- **CA016 (Prepare, set-up and start IV, initial positioning and monitor of patient) –** Increase to 5 mins from 2 min standard. This extra time is necessary to ensure appropriate positioning of the patient for several reasons: (1) patient comfort to minimize the possibility of motion artifact; (2) to ensure that the entire head will remain in the field of view and (3) to ensure that the arms and other objects do not lead to artifacts such as beam hardening or quantum mottle; (4) to ensure appropriate positioning of the injector and support devices relative to the patient and (5) to ensure an adequate view of the IV site by the technologist to evaluate for extravasation during power injection.
- **CA030 (Technologist QC's images in PACS…) –** The specialties are requesting an additional minute (total of 3 minutes). In the CY 2017 Medicare Physician Fee Schedule (MPFS) final rule, CMS finalized a policy to establish a range of appropriate standard minutes for the clinical labor activity, "Technologist QCs images in PACS, checking for all images, reformats, and dose page." This establishes 2 minutes as the standard for the simple case, 3 minutes as the standard for the intermediate case—such as CT/MR, 4 minutes as the standard for the complex case, and 5 minutes as the standard for the highly complex case.

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

N/A

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

- Confirm availability of prior images/studies
- Review patient clinical extant information and questionnaire

    b. Service period (includes pre, intra and post):

- Greet patient, provide gowning, ensure appropriate medical records are available *(70473 only)*
- Provide education/obtain consent *(70473 only)*

CPT CODE(S): 70472 and 70473
SPECIALTY SOCIETY(IES): ACR & ASNR
PRESENTER(S): Andrew Moriarity, MD; Jacob Ormsby, MD, Melissa Chen, MD, Cindy Yuan, MD.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

- Prepare room, equipment and supplies *(70473 only)*
- Confirm order, protocol exam
- Prepare, set-up and start IV, initial positioning and monitoring of patient
- Perform procedure/service—NOT directly related to physician work time
- Clean room/equipment by clinical staff *(70473 only)*
- Technologist QC's images in PACS, checking for all images, reformats, and dose page
- Review examination with interpreting MD/DO
- Scan exam documents into PACS. Complete exam in RIS system to populate images into 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 related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Bring patient into CT room and assist patient onto CT table. Position patient's anatomy for anatomic coverage and comfort. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Obtain scout image. Confirm appropriate patient positioning to ensure adequate coverage of anatomic region and potential pathology. Adjust patient positioning if needed. Call radiologist to help determine area of coverage for temporal scan. Adjust any acquisition parameters. Instruct patient to hold still. Obtain repeated axial images. Confirm appropriate imaging coverage. The images are checked for quality and the above steps are repeated for any additional coverage needed. Post processing is performed by selecting the appropriate arterial input function on the acquired images. Multiple perfusion maps are generated from acquired images. Send the images from the console to the image archive. Explain to the patient that he/she will be receiving a letter and copy of the CT report shortly. Explain that if prior images need to be obtained, it may delay the interpretation of the CT. Mention to the patient that if he/she has any questions about the CT results, the patient should call the Radiology Department and ask to speak with one of the radiologists.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 70472 and 70473
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

18. Are you recommending a PE supply pack for this recommendation? (Yes) or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes, we are recommending SA114 (kit, contrast imaging), an established package, for 70473 only.

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

SA114	**Kit, Contrast Imaging**
	> gloves, non-sterile Quantity 1
	> angiocatheter 14g-24g, Quantity 1
	> heparin lock, Quantity 1
	> iv tubing (extension), Quantity 1
	> needle, 18-27g, Quantity 1
	> syringe 20ml, Quantity 1
	> sodium chloride (30ml), Quantity 1
	> swab-pad, alcohol, Quantity 1
	> KIT, IV STARTER
	>> tourniquet, Quantity 1
	>> swab-pad, alcohol, Quantity 1
	>> PVP ointment, Quantity 1
	>> PVP prep pad, Quantity 1
	>> gauze sponges (2x2), Quantity 2
	>> bandage (1x3"), Quantity 1
	>> sm roll of surgical tape, Quantity 1
	>> > gloves, non-sterile Quantity 1
	>> underpad 2'x3' (chux), Quantity 1

NON-FACILITY DIRECT PE INPUTS

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

• **Technologist PACS Workstation** [PACS formula]: Equal to the total clinical service period time • **Professional PACS Workstation Proxy (ED053)** [Other formula]: Equal to the physician work intra service time + ½ of the physician work pre-service time. • **Room, CT (EL007)** [Highly technical equipment formula]

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 70472 and 70473
SPECIALTY SOCIETY(IES): ACR & ASNR
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

For CPT code 70472, the specialties made the following revisions:

- **CA006, Confirm availability of prior images/studies –** Removed the 2 minutes.
- **CA007, Review patient clinical extant information and questionnaire** – Removed 1 minute.

These activities are duplicative, since 70472 is an add-on code.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	I	K	M	O	Q	S	U	W
1	**RUC Practice Expense Spreadsheet**					**CURRENT**	**RECOMMENDED**	**CURRENT**	**RECOMMENDED**	**RECOMMENDED**	**REFERENCE COD**	**CURRENT**	**RECOMMENDED**	**RECOMMENDED**
2						**70496**	**70496**	**70498**	**70498**	**70471**	**70460**	**0042T Deleted**	**70472**	**70473**
3		***RUC Collaboration Website***				Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and	Computed tomography, head or brain; with contrast material(s) **2019**	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography
4	**Clinical Activity Code**	**Meeting Date: September 2024 Revision Date (if applicable): Tab: 09 Specialty: ACR & ASNR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**									
5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 220.18**	**$ 222.85**	**$ 220.18**	**$ 222.85**	**$ 298.29**	**$ 108.87**	**$ -**	**$ 138.78**	**$ 222.49**
15		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 58.99**	**$ 46.40**	**$ 58.99**	**$ 46.40**	**$ 60.46**	**$ 28.12**	**$ -**	**$ 26.01**	**$ 46.40**
16		**PRE-SERVICE PERIOD**												
17		**Start: Following visit when decision for surgery/procedure made**												
18	CA001	Complete pre-service diagnostic and referral forms												
19	CA002	Coordinate pre-surgery services (including test results)												
20	CA003	Schedule space and equipment in facility												
21	CA004	Provide pre-service education/obtain consent												
22	CA005	Complete pre-procedure phone calls and prescription												
23	CA006	Confirm availability of prior images/studies	L046A	CT Technologi	0.703	2	2	2	2	2	2		**0**	2
24	CA007	Review patient clinical extant information and questionnaire	L046A	CT Technologi	0.703	2	1	2	1	1	1		**0**	1
25	CA008	Perform regulatory mandated quality assurance activity (pre-service)												
32		**End: When patient enters office/facility for surgery/procedure**												
33		**SERVICE PERIOD**												
34		**Start: When patient enters office/facility for surgery/procedure:**												
35		**Pre-Service (of service period)**												
36	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L041B	Radiologic Technologist	0.575	3		3						
37	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L046A	CT Technologi	0.703		3		3	3	3			3
38	CA010	Obtain vital signs												
39	CA011	Provide education/obtain consent	L046A	CT Technologi	0.703	2	3	2	3	3	3			3
40	CA012	Review requisition, assess for special needs												
41	CA013	Prepare room, equipment and supplies	L046A	CT Technologi	0.703	2	4	2	4	4	4			4
42	CA014	Confirm order, protocol exam	L046A	CT Technologi	0.703		1		1	1	1		1	1
43	CA015	Setup scope (nonfacility setting only)												
44	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L046A	CT Technologi	0.703	5	5	5	5	5	5		2	5
45	CA017	Sedate/apply anesthesia												
52		**Intra-service (of service period)**												
53	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L046A	CT Technologi	0.703	28		28						
54	CA019	Assist physician or other qualified healthcare professional---directly related to physician work												
55	CA020	Assist physician or other qualified healthcare professional---directly related to physician work												
56	CA021	Perform procedure/service---NOT directly related to physician work time	L046A	CT Technologi	0.703	33	38	33	38	58	12		30	38
57														
58														
59														
60		*Other activity: please include short clinical description here and type new in column A*												
61		*Other activity: please include short clinical description here and type new in column A*												
62		*Other activity: please include short clinical description here and type new in column A*												
63		**Post-Service (of service period)**												
64	CA022	Monitor patient following procedure/service, multitasking 1:4												
65	CA023	Monitor patient following procedure/service, no multitasking												
66	CA024	Clean room/equipment by clinical staff	L041B	Radiologic	0.575	3		3						
67	CA024	Clean room/equipment by clinical staff	L046A	CT Technologi	0.703		3		3	3	3			3
68	CA025	Clean scope												
69	CA026	Clean surgical instrument package												
70	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions												
71	CA028	Review/read post-procedure x-ray, lab and pathology reports												
72	CA029	Check dressings, catheters, wounds												
73	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L046A	CT Technologi	0.703	2	3	2	3	3	3		2	3
74	CA031	Review examination with interpreting MD/DO	L046A	CT Technologi	0.703	2	2	2	2	2	2		1	2
75	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into	L046A	CT Technologi	0.703	1	1	1	1	1	1		1	1
76	CA033	Perform regulatory mandated quality assurance activity (service period)												
77	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)												
78	CA035	Review home care instructions, coordinate visits/prescriptions												
79	CA036	Discharge day management				**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
80														
81														
82														
83		*Other activity: please include short clinical description here and type new in column A*												
84		*Other activity: please include short clinical description here and type new in column A*												
85		*Other activity: please include short clinical description here and type new in column A*												
86		**End: Patient leaves office/facility**												
87		**POST-SERVICE PERIOD**												

	A	B	D	E	F	G	I	K	M	O	Q	S	U	W
1	RUC Practice Expense Spreadsheet					CURRENT	RECOMMENDED	CURRENT	RECOMMENDED	RECOMMENDED	REFERENCE COD	CURRENT	RECOMMENDED	RECOMMENDED
2						70496	70496	70498	70498	70471	70460	0042T Deleted	70472	70473
3		*RUC Collaboration Website*				Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and	Computed tomography, head or brain; with contrast material(s) 2019	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography
4	Clinical Activity Code	Meeting Date: September 2024 Revision Date (if applicable): Tab: 09 Specialty: ACR & ASNR	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute									
5		LOCATION				Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
6		GLOBAL PERIOD				XXX	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ 220.18	$ 222.85	$ 220.18	$ 222.85	$ 298.29	$ 108.87	$ -	$ 138.78	$ 222.49
105	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT										
106		TOTAL COST OF SUPPLY QUANTITY x PRICE				$ 40.79	$ 23.31	$ 40.79	$ 23.31	$ 23.31	$ 6.78	$ -	$ 14.90	$ 23.31
107	SA019	kit, iv starter	1.07	kit							1			
108	SA114	Kit, Contrast Imaging	7.59	kit		1	1	1	1	1				1
109		> gloves, non-sterile Quantity 1												
110		> angiocatheter 14g-24g, Quantity 1												
111		> heparin lock, Quantity 1												
112		> iv tubing (extension), Quantity 1												
113		> needle, 18-27g, Quantity 1												
114		> syringe 20ml, Quantity 1												
115		> sodium chloride (30ml), Quantity 1												
116		> swab-pad, alcohol, Quantity 1												
117		**> KIT, IV STARTER**												
118		>> tourniquet, Quantity 1												
119		>> swab-pad, alcohol, Quantity 1												
120		>> PVP ointment, Quantity 1												
121		>> PVP prep pad, Quantity 1												
122		>> gauze sponges (2x2), Quantity 2												
123		>> bandage (1x3"), Quantity 1												
124		>> sm roll of surgical tape, Quantity 1												
125		>> > gloves, non-sterile Quantity 1												
126		>> underpad 2'x3' (chux), Quantity 1												
127	SB006	drape, non-sterile, sheet 40in x 60in	0.13	item							1			
128	SB026	gown, patient	0.59	item		1	1	1	1	1				1
129	SB036	paper, exam table	0.014	foot		7	7	7	7	7	7			7
130	SC001	angiocatheter 14g-24g	2.45	item							1			
131	SC012	heparin lock	0.46	item							1			
132	SC019	iv tubing (extension)	0.84	foot		3		3			1			
133	SC029	needle, 18-27g	0.04	item							1			
134	SC050	stop cock, 4-way	0.66	item		1		1						
135	SC053	syringe 20ml	0.83	item							1			
136	SC059	syringe, 25ml (MRI power injector)	13.2	item		1		1						
137	SC060	syringe, pressure (radiology)	11.51	item		1	1	1	1	1			1	1
138	SD212	tubing, sterile, connecting (fluid administration)	1.13	item		1		1						
139	SG079	tape, surgical paper 1in (Micropore)	0.01	inch		6	6	6	6	6				6
140	SH067	sodium chloride 0.9% inj (250-1000ml uou)	3.39	item		1	1	1	1	1			1	1
141	SH068	sodium chloride 0.9% inj bacteriostatic (30ml uou)	0.82	item							1			
142	SJ053	swab-pad, alcohol	0.04	item							1			
143	SK057	paper, laser printing (each sheet)	0.02	item		2		2						
144	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item			1		1	1				1
145														
146	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute									
147		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				$ 120.41	$ 153.15	$ 120.41	$ 153.15	$ 214.53	$ 73.98	$ -	$ 97.87	$ 152.78
148	EL007-90	room, CT	1429967.51	Highly Technical	3.010096821	40	50	40	50	70	24		32	50
149	ED032	printer, laser, paper	1014.25	Default	0.004018658	1		1						
150	ED050	Technologist PACS workstation	5557	PACS	0.022017924		63		63	83	37		37	63
151	ED053	Professional PACS Workstation	15467.671	Other Formula	0.061285948		21		21	33	15		12	15
152														
153														
154		*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.*												
156														
157														
158														
159														
160														
161														
162														
163														
164														
165														

	A	B	D	E	F	G	I	K	M	O	Q	S	U	W
1	**RUC Practice Expense Spreadsheet**					**CURRENT**	**RECOMMENDED**	**CURRENT**	**RECOMMENDED**	**RECOMMENDED**	**REFERENCE COD**	**CURRENT**	**RECOMMENDED**	**RECOMMENDED**
2						**70496**	**70496**	**70498**	**70498**	**70471**	**70460**	**0042T Deleted**	**70472**	**70473**
3		***RUC Collaboration Website***				Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and	Computed tomography, head or brain; with contrast material(s) **2019**	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography
4	**Clinical Activity Code**	**Meeting Date: September 2024** **Revision Date (if applicable):** **Tab: 09** **Specialty: ACR & ASNR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**									
5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 220.18**	**$ 222.85**	**$ 220.18**	**$ 222.85**	**$ 298.29**	**$ 108.87**	**$ -**	**$ 138.78**	**$ 222.49**
166														
167														
168														
169														
170														
171														
172														
173														
174														
175														
176														

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2024

Colon Motility Services – Tab 10

In April 2023, the Relativity Assessment Workgroup (RAW) identified codes 91120 and 91122 as reported together 75% or more based on 2021 Medicare claims data. The RUC noted that these services are reported together 95% of the time and the specialty societies should develop a code bundling solution via the CPT Editorial Panel. In May 2024, the CPT Editorial Panel added two codes to report rectal sensation testing and anal manometry with rectal sensation and balloon expulsion test, respectively. The two existing Category I codes 91120 and 91122 were deleted. The two new codes were surveyed for the September 2024 RUC meeting.

Compelling Evidence
The RUC agreed with the specialty societies that there is compelling evidence to support a change in physician work for the code family based on a documented change in technique/technology. When reviewing this family of services, the RUC considered that for 91124 there is documentation in clinical literature of an increase in barostat procedure time consistent with current RUC survey data. In the last 20 years since this code was created, there have been substantial updates to the protocols used for rectal sensation, tone and compliance testing (e.g., barostat) resulting in changes to physician time. Clinical literature references indicate that it takes 60 minutes of active physician time to perform barostat testing. In addition, in reviewing 91125, the RUC determined that there is documentation in the clinical literature of a change in anorectal manometry technology and technique from conventional water-perfusion manometry to high-resolution solid-state manometry. There have been substantial advances in anorectal manometry technology and technique in the last 20 years. In 1995, the standard or "conventional" manometry was performed using non-high resolution, water-perfused catheters. In 2007, high-resolution manometry was introduced in which solid-state catheters could record and display simultaneous and dynamic information from the whole anal canal and distal rectum. Improved spatial resolution and signal processing allowed for data to be displayed as spatiotemporal color-contour pressure topography plots rather than overlapping line tracings improving diagnostic yield and accuracy. The use of high-resolution anorectal manometry is now typical.

The RUC concurred that there is compelling evidence that the physician work for these services has changed due to change in physician technique/technology.

91124 ***Rectal sensation, tone, and compliance study (eg, barostat)***
The RUC reviewed the survey results from 68 gastroenterologists and colon and rectal surgeons and determined that the survey median work RVU of 3.05 appropriately accounts for the physician work involved in this infrequent service. The RUC recommends 10 minutes of pre-service time, 60 minutes of intra-service time and 15 minutes of immediate post-service time as supported by the survey. While the survey median pre-service evaluation time was 12 minutes, the specialties recommended 10 minutes for consistency with similar XXX global procedures. The specialties also noted the procedure requires more pre- and post-time than the related capsule codes in which patients swallow a capsule and then return a recording device several hours later. The 60 minutes intra-service time is comprised of active, collaborative, physical technical work that takes 50 minutes of combined physician and clinical staff time. There is an additional 40 minutes of clinical staff only time, during which patients are

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monitored for two 20 minute adaptation and equilibration periods, as well as an additional 10 minutes of physician-only time for cognitive interpretation.

The RUC compared CPT code 91124 to the top key reference service MPC code 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 total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.* (work RVU = 3.50 and 88 minutes total time) and noted that the reference service involves similar time and intensity, justifying the median work value for the surveyed code. The RUC also referenced the second key reference service code 91112 *Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report* (work RVU = 2.10, 40 minutes intra-service time and 60 minutes total time) and noted that the reference service requires much less intra-service time and total time, thus the surveyed code is appropriately valued higher.

For additional support, the RUC noted that CPT code 91124 is appropriately bracketed between MPC codes 99205 and 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 total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.* (work RVU = 2.60 and 60 minutes total time). It was further noted that at the median value, the surveyed code fits centrally in comparison to XXX global codes with similar intra-service time and total time.

The RUC concluded that CPT code 91124 should be valued at the median work RVU as supported by the survey and appropriately bracketed by both the key reference service codes and MPC codes. **The RUC recommends a work RVU of 3.05 for CPT code 91124.**

91125 ***Anorectal manometry, with rectal sensation and rectal balloon expulsion test, when performed***
The RUC reviewed the survey results from 76 gastroenterologists and colon and rectal surgeons and determined that the survey median work RVU of 2.70 appropriately accounts for the physician work involved in this service. CPT code 91125 is a new code for anorectal manometry, with rectal sensation and rectal balloon expulsion testing, and represents the bundling solution for deleted CPT codes 91120 *Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)* and 91122 *Anorectal manometry*.

The RUC recommends 10 minutes of pre-service time, 45 minutes of intra-service time and 15 minutes of immediate post-service time as supported by the survey. The intra-service time is comprised of 30 minutes to perform all the maneuvers of the digital rectal examination with the nurse (RN/LPN/MTA) present and 15 minutes of cognitive physician work to review and interpret the multiple components, images and quantitative measurements. CPT code 91125 has a physical technical component involving the insertion and manipulation of an anorectal catheter, not just a cognitive interpretation component like the related capsule codes (91112, 91113). Because of this, a more extensive review of the medical record and discussion with the patient is required to ensure that the maneuvers and protocols performed are safe and tailored to their individual history. More specific positioning is also required in terms of post time where patients swallow a capsule, and the data is uploaded hours later for physician interpretation and asynchronous communication with patients.

The RUC discussed the intensity of the surveyed code and agreed that the median value places it in the correct rank order with the related procedures that include: the smart pill, barostat, colon capsule, anorectal manometry, code capsule endoscopy, and the 99205 office visit.

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The RUC compared CPT code 91125 to the top key reference service code 91112 *Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report* (work RVU = 2.10, 40 minutes intra-service time and 60 minutes total time) and noted that the reference service requires less intra-service and total time and is less intense than the surveyed code. CPT code 91125 is considered more intense, with 95% of survey respondents who selected the reference code indicating that the surveyed code has more overall intensity/ complexity relative to the key reference code. The work related to 91112 is less intense and complex because it involves a swallowed capsule that passively captures transit and pressure measurements, while 91125 requires active participation from the physician to elicit and measure response to various maneuvers. The RUC also referenced the second key reference service code 91113 *Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report* (work RVU = 2.41, 45 minutes intra-service time and 60 minutes total time) and noted that the reference service involves similar work to 91125 but is less intense with less total time, justifying a higher work value for the surveyed code.

For additional support, the RUC noted that CPT code 91125 is appropriately bracketed between MPC codes 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 total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.* (work RVU = 2.60, 60 minutes total time) and 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 total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.* (work RVU = 2.80, 70 minutes total time).

The RUC concluded that CPT code 91125 should be valued at the median work RVU as supported by the survey and further, that the intensity at the median maintains relativity amongst the GI test codes. **The RUC recommends a work RVU of 2.70 for CPT code 91125.**

Practice Expense

The Practice Expense Subcommittee reviewed the direct practice expense inputs and made one modification to reallocate 3 minutes from the post-service activity CA040 *Perform additional positioning of patient* to the pre-service (of the service period) activity CA016 *Prepare, set-up and start IV, initial positioning and monitoring of patient*. The specialties explained that 30 minutes was requested for CA024 *Clean room/equipment by clinical staff* rather than CA025 *Clean scope* because a catheter is utilized as the "equipment," not a scope, although the work is similar. The PE Subcommittee accepted two new supply items for use in CPT codes 91124 and 91125, *Anorectal expulsion balloon* and S*heath, catheter.* The specialty societies explained the submission of three updated invoices for the separate components of EQ070 *barostat system, with hardware & software.* **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine **Psychiatric Diagnostic Procedures** **Other Psychiatric Services or Procedures**				
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*		
✚ *90913*		*each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)* *(Use 90913 in conjunction with 90912)* ~~(For testing of rectal sensation, tone and compliance, use 91120)~~ (For anorectal manometry with rectal sensation and rectal balloon expulsion, when performed, use 91125) *(For incontinence treatment by pulsed magnetic neuromodulation, use 53899)*		
Gastroenterology				
…				
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* (Do not report 91117 in conjunction with ~~91120, 91122~~91124, 91125) *(For wireless capsule pressure measurements, use 91112)*		
D91120	-	~~Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)~~ ~~(For biofeedback training, see 90912, 90913)~~ ~~(For anorectal manometry, use 91122)~~	~~XXX~~	~~(2024 Work RVU = 0.97)~~

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		(91120 has been deleted. To report rectal sensation, tone, and compliance study [eg, barostat], use 91124)		
D91122	-	~~Anorectal manometry~~ (91122 has been deleted. To report anorectal manometry with rectal sensation and rectal balloon expulsion, when performed, use 91125)	~~000~~	~~(2024 Work RVU = 1.77)~~
●91124	L1	Rectal sensation, tone, and compliance study (eg, barostat) (Do not report 91124 in conjunction with 91117, 91125) (For biofeedback training, see 90912, 90913) (For anorectal manometry, with rectal sensation and rectal balloon expulsion, when performed, use 91125)	XXX	3.05
●91125	L2	Anorectal manometry, with rectal sensation and rectal balloon expulsion test, when performed (Do not report 91125 in conjunction with 91117, 91124) (For rectal sensation, tone, and compliance study [eg, barostat], use 91124)	XXX	2.70
Category III Codes *0779T* *Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report* (Do not report 0779T in conjunction with ~~91020, 91022, 91112,~~ 91117, ~~91122,~~ 91132, 91133, 91124, 91125)				

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:91124 Tracking Number L1 Original Specialty Recommended RVU: **3.05**
Presented Recommended RVU: **3.05**
Global Period: XXX Current Work RVU: **NA** RUC Recommended RVU: **3.05**

CPT Descriptor: Rectal sensation, tone, and compliance study (eg, barostat)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35-year-old female presents with a three-year history of refractory constipation. She has no desire to defecate and manually disimpacts herself once a week. She has tried several prescription laxatives and suppositories without relief. Rectal examination suggests impaired rectal sensation as evidenced by a large amount of hard stool. Rectal sensation, tone, and compliance test (eg, barostat) is ordered for further evaluation.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient history and prior diagnostic studies. Review allergies and medications. Assess patient for relative contraindications, such as recent colorectal surgery, severe rectal inflammation, active rectal bleeding, and strictures. Educate patient about the nature of the procedure, why it is being performed, and possible complications. Confirm that patient has appropriately prepared for the procedure (e.g. fasting, medication guidance and rectal cleansing). Verify that equipment is available and operational. Supervise patient positioning.

Description of Intra-Service Work: Perform a digital rectal examination. Insert a probe with a highly compliant balloon connected to a computerized distending device into the rectum and tape in position. After the adaptation period to stabilize anal tone, measure basal tone. Perform stepwise graded balloon distention to determine minimal distending pressure and set operating pressure. Perform a conditioning distention followed by an equilibration period. Perform ascending isobaric distensions to assess rectal pressure-volume relationships and calculate compliance. Perform random order phasic isobaric distensions while patient signals perception of sensations (e.g. gas, urgency, discomfort and pain) to identify sensory thresholds. Perform a stimulus (e.g. pharmacological) to assess rectal contractile and sensory responses. Deflate and remove probe and balloon. Review tracings, quantitative measurements and qualitative thresholds to identify disorders of rectal tone, compliance and visceral sensitivity. Formulate interpretation.

Description of Post-Service Work: Assess patient's condition and monitor for any complications. Prepare a report and enter it into the electronic medical record. Communicate the findings to the patient and send a copy of the report to the referring physician. Contact the referring physician to discuss the findings as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Patricia Garcia, MD (AGA RUC Advisor); Shivan Mehta, MD (AGA RUC Alternate Advisor); Braden Kuo, MD (AGA CPT Advisor and motility expert); R. Bruce Cameron, MD (ACG RUC Advisor); Seth Gross, MD (ASGE RUC Advisor); Vivek Kaul, MD (ASGE RUC Alternate Advisor); Kelly Tyler, MD (ASCRS RUC Advisor); Stephen Sentovich (ASCRS RUC Alternate Advisor)					
Specialty Society(ies):	ACG, AGA, ASGE, ASCRS					
CPT Code:	91124					
Sample Size:	3457	**Resp N:**	68			
Description of Sample:	The ACG, AGA, ASGE and ASCRS used a Random Sample of Applicable Subset(s). The ACG, AGA and ASGE obtained a 1,500 random sample of the American Neurogastroenterology and Motility Society (ANMS) membership, resulting in 1,482 successful deliveries, minus bounce-backs. ASCRS performed a 2,000 member random sample of their membership, including members of the pelvic floor consortium, resulting in 1,975 successful deliveries minus bounce-backs.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**3.00**	17.00	200.00
Survey RVW:	0.70	2.90	**3.05**	3.25	4.10
Pre-Service Evaluation Time:			**12.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	50.00	**60.00**	70.00	120.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	91124	**Recommended Physician Work RVU: 3.05**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**15.00**	**0.00**	**15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99205	XXX	3.50	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
91112	XXX	2.10	**RUC Time**

CPT Descriptor Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99204	XXX	2.60	**RUC Time**	11,327,040

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 moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99205	XXX	3.50	**RUC Time**	2,914,133

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 high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 48 **% of respondents:** 70.5 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 17.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 91124	Top Key Reference CPT Code: 99205	2nd Key Reference CPT Code: 91112
Median Pre-Service Time	10.00	14.00	5.00
Median Intra-Service Time	60.00	59.00	40.00
Median Immediate Post-service Time	15.00	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
Median Total Time	**85.00**	**88.00**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	6%	59%	33%	2%	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	61%	35%	4%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	2%	10%	88%
Physical effort required	2%	4%	94%

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	71%	25%	4%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	17%	25%	58%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	8%	92%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	8%	92%
Physical effort required	0%	25%	75%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	17%	75%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In April 2023, the Relativity Assessment Workgroup (RAW) of the RUC identified three code pairs for services performed by the same physician on the same date of service 75% of the time or more, including CPT codes 91120 and 91122. According to the RUC database, CPT code 91120 Global & 26 modifier was billed 9,330 in 2022 and it was reported together with 91122 96.1% of the time. CPT code 91122 Global & 26 modifier was billed 17,726 in 2022 and it was reported together with 91120 50.5% of the time.

The RUC determined that the ACG, AGA and ASGE should submit a CPT application that reflected a bundled code that includes anorectal manometry with sensation testing. The CPT Editorial Panel accepted a proposal at the May 2024 CPT Editorial Panel meeting to add new Category I CPT codes to report testing for rectal sensation, tone and compliance (91124) and anorectal manometry (91125) and delete codes 91120 and 91122. These new codes reflect the bundled services that the RUC requested with updates to reflect the way the services are currently performed.

Our multi-specialty consensus panel reviewed the survey data for codes 91124 and 91125 comparing the data and work RVUs (wRVUs) to the current data for similar XXX-day global codes.

Overall Compelling Evidence for Tab 10

We offer the following compelling evidence arguments for Tab 10 which are explained in detail below, organized by code:

- Documentation in clinical literature of an increase in barostat procedure time consistent with current survey data (91124)
- Documentation in clinical literature of a change in anorectal manometry technology and technique from conventional water-perfusion manometry to high-resolution solid-state manometry (91125)
- Evidence that incorrect assumptions were made in the previous valuation of the 91120 and 91122 services:
    - Flawed survey methodology
        - The intra-service time descriptions for 91120 were written ambiguously as reflected in the intra-service time description which has features unique to barostat ("the balloon was connected to a computerized distending device") but also features unique to anorectal manometry ("while being monitored, the patient is asked to defecate the balloon").
        - The value assigned to 91120 in 2004 was based on codes whose values were created from a building block methodology rather than survey data.
        - The 1995 survey for 91122 had only 4 responses.

Compelling Evidence for 91124 (barostat)

Code 91120 was created in 2004. In the last 20 years, there have been substantial updates to the protocols used for rectal sensation, tone and compliance testing (eg barostat) resulting in changes to physician time. The studies below indicate that it takes 60 minutes of active physician time to perform barostat testing.

- Vanhoutvin SA, Troost FJ, Kilkens TO, Lindsey PJ, Hamer HM, Jonkers DM, Venema K, Brummer RJ. The effects of butyrate enemas on visceral perception in healthy volunteers. Neurogastroenterol Motil. 2009 Sep;21(9):952-e76. doi: 10.1111/j.1365-2982.2009.01324.x. Epub 2009 May 19. PMID: 19460106
- Fox M, Thumshirn M, Fried M, Schwizer W. Barostat measurement of rectal compliance and capacity. Dis Colon Rectum. 2006 Mar;49(3):360-70. doi: 10.1007/s10350-005-0295-2. PMID: 16421659.
- Gladman MA, Dvorkin LS, Lunniss PJ, et al. Rectal hyposensitivity: a disorder of the rectal wall or the afferent pathway? An assessment using the barostat. American Journal of Gastroenterology 2005;100:106-14.

Here is an excerpt from Vanhoutvin *et al* 2009:

> *The barostat protocol consisted of four subprotocols, each designed for the measurement of specific parameters of interest.*
>
> *Balloon unfolding This part of the protocol consisted of one single distension at a balloon pressure of **20mmHg for 1 min**, to ensure that the balloon was placed correctly without folds that may impair the airflow.*
>
> *Minimal distension pressure The second part of the protocol consisted of a staircase distension protocol with **pressure steps of 1 mmHg with a duration of 30s each and a range from 0 to 20mmHg.** The minimal distension pressure (MDP), which is the minimal balloon pressure needed to overcome the intra-abdominal pressure, was defined as the first pressure at which respiratory curves were present in the volume recording of*

the balloon. The entire protocol was performed up to the 20mmHg pressure in all subjects as a sensitization step prior to the compliance and perception measurements. The obtained MDP value was set to zero as a reference point. During this protocol, the volunteers were asked to report the moment at which they could sense the balloon for the first time. This pressure was defined as the threshold for first sensation.

Compliance Directly after finishing the MDP measurements, the third part of the protocol was initiated. This part of the protocol, designed for compliance measurement, which represents the elasticity of the rectum in mL mmHg−1, consisted of a staircase distension protocol with ***pressure steps of 3 mmHg with a duration of 30s each and a range of 0–33 mmHg.***

Visceral perception Subsequently, the distension protocol of the visceral perception measurements was initiated. This protocol consisted of ***semi-random distensions (at 4, 13, 10, 19, 16, 25, 22, 31, 28, 37, 34, 43, 40, 49, 46, 55, 52, 61, 58, 67, 64, 71mmHg above MDP respectively) with a duration of 1 min each, interspaced with 30-s intervals at MDP.*** *Thirty seconds after the start of each distension, volunteers scored the sensation of pain and discomfort on a 10-cm visual analogue scale (VAS) and urge on a six-point scale (0=no feeling, 1=just sensible, 2=clearly sensible/light urge, 3=normal urge, 4=strong urge/have to run to toilet, 5=maximum/stop) represented by six buttons on an electronic control panel (distender II perception panel),18,19 which was directly linked to the barostat equipment. The procedure was stopped when the maximum score for pain, urge or discomfort was reached.*

The aggregated time for this protocol as highlighted in bold is as follows: balloon unfolding (**1 minute**) + minimal distention pressure (20 pressure steps x 30s each = **10 minutes**) + compliance (11 pressure steps x 30s each = **5.5 minutes**) + visceral perception (22 distentions x (1 minute duration + 30s rest interval) = **33 minutes**) = **49.5 minutes**. When considering time for intraprocedural patient instruction, transitions between subprotocols, and physician interpretation of qualitative and quantitative measurements, this aligns well with the survey data indicating an intra-service time of 60 minutes.

We also question the original methodology used to value 91120. The intra-service time descriptions were written ambiguously. This ambiguity is reflected in the intra-service time description for 91120 which has features unique to barostat ("the balloon was connected to a computerized distending device") but also features unique to anorectal manometry ("while being monitored, the patient is asked to defecate the balloon"). The creation of new code numbers (91124 and 91125), that represent nonoverlapping intra-service work, along with CCI edits preventing concurrent reporting, is our effort to correct the flawed descriptions used in 2004.

Additionally, the RUC Rationale from the RUC database indicates that the RUC decided that 91120 was clinically similar to 91034 and 91037 and crosswalked its value to those codes. However, 91034 and 91037 were not valued consistent with current RUC methodology. The RUC set the value for 91034 and 91037 based on a building block methodology and no intra-service time for 91037 is listed in the RUC database under the RUC Survey Data tab. Therefore, the value assigned to 91120 in 2004 was based on codes whose values were created from a building block methodology rather than survey data.

91037 RUC Rationale from the RUC database: CPT created four new codes and deleted two existing codes to describe a new method of monitoring intra-esophageal pH levels. This new technology is a telemetry-based system for measuring acid reflux involving the placement of a monitoring capsule that is temporarily inserted and attached to the patient's esophagus. The capsule monitors the presence of acid and transmits pH levels via radiofrequency telemetry to an external receiver that the patient wears for up to 72 hours. Current codes do not accurately describe this procedure...

91034 and 91037
The RUC identified other codes that would serve as a proxy for the pre and post service work for codes 91034 Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation and 91037, Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation. The RUC agreed that the preservice work for all four codes under review was equivalent to a 99212 Office or other outpatient visit for the evaluation and management of an established patient (work RVU= .45; total time=15 minutes). The post service work was equated to the physician interpretation work associated with code 93224 Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; includes recording, scanning analysis with report, physician review and interpretation (work RVU= .52; total

time16 minutes). **Therefore, the recommended RVU and physician time would be a combination of the values from these two reference codes (.45 + .52 = .97 and 15 minutes + 16 minutes =31 minutes). The RUC recommends a work RVU of .97 and total physician time of 31 minutes for codes 91034 and 91037**

91120 RUC Rationale from the RUC database: The RUC reviewed the specialty's survey results for 91120 Rectal sensation, tone, and compliance test (ie, response to graded balloon distention). The survey respondents recommended a median work RVU of 2.0, a 25th percentile work RVU of 1.70 and low work RVU of 1.30. The survey respondents indicated that 91120 was comparable to the reference service code 91122 Anorectal manometry (Work RVU=1.77). However, the specialty society indicated that the reference code 91122 is not a good comparison when examining service time and intensity associated with this code. Accordingly, the specialty society based the values on the work value assigned to codes presented at the January 2004 RUC meeting, 91034 Esophagus, gastroesophageal reflux test, with nasal catheter PH electrode(s), recording, analysis and interpretation (Work RVU=0.97) and 91037 Esophageal function test, with nasal catheter intraluminal impedance electrode(s) recording, analysis and interpretation (Work RVU=0.97). The RUC felt that these codes were comparable in terms of the time and intensity. In addition, this valuation will keep this family of diagnostic codes in the proper rank order. The RUC recommends adjusting the physician pre-service time to 15 minutes, the intra-service time of 15 minutes and the post-service time of 15 minutes, totaling 45 minutes. Therefore, the RUC recommends a work RVU of 0.97 and total physician time of 45 minutes for code 91120.

Based on documentation in clinical literature of procedure time consistent with the current survey data and previous flawed methodology used in establishing the 2004 value for 91120, we believe 91124 meets compelling evidence for consideration of a physician work RVU of 3.05 RVUs.

Compelling Evidence for 91125 (anorectal manometry)
Code 91122 was last reviewed by the RUC in 1995 with a survey sample size of 13 and 4 responses; using 4 responses to determine times and values would not be accepted under current methodology.

In addition, there have been substantial advances in anorectal manometry technology and technique in the last 20 years. In 1995, the standard or “conventional” manometry was performed using non-high resolution, water-perfused catheters with 3-6 widely spaced unidirectional sensors. This catheter was moved in and out of the anorectum using the “pull through” technique mentioned in the intra-service work description for 91122 in the RUC database. This movement would generate pressure line-tracings that were interpreted separately to reflect anal and rectal pressures. In 2007, high-resolution manometry was introduced in which solid-state catheters now with up to 256 closely-spaced circumferential sensors could record and display simultaneous and dynamic information from the whole anal canal and distal rectum. Improved spatial resolution and signal processing allowed for data to be displayed as spatiotemporal color-contour pressure topography plots rather than overlapping line tracings improving diagnostic yield and accuracy (Dinning et al, 2015). At this time, greater than 50% of institutions worldwide and 75% in North and South America are using high-resolution anorectal manometry (Carrington et al, 2017) highlighting that the work described in 91122 is no longer typical.

- Carrington EV, Heinrich H, Knowles CH, Rao SS, Fox M, Scott SM; International Anorectal Physiology Working Party Group (IAPWG). Methods of anorectal manometry vary widely in clinical practice: Results from an international survey. Neurogastroenterol Motil. 2017 Aug;29(8):e13016. doi: 10.1111/nmo.13016. Epub 2017 Jan 18. PMID: 28101937.
- Dinning PG, Carrington EV, Scott SM. The use of colonic and anorectal high-resolution manometry and its place in clinical work and in research. Neurogastroenterol Motil. 2015 Dec;27(12):1693-708. doi: 10.1111/nmo.12632. Epub 2015 Jul 30. PMID: 26224550.

Based on documentation in clinical literature of a change in technology and technique and a flawed survey methodology with only 4 responses when 91122 was surveyed in 1995, we believe 91125 meets compelling evidence for consideration of a physician work RVU of 2.70 RVUs.

91124 – Discussion and Recommendation
Code 91124 is a new code for rectal sensation, tone, and compliance study (eg, barostat) that was approved by the CPT Editorial Panel at its May 2024 meeting. The ACG, AGA, ASGE and ASCRS conducted a survey for the September 2024 RUC meeting and received 68 responses.

We recommend the survey median **wRVU of 3.05**.

Pre- time: 10 minutes. While the survey median pre-service evaluation is 12 minutes, we recommend 10 minutes for consistency with similar XXX-day procedures.

Post-time: 15 minutes of immediate post-service time, reflecting the survey median.

Intra-service time: 60 minutes is appropriate, reflecting the survey median.

Key Reference Services
Two reference services were selected more often than others: 99205 and 91112. However, code 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 total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.*) was selected most often (48/68).

Comparison to other GI tests:
When organized by IWPUT and using the median RVU, the new codes for barostat testing (91124) and anorectal manometry (91125) fit logically between the most similar GI test codes.

			RUC Review			RVW					Total	PRE-TIME			INTRA-TIME					IMMD
CPT	DESC	Global	Year	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	XXX	Apr-12	0.041	0.035			2.10			60	5					40			15
91XX1	Rectal sensation, tone, and compliance study (eg, barostat)	XXX		0.042	0.036			3.05			85	10					60			15
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	XXX	Jan-21	0.046	0.040			2.41			60	5					45			10
91XX2	Anorectal manometry, with rectal sensation and rectal balloon expulsion test, when performed	XXX		0.048	0.039			2.70			70	10					45			15
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	XXX	Jan-21	0.048	0.041			2.24			55	5					40			10

Comparison to XXX-day global codes with similar intra-service time and total time:

CPT Code	Long Desc	Global	Work RVU	Pre pkg	Pre Eval Time	Pre Pos Time	Pre SDW Time	Intra Time	Immed Post Time	Total Time	Time Source	Most Recent RUC Review	IWPUT	MPC	2022 Medicare Util
99465	Delivery/birthing room resuscitation, provision of	XXX	2.93		5			45	10	60	RUC	1993-11	0.0576		
75559	Cardiac magnetic resonance imaging for morphology and	XXX	2.95		15			50	10	75	RUC	2007-04	0.0478		27
01951	Anesthesia for second- and third-degree burn excision or	XXX	3.00		15			60	20	95	RUC	2000-10			733
75563	Cardiac magnetic resonance imaging for morphology and	XXX	3.00		12.5			60	10	82.5	RUC	2007-04	0.0416		5016
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	XXX	3.00	XXX	18			60	30	108	RUC	2012-04	0.0321		1530
95912	Nerve conduction studies; 11-12 studies	XXX	3.00	XXX	15			60	15	90	RUC	2012-04	0.0388		69835
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental	XXX	3.00	XXX	15			60	15	90	RUC	2015-04	0.0388		22
91XX2	**Rectal sensation, tone, and compliance study (eg, barostat)**	**XXX**	**3.05**	**XXX**	**10**			**60**	**15**	**85**		**2024-09**	**0.0415**		
77263	Therapeutic radiology treatment planning; complex	XXX	3.14	XXX	7			60	15	82	RUC	2016-04	0.0441		280552
G9485	Remote in-home visit for the evaluation and management of a	XXX	3.17		7			45	15	67	CMS/Other		0.0595		73
G9982	Remote in-home visit for the evaluation and management of a	XXX	3.17		7			45	15	67	CMS/Other		0.0595		
90839	Psychotherapy for crisis; first 60 minutes	XXX	3.28	XXX	10			60	20	90	RUC	2013-04	0.0435	Yes - HCPAC	18399
50329	Backbench reconstruction of cadaver or living donor renal	XXX	3.34					45		45	RUC	2004-04	0.0742		273
G0079	Comprehensive (60 minutes) care management home visit for a new	XXX	3.38		15			60	25	100	CMS/Other		0.0414		5
G2004	Comprehensive (60 minutes) in-home visit for a new patient post-	XXX	3.38		15			60	25	100	CMS/Other		0.0414		6
96020	Neurofunctional testing selection and administration during	XXX	3.43		10			60	10	80	RUC	2006-02	0.0497		787
90837	Psychotherapy, 60 minutes with patient	XXX	3.47	XXX	5			60	10	75	RUC	2012-04	0.0522		6073697
99205	Office or other outpatient visit for the evaluation and management	XXX	3.50	XXX	14			59	15	88	RUC-CMS Revised	2019-04	0.0483	Yes	2914133
99306	Initial nursing facility care, per day, for the evaluation and	XXX	3.50	XXX	15			50	15	80	RUC	2021-04	0.0566	Yes	1243890
50328	Backbench reconstruction of cadaver or living donor renal	XXX	3.50					45		45	RUC	2004-04	0.0778		830
75959	Placement of distal extension prosthesis(s) (delayed) after	XXX	3.50		20			45	20	85	RUC	2005-04	0.0579		142

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) 91120

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty Colorectal Surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 300
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated commercial volume for 91124 is based on feedback from experts who perform the procedure and volume in the past 12 months as reported by survey takers. National volume is estimated to be three times Medicare, which we estimated at 100 per year.

Specialty Gastroenterology Frequency 164 Percentage 54.66 %

Specialty Colorectal Surgery Frequency 30 Percentage 10.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 100
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare volume for 91124 is based on feedback from experts who perform the proceduer and volume in the past 12 months as reported by survey takers.

Specialty Gastroenterology Frequency 55 Percentage 55.00 %

Specialty Colorectal Surgery Frequency 10 Percentage 10.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:

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. 91120

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:91125 Tracking Number L2 Original Specialty Recommended RVU: **2.70**
Presented Recommended RVU: **2.70**
Global Period: XXX Current Work RVU: **N/A** RUC Recommended RVU: **2.70**

CPT Descriptor: Anorectal manometry, with rectal sensation and rectal balloon expulsion test, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old female has noted worsening constipation and fecal incontinence. Despite trials of both laxatives and anti-diarrheals, she continues to have symptoms. Blood tests and a colonoscopy were normal. An anorectal manometry is ordered to evaluate anorectal function.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient history and prior diagnostic studies. Review allergies and medications. Assess patient for relative contraindications, such as recent colorectal surgery, severe rectal inflammation, active rectal bleeding, and strictures. Educate patient about the nature of the procedure, why it is being performed, and possible complications. Confirm that the patient has appropriately prepared for the procedure (e.g. fasting, medication guidance, and rectal cleansing). Verify that equipment is available and operational. Supervise patient positioning.

Description of Intra-Service Work: Perform digital rectal examination. Insert lubricated anorectal manometry catheter, identify anatomic landmarks, and proceed with insertion such that rectal balloon is located at least 3-5 cm above the upper border of the anal canal. Allow for an adaptation period to stabilize anal tone. Measure basal anal resting tone. Perform voluntary anal squeeze maneuvers separated by recovery intervals to evaluate anal contractility. Perform an endurance squeeze followed by a recovery interval. Perform cough maneuvers to evaluate anorectal cough reflex. Perform simulated defecation push maneuvers separated by recovery intervals to evaluate rectal propulsive pressure and anal sphincter contractile response. Perform a series of rapid rectal distentions to assess rectoanal inhibitory reflex. Identify sensory thresholds by performing progressive balloon distentions while patient reports sensations (e.g. first sensation, desire to defecate, urgency, and discomfort). Perform balloon expulsion testing to evaluate evacuation. Review images, quantitative measurements and qualitative thresholds to identify disorders of rectoanal inhibitory reflex, anal tone and contractility, rectoanal coordination, and/or rectal sensation. Apply hierarchical criteria to indicate clinical relevance of findings and formulate interpretation.

Description of Post-Service Work: Assess patient's condition and monitor for any complications. Prepare a report and enter it into the electronic medical record. Communicate the findings to the patient and send a copy of the report to the referring physician. Contact the referring physician to discuss the findings as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024					
Presenter(s):	Patricia Garcia, MD (AGA RUC Advisor); Shivan Mehta, MD (AGA RUC Alternate Advisor); Braden Kuo, MD (AGA CPT Advisor and motility expert); R. Bruce Cameron, MD (ACG RUC Advisor); Seth Gross, MD (ASGE RUC Advisor); Vivek Kaul, MD (ASGE RUC Alternate Advisor); Kelly Tyler, MD (ASCRS RUC Advisor); Stephen Sentovich (ASCRS RUC Alternate Advisor)					
Specialty Society(ies):	ACG, AGA, ASGE, ASCRS					
CPT Code:	91125					
Sample Size:	3457	**Resp N:**	76			
Description of Sample:	The ACG, AGA, ASGE and ASCRS used a Random Sample of Applicable Subset(s). The ACG, AGA and ASGE obtained a 1,500 random sample of the American Neurogastroenterology and Motility Society (ANMS) membership, resulting in 1,482 successful deliveries, minus bounce-backs. ASCRS performed a 2,000 member random sample of their membership, including members of the pelvic floor consortium, resulting in 1,975 successful deliveries minus bounce-backs.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	40.00	**100.00**	250.00	1150.00
Survey RVW:	0.80	2.40	**2.70**	2.76	6.10
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	40.00	**45.00**	52.00	85.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	91125	**Recommended Physician Work RVU: 2.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**15.00**	**0.00**	**15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
91112	XXX	2.10	**RUC Time**

CPT Descriptor Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
91113	XXX	2.41	**RUC Time**

CPT Descriptor Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99204	XXX	2.60	**RUC Time**	12,303,054

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 moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99215	XXX	2.80	**RUC Time**	11,327,040

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 60 **% of respondents:** 78.9 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 6.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 91125	**Top Key Reference CPT Code:** 91112	**2nd Key Reference CPT Code:** **91113**
Median Pre-Service Time	10.00	5.00	5.00
Median Intra-Service Time	45.00	40.00	45.00
Median Immediate Post-service Time	15.00	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
Median Total Time	**70.00**	**60.00**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	5%	37%	58%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	10%	90%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	5%	95%
Physical effort required	2%	3%	95%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	7%	93%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	40%	60%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	20%	80%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	0%	100%
Physical effort required	0%	40%	60%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	20%	80%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In April 2023, the Relativity Assessment Workgroup (RAW) of the RUC identified three code pairs for services performed by the same physician on the same date of service 75% of the time or more, including CPT codes 91120 and 91122. According to the RUC database, CPT code 91120 Global & 26 modifier was billed 9,330 in 2022 and it was reported together with 91122 96.1% of the time. CPT code 91122 Global & 26 modifier was billed 17,726 in 2022 and it was reported together with 91120 50.5% of the time.

The RUC determined that the ACG, AGA and ASGE should submit a CPT application that reflected a bundled code that includes anorectal manometry with sensation testing. The CPT Editorial Panel accepted a proposal at the May 2024 CPT Editorial Panel meeting to add new Category I CPT codes to report testing for rectal sensation, tone and compliance (91124) and anorectal manometry (91125) and delete codes 91120 and 91122. These new codes reflect the bundled services that the RUC requested with updates to reflect the way the services are currently performed.

A multi-specialty consensus panel of gastroenterologists and colon and rectal surgeons reviewed the survey data for codes 91124 and 91125 comparing the data and work RVUs (wRVUs) to the current data for similar XXX-day global codes.

Overall Compelling Evidence for Tab 10

We offer the following compelling evidence arguments for Tab 10 which are explained in detail below, organized by code:

- Documentation in clinical literature of an increase in barostat procedure time consistent with current survey data (91124)
- Documentation in clinical literature of a change in anorectal manometry technology and technique from conventional water-perfusion manometry to high-resolution solid-state manometry (91125)
- Evidence that incorrect assumptions were made in the previous valuation of the 91120 and 91122 services:
  - Flawed survey methodology
    - The intra-service time descriptions for 91120 were written ambiguously as reflected in the intra-service time description which has features unique to barostat ("the balloon was connected to a computerized distending device") but also features unique to anorectal manometry ("while being monitored, the patient is asked to defecate the balloon").
    - The value assigned to 91120 in 2004 was based on codes whose values were created from a building block methodology rather than survey data.
    - The 1995 survey for 91122 had only 4 responses.

Compelling Evidence for 91124 (barostat)

Code 91120 was created in 2004. In the last 20 years, there have been substantial updates to the protocols used for rectal sensation, tone and compliance testing (eg barostat) resulting in changes to physician time. The studies below indicate that it takes 60 minutes of active physician time to perform barostat testing.

- Vanhoutvin SA, Troost FJ, Kilkens TO, Lindsey PJ, Hamer HM, Jonkers DM, Venema K, Brummer RJ. The effects of butyrate enemas on visceral perception in healthy volunteers. Neurogastroenterol Motil. 2009 Sep;21(9):952-e76. doi: 10.1111/j.1365-2982.2009.01324.x. Epub 2009 May 19. PMID: 19460106
- Fox M, Thumshirn M, Fried M, Schwizer W. Barostat measurement of rectal compliance and capacity. Dis Colon Rectum. 2006 Mar;49(3):360-70. doi: 10.1007/s10350-005-0295-2. PMID: 16421659.
- Gladman MA, Dvorkin LS, Lunniss PJ, et al. Rectal hyposensitivity: a disorder of the rectal wall or the afferent pathway? An assessment using the barostat. American Journal of Gastroenterology 2005;100:106-14.

Here is an excerpt from Vanhoutvin *et al* 2009:

The barostat protocol consisted of four subprotocols, each designed for the measurement of specific parameters of interest.

*Balloon unfolding This part of the protocol consisted of one single distension at a balloon pressure of **20mmHg for 1 min**, to ensure that the balloon was placed correctly without folds that may impair the airflow.*

*Minimal distension pressure The second part of the protocol consisted of a staircase distension protocol with **pressure steps of 1 mmHg with a duration of 30s each and a range from 0 to 20mmHg.** The minimal distension pressure (MDP), which is the minimal balloon pressure needed to overcome the intra-abdominal*

pressure, was defined as the first pressure at which respiratory curves were present in the volume recording of the balloon. The entire protocol was performed up to the 20mmHg pressure in all subjects as a sensitization step prior to the compliance and perception measurements. The obtained MDP value was set to zero as a reference point. During this protocol, the volunteers were asked to report the moment at which they could sense the balloon for the first time. This pressure was defined as the threshold for first sensation.

Compliance Directly after finishing the MDP measurements, the third part of the protocol was initiated. This part of the protocol, designed for compliance measurement, which represents the elasticity of the rectum in mL mmHg−1, consisted of a staircase distension protocol with ***pressure steps of 3 mmHg with a duration of 30s each and a range of 0–33 mmHg.***

Visceral perception Subsequently, the distension protocol of the visceral perception measurements was initiated. This protocol consisted of ***semi-random distensions (at 4, 13, 10, 19, 16, 25, 22, 31, 28, 37, 34, 43, 40, 49, 46, 55, 52, 61, 58, 67, 64, 71mmHg above MDP respectively) with a duration of 1 min each, interspaced with 30-s intervals at MDP.*** *Thirty seconds after the start of each distension, volunteers scored the sensation of pain and discomfort on a 10-cm visual analogue scale (VAS) and urge on a six-point scale (0=no feeling, 1=just sensible, 2=clearly sensible/light urge, 3=normal urge, 4=strong urge/have to run to toilet, 5=maximum/stop) represented by six buttons on an electronic control panel (distender II perception panel),18,19 which was directly linked to the barostat equipment. The procedure was stopped when the maximum score for pain, urge or discomfort was reached.*

The aggregated time for this protocol as highlighted in bold is as follows: balloon unfolding (**1 minute**) + minimal distention pressure (20 pressure steps x 30s each = **10 minutes**) + compliance (11 pressure steps x 30s each = **5.5 minutes**) + visceral perception (22 distentions x (1 minute duration + 30s rest interval) = **33 minutes**) = **49.5 minutes**. When considering time for intraprocedural patient instruction, transitions between subprotocols, and physician interpretation of qualitative and quantitative measurements, this aligns well with the survey data indicating an intra-service time of 60 minutes.

We also question the original methodology used to value 91120. The intra-service time descriptions were written ambiguously. This ambiguity is reflected in the intra-service time description for 91120 which has features unique to barostat ("the balloon was connected to a computerized distending device") but also features unique to anorectal manometry ("while being monitored, the patient is asked to defecate the balloon"). The creation of new code numbers (91124 and 91125), that represent nonoverlapping intra-service work, along with CCI edits preventing concurrent reporting, is our effort to correct the flawed descriptions used in 2004.

Additionally, the RUC Rationale from the RUC database indicates that the RUC decided that 91120 was clinically similar to 91034 and 91037 and crosswalked its value to those codes. However, 91034 and 91037 were not valued consistent with current RUC methodology. The RUC set the value for 91034 and 91037 based on a building block methodology and no intra-service time for 91037 is listed in the RUC database under the RUC Survey Data tab. Therefore, the value assigned to 91120 in 2004 was based on codes whose values were created from a building block methodology rather than survey data.

91037 RUC Rationale from the RUC database: CPT created four new codes and deleted two existing codes to describe a new method of monitoring intra-esophageal pH levels. This new technology is a telemetry-based system for measuring acid reflux involving the placement of a monitoring capsule that is temporarily inserted and attached to the patient's esophagus. The capsule monitors the presence of acid and transmits pH levels via radiofrequency telemetry to an external receiver that the patient wears for up to 72 hours. Current codes do not accurately describe this procedure...

91034 and 91037
The RUC identified other codes that would serve as a proxy for the pre and post service work for codes 91034 Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation and 91037, Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation. The RUC agreed that the preservice work for all four codes under review was equivalent to a 99212 Office or other outpatient visit for the evaluation and management of an established patient (work RVU= .45; total time=15 minutes). The post service work was equated to the physician interpretation work associated with code 93224 Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning;

includes recording, scanning analysis with report, physician review and interpretation (work RVU= .52; total time16 minutes). **Therefore, the recommended RVU and physician time would be a combination of the values from these two reference codes (.45 + .52 = .97 and 15 minutes + 16 minutes =31 minutes). The RUC recommends a work RVU of .97 and total physician time of 31 minutes for codes 91034 and 91037**

91120 RUC Rationale from the RUC database: The RUC reviewed the specialty's survey results for 91120 Rectal sensation, tone, and compliance test (ie, response to graded balloon distention). The survey respondents recommended a median work RVU of 2.0, a 25th percentile work RVU of 1.70 and low work RVU of 1.30. The survey respondents indicated that 91120 was comparable to the reference service code 91122 Anorectal manometry (Work RVU=1.77). However, the specialty society indicated that the reference code 91122 is not a good comparison when examining service time and intensity associated with this code. Accordingly, the specialty society based the values on the work value assigned to codes presented at the January 2004 RUC meeting, 91034 Esophagus, gastroesophageal reflux test, with nasal catheter PH electrode(s), recording, analysis and interpretation (Work RVU=0.97) and 91037 Esophageal function test, with nasal catheter intraluminal impedance electrode(s) recording, analysis and interpretation (Work RVU=0.97). The RUC felt that these codes were comparable in terms of the time and intensity. In addition, this valuation will keep this family of diagnostic codes in the proper rank order. The RUC recommends adjusting the physician pre-service time to 15 minutes, the intra-service time of 15 minutes and the post-service time of 15 minutes, totaling 45 minutes. Therefore, the RUC recommends a work RVU of 0.97 and total physician time of 45 minutes for code 91120.

Based on documentation in clinical literature of procedure time consistent with the current survey data and previous flawed methodology used in establishing the 2004 value for 91120, we believe 91124 meets compelling evidence for consideration of a physician work RVU of 3.05 RVUs.

Compelling Evidence for 91125 (anorectal manometry)
Code 91122 was last reviewed by the RUC in 1995 with a survey sample size of 13 and 4 responses; using 4 responses to determine times and values would not be accepted under current methodology.

In addition, there have been substantial advances in anorectal manometry technology and technique in the last 20 years. In 1995, the standard or “conventional” manometry was performed using non-high resolution, water-perfused catheters with 3-6 widely spaced unidirectional sensors. This catheter was moved in and out of the anorectum using the “pull through” technique mentioned in the intra-service work description for 91122 in the RUC database. This movement would generate pressure line-tracings that were interpreted separately to reflect anal and rectal pressures. In 2007, high-resolution manometry was introduced in which solid-state catheters now with up to 256 closely-spaced circumferential sensors could record and display simultaneous and dynamic information from the whole anal canal and distal rectum. Improved spatial resolution and signal processing allowed for data to be displayed as spatiotemporal color-contour pressure topography plots rather than overlapping line tracings improving diagnostic yield and accuracy (Dinning et al, 2015). At this time, greater than 50% of institutions worldwide and 75% in North and South America are using high-resolution anorectal manometry (Carrington et al, 2017) highlighting that the work described in 91122 is no longer typical.

- Carrington EV, Heinrich H, Knowles CH, Rao SS, Fox M, Scott SM; International Anorectal Physiology Working Party Group (IAPWG). Methods of anorectal manometry vary widely in clinical practice: Results from an international survey. Neurogastroenterol Motil. 2017 Aug;29(8):e13016. doi: 10.1111/nmo.13016. Epub 2017 Jan 18. PMID: 28101937.
- Dinning PG, Carrington EV, Scott SM. The use of colonic and anorectal high-resolution manometry and its place in clinical work and in research. Neurogastroenterol Motil. 2015 Dec;27(12):1693-708. doi: 10.1111/nmo.12632. Epub 2015 Jul 30. PMID: 26224550.

Based on documentation in clinical literature of a change in technology and technique and a flawed survey methodology with only 4 responses when 91122 was surveyed in 1995, we believe 91125 meets compelling evidence for consideration of a physician work RVU of 2.70 RVUs.

91125 – Discussion and Recommendation
Code 91125 is a new code for anorectal manometry, with rectal sensation and rectal balloon expulsion testing was approved by the CPT Editorial Panel at its May 2024 meeting. The ACG, AGA, ASGE and ASCRS conducted a survey for the September 2024 RUC meeting and received 76 responses.

We recommend the median **wRVU of 2.70**.

Pre-time: 10 minutes is appropriate, reflecting the survey median.

Post-time: 15 minutes is appropriate, reflecting the survey median.

Intra-service time: 45 minutes is appropriate, reflecting the survey median.

Key Reference Services
The top key reference service, code 91112, was selected by 79% of the respondents. Code 91112 requires slightly less intra-service and total service time. The complexity and intensity measures correctly indicate that code 91125 is much more complex and intense than 91112. The work related to 91112 is less intense and complex because it involves a swallowed capsule that passively captures transit and pressure measurements, while 91125 requires active participation of the physician to elicit and measure response to various maneuvers. The second key reference service, code 91113, was selected by 7% of the respondents who rated all intensity and complexity measures for survey code 91124 as greater.

Comparison to other GI tests:
When organized by IWPUT and using the median RVW, the new codes for barostat testing (91124) and anorectal manometry (91125) fit logically between the most similar GI test codes.

			RUC			RVW					Total	PRE-TIME			INTRA-TIME					IMMD
CPT	DESC	Global	Review Year	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	XXX	Apr-12	0.041	0.035			2.10			60	5					40			15
91XX1	Rectal sensation, tone, and compliance study (eg, barostat)	XXX		0.042	0.036			3.05			85	10					60			15
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	XXX	Jan-21	0.046	0.040			2.41			60	5					45			10
91XX2	Anorectal manometry, with rectal sensation and rectal balloon expulsion test, when performed	XXX		0.048	0.039			2.70			70	10					45			15
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	XXX	Jan-21	0.048	0.041			2.24			55	5					40			10

Comparison to recently RUC-reviewed XXX-day global codes with similar intra-service time and total time:

CPT Code	Long Desc	Global	Work RVU	Pre pkg	Pre Eval Time	Pre Pos Time	Pre SDW Time	Intra Time	Immed Post Time	Total Time	Time Source	Most Recent RUC Review	IWPUT	MPC	2022 Medicare Util
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a	XXX	2.60	XXX	10			40	10	60	RUC	2019-04	0.0538	Yes	12303054
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by	XXX	2.60		10			45	10	65	RUC	2007-04	0.0478		39904
95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with	XXX	2.60	XXX	15			35	15	65	RUC	2010-04	0.0551		187527
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep,	XXX	2.60	XXX	15			45	10	70	RUC	2012-04	0.0453		14
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first	XXX	2.60		10			40	10	60	CMS/Other		0.0538		492007
G0438	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	XXX	2.60		10			40	10	60	CMS/Other		0.0538		726692
G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with	XXX	2.61		15			40	20	75	CMS/Other		0.0456		27853
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe	XXX	2.69	XXX	10			40	15	65	RUC	2014-04	0.0532		1525
99244	Office or other outpatient consultation for a new or established patient, which requires a medically	XXX	2.69	XXX	10			40	10	60	RUC	2021-10	0.056		
91XX2	**Anorectal manometry, with rectal sensation and rectal balloon expulsion test, when performed**	**XXX**	**2.70**	**XXX**	**10**			**45**	**15**	**70**		**2024-09**	**0.0476**		
99284	Emergency department visit for the evaluation and management of a patient, which requires a medically	XXX	2.74	XXX				40		40	RUC	2021-04	0.0685		4040786
99215	Office or other outpatient visit for the evaluation and management of an established patient, which	XXX	2.80	XXX	10			45	15	70	RUC	2019-04	0.0498	Yes	11327040
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires	XXX	2.80	XXX	10			45	15	70	RUC	2021-04	0.0498	Yes	1907485
99465	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions	XXX	2.93		5			45	10	60	RUC	1993-11	0.0576		
95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional	XXX	3.00	XXX	10			40	10	60	RUC	2018-10	0.0638		6235

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) 91120, 91122

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Commonly

Specialty Colorectal Surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 53178
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2022 CMS Medicare volume is 17,726. National volume is estimated to be three times Medicare (17,726)*3= 53,178

Specialty Gastroenterology Frequency 22300 Percentage 41.93 %

Specialty Colorectal Surgery Frequency 9000 Percentage 16.92 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 17,726 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 volume = 17,726 for code 91122 which is one of the codes that was bundled to create 91125

Specialty Gastroenterology Frequency 7450 Percentage 42.02 %

Specialty Colorectal Surgery Frequency 3000 Percentage 16.92 %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 91122

ISSUE: Colon Motility Services

TAB: 10

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires	XXX	Apr-19	48	0.048	0.040			3.50			88	14					59			15					
2nd REF	91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless	XXX	Apr-12	12	0.041	0.035			2.10			60	5					40			15					
New	91124	Rectal sensation, tone, and compliance study (eg, barostat)	XXX			-	-						0														
SURVEY	91124	Rectal sensation, tone, and compliance study (eg, barostat)	XXX		68	0.041	0.035	0.70	2.90	3.05	3.25	4.10	87	12			5	50	60	70	120	15	0	1	3	17	200
REC	91124	Rectal sensation, tone, and compliance study (eg, barostat)	XXX			0.042	0.036			3.05			85	10					60			15					
1st REF	91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless	XXX	Apr-12	60	0.041	0.035			2.10			60	5					40			15					
2nd REF	91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation	XXX	Jan-21	5	0.046	0.040			2.41			60	5					45			10					
Current	91120	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	XXX	Apr-04		0.024	0.022			0.97			45	7	4	4			15			15					
Current	91122	Anorectal manometry	000	Aug-95		0.033	0.027			1.77			65	20					30			15					
New	91125	Anorectal manometry, with rectal sensation and rectal balloon expulsion test, when performed	XXX			-	-						0														
SURVEY	91125	Anorectal manometry, with rectal sensation and rectal balloon expulsion test, when performed	XXX		76	0.048	0.039	0.80	2.40	2.70	2.76	6.10	70	10			5	40	45	52	85	15	2	40	100	250	1150
REC	91125	Anorectal manometry, with rectal sensation and rectal balloon expulsion test, when performed	XXX			0.048	0.039			2.70			70	10					45			15					

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S): 91125, 91125**

SPECIALTY SOCIETY(IES): ACG, AGA, ASCRS, ASGE

PRESENTER(S): R. Bruce Cameron, MD (ACG), Patricia Garcia, MD (AGA), Shivan Mehta, MD (AGA), Steve Sentovich (ASCRS), Kelly Tyler (ASCRS), Seth Gross, MD (ASGE), Vivek Kaul, MD (ASGE)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2024

CPT Code	Long Descriptor	Global Period
91124	Rectal sensation, tone, and compliance study (eg, barostat)	XXX
91125	Anorectal manometry, with rectal sensation and rectal balloon expulsion test, when performed	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
91124	A 35-year-old female presents with a three-year history of refractory constipation. She has no desire to defecate and manually disimpacts herself once a week. She has tried several prescription laxatives and suppositories without relief. Rectal examination suggests impaired rectal sensation as evidenced by a large amount of hard stool. Rectal sensation, tone, and compliance test (eg, barostat) is ordered for further evaluation.
91125	A 66-year-old female has noted worsening constipation and fecal incontinence. Despite trials of both laxatives and anti-diarrheals, she continues to have symptoms. Blood tests and a colonoscopy were normal. An anorectal manometry is ordered to evaluate anorectal function.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The ACG, AGA, ASGE and ASCRS convened an RVS expert panel of the surveying specialty societies to review practice expense data for codes 91124 and91125. The panel included both sub-specialists and generalists from within the specialties of a variety of settings across the United States. They also received input from practice managers and clinical staff familiar with the direct expense inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   The reference code for comparison of new code 91124 is 91120 because it includes components of barostat with similar clinical activities. Code 91120 was created 20 years ago and has experienced major changes to staff protocol.

   Code 91125 is a new code that represents the combination of codes 91120 and 91122; for this reason, the reference codes for comparison to 91125 are 91120 and 91122 with similar clinical activities.

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?

No, we do not anticipate 91124 and 91125 will be typically reported with an E/M. Codes 91124 and 91125 are new codes, but they were created based on 91120 and 91122. Code 91120 was billed 9.7% of the time with an office E/M and 13% of the time with a non-facility E/M according to the RUC database. Code 91122 was billed 16% of the time with an office E/M and 20.6% of the time with a non-facility E/M.

See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

91124: There is no dominant specialty based on data for 91120, but the top/dominant provider is gastroenterology. Gastroenterology provides 91120 in the non-facility 46.2% of the time. Gastroenterology is also the top/dominant provider for the global.

91125: There is no dominant specialty based on data for 91120 and 91122, but the top/dominant provider for both codes is gastroenterology. Gastroenterology provides 91120 in the non-facility 46.2% of the time and 91122 29.3% of the time. Gastroenterology is also the top/dominant provider for the global.

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

There has been a change in technique and knowledge for barostat (formerly 91120, now 91124) that has led to a significant change in clinical staff time.

Since the creation of code 91120 in 2004, there have been substantial updates to the protocols used for rectal sensation, tone and compliance testing (eg barostat). Notably for clinical staff time, not only are staff required to assist physicians during active clinical testing (50 minutes), but they also monitor patients during two adaptation and equilibration periods lasting 20 minutes. Research over the last 20 years has shown that resting anal tone is significantly altered after barostat catheter insertion through the anal canal and an adaptation period is required to allow for anal tone to return to baseline and stabilize after intubation. Similarly, research has shown that performing a "conditioning" distention followed by a 20-minute equilibration period prior to phasic distensions leads to more reproducible compliance measurements and sensory thresholds.

Fox M, Thumshirn M, Fried M, Schwizer W. Barostat measurement of rectal compliance and capacity. Dis Colon Rectum. 2006 Mar;49(3):360-70. doi: 10.1007/s10350-005-0295-2. PMID: 16421659.

Gladman MA, Dvorkin LS, Lunniss PJ, et al. Rectal hyposensitivity: a disorder of the rectal wall or the afferent pathway? An assessment using the barostat. American Journal of Gastroenterology 2005;100:106-14.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

The global period for 91124 is XXX, which is the same as 91120.

Code 91125 is a combination of code 91120 (an XXX-day global code) and 91122 (a 0-day global code). CPT recommended the XXX-day global period for 91125 and it was surveyed using the XXX-day global survey instrument. While 91122 has a 0-day global period, it was last evaluated in 1995 and CMS and the RUC now assign these tests XXX-day global periods. For these reasons, we agree with the CPT Panel that the XXX-day global period is appropriate for 91125 and does not reflect a transition in global periods.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

91124 Intra-Service Clinical Labor Activities = RN/LPN/MTA
CA013 (Prepare room, equipment and supplies) standard = 2 minutes
We recommend 15 additional minutes to prepare the room, equipment and supplies for a total of 17 minutes. Clinical staff must set up the equipment, including the following activities:
1. Calibrate rectal barostat equipment
2. Tie balloon to the catheter and reinforce with paraffin wrap.
3. Test catheter to assure that the balloon deploys properly and that there is no leakage.
4. Fan fold barostat balloon for easier insertion.

CA024 (Clean room/equipment by clinical staff) standard = 3 minutes
We recommend 27 additional minutes to clean the room and equipment for a total of 30 minutes. This is consistent with the standard for flexible scope cleaning (CA025). Similar to flexible endoscopes, after catheter use it is standard for the nurse to rinse and dry the ~~anorectal manometry~~ barostat catheter and then package it for sanitization per manufacturer instructions by sterile processing.

91125 Intra-Service Clinical Labor Activities = RN/LPN/MTA
CA013 (Prepare room, equipment and supplies) standard = 2 minutes

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PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

We recommend 15 additional minutes to prepare the room, equipment and supplies for a total of 17 minutes. Clinical staff must set up the equipment, including the following activities:
1. Turn on the ManoScan High Resolution machine. Turn on computer tower.
2. Connect the manometry catheter to the ManoScan HRM Module with red connector to red input and blue connector to blue input. Push connector straight in. Do not turn or twist for this will damage connector pins.
3. Click the ManoScan 3.0 icon to open the application.
4. Select the catheter by its serial number. Enter patient information before calibration.
5. Click the 'Start' button to enter patient's information, which includes first and last name, medical record number, date of birth, sex, height in feet and inches, attending physician, referring physician, nurse performing the procedure, procedure name, and indication for procedure (s).
7. Click 'Next' to calibrate the catheter with patient information. Follow software instructions to complete catheter calibration.
8. Remove catheter from calibration chamber and apply the ManoShield AR sheath.
9. Tie the balloon to the catheter with two strings at non-sensor locations along the catheter. Test catheter with air syringe to assure that the balloon deploys properly and that there is no leakage.

CA024 (Clean room/equipment by clinical staff) standard = 3 minutes
We recommend 27 additional minutes to clean the room and equipment for a total of 30 minutes. This is consistent with the standard for flexible scope cleaning (CA025). Similar to flexible endoscopes, after catheter use it is standard for the nurse to rinse and dry the anorectal manometry catheter and then package it for sanitization per manufacturer instructions by sterile processing.

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

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:

For reference codes 91120 and 91122, the time allocated to CA010 prior to CMS increasing the clinical activity to 5 minutes in CY 2018 was as follows:
91120 = 3 minutes for CA010
91122 = 3 minutes for CA010

For new codes 91124 and 91125, we are requesting 3 minutes because 3 vital signs are taken
Level 1 (1-3 vitals) = 3 minutes

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

91124 and 91125 Pre-Service Period Clinical Labor Activities = L037D (RN/LPN/MTA)
- 3 minutes to complete pre-service diagnostic and referral forms (CA001)
- 3 minutes to coordinate pre-surgery services (including test results) (CA002)
- 3 minutes to complete pre-procedure phone calls and prescription (CA005)

b. Service period (includes pre, intra and post):

91124 and 91125 Service Period – Pre-service Clinical Labor Activities = L037D (RN/LPN/MTA)
- 3 minutes to greet patient, provide gowning, ensure appropriate medical records are available (CA009)
- 3 minutes to obtain vital signs, Level 1 (1-3 vital signs) (CA010)
- 3 minutes to provide education/obtain consent (CA011)
- 17 minutes to prepare room, equipment and supplies (CA013)
- 5 minutes to prepare, set-up and start IV, initial positioning and monitoring of patient, and additional positioning of patient in the left lateral position with knees and hips bent at a 90° angle and hips close to the edge of the exam table in preparation for rectal exam and catheter insertion (CA016)

91124 Service Period – Intra-service Clinical Labor Activities = L037D (RN/LPN/MTA)
- 90 minutes to perform procedure/service not directly related to physician work time (CA021)

91125 Service Period – Intra-service Clinical Labor Activities = L037D (RN/LPN/MTA)
- 30 minutes to assist physician or other qualified healthcare professional---directly related to physician work time (67%) (CA019)

91124 and 91125 Service Period – Post-service Clinical Labor Activities = L037D (RN/LPN/MTA)
- 30 minutes to clean room/equipment by clinical staff (CA024)

c. Post-service period:

91124 and 91125 Post-Service Clinical Labor Activities = RN/LPN/MTA
- 3 minutes to conduct patient communications (CA037)

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:*

Intra-service of the service period clinical staff activities

91124:
-Assist physician with barostat catheter insertion.
-Clean rectal area and tape catheter to the buttock using Tegaderm once insertion is complete.
-Make sure stopcock is turned on to the catheter and flush each line to remove air.
-Connect catheter to port on barostat machine.
-Monitor patient for discomfort or trauma during 20-minute adaptation period.
-Initiate barostat software.
-Record basal tone determined and verbalized by physician in logbook.
-While physician instructs patient, initiate barostat software sequence needed to identify operating pressure.
-Record operating pressure determined and verbalized by physician in logbook and set operating pressure on barostat machine.
-Perform conditioning distension and exclusively monitor patient for 20-minute equilibration period as patient returns to sensory motor baseline.

-While physician guides patient, initiate ascending isobaric distention protocol and record pressures and volumes verbalized by physician.
-While physician guides patient through sensory protocol, initiate and adjust distention protocol and record pressure, volume and sensory thresholds verbalized by patient and physician.
-Offer and assist patient with using bedpan prior to stimulus.
-Prepare and administer stimulus.
-Monitor patient for reaction to stimulus and record pressure and volume values as directed by physician.
-Exit barostat software program.
-Manually deflate barostat balloon and remove catheter.

91125:
-Make sure stopcock is turned on to the catheter and flush each line to remove air.
-Assist physician in confirming adequate manometry catheter insertion based on computer software interface.
-Monitor for 3-minute acclimation period and then capture resting pressure frame on computer software.
-After physician instructs patients on rectal squeeze maneuvers, coach patient through cycles of 5s squeeze maneuvers followed by 30s recovery periods, ensuring adequate capture on computer software.
-Capture endurance squeeze followed by 60s recovery.
-After physician instructs patients on rectal push maneuvers, coach patient through cycles of 15s push maneuvers followed by 30s recovery periods, ensuring adequate capture on computer software.
-Assist physician with balloon inflation and capture frame for rectoanal inhibitory reflux on computer software.
-After physician instructs patients on sensory testing, assist with incremental balloon inflations and capture sensory thresholds on computer software.
-After physician instructs patients on cough maneuvers, capture cycles of cough maneuvers followed by 30s recovery periods on computer software.
-Complete manometry study on computer software in coordination with physician removal of catheter.
-Assist physician in placing expulsion balloon and filling with warm water using syringe.
-Assist patient in sitting upright and transferring to private commode.
-Monitor and assist patient during balloon expulsion testing.
-Escort patient back to procedure room for discharge.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

Not applicable

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab 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

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

In the 91124-91125 invoice summary are invoices for the following supplies:

Assy, ManoShield AR, 04260167482248; MSS-3599. This is the sheath for the reusable catheter required for the manometry system (EQ181). When the anorectal manometry was originally performed, it used water perfusion. Using the sheath for the reusable catheter is the current standard.

Single-Use Anorectal Expulsion Catheter, 230620. This is the anorectal expulsion balloon necessary to perform the anorectal manometry test.

We also included an invoice for EQ070, the barostat system with hardware and software, that reflects the current total cost of the system is $39,275 in comparison to the price $23,625 from the 2024 CMS Direct PE Inputs Medical Supplies Listing. We request the RUC share this invoice with CMS.

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes, we are recommending SA048 (*pack, minimum multi-specialty visit*) for 91124 and 91125, which is an established package of supplies as defined by CMS.

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
SB036 - paper, exam table (unit price = $0.01)		foot	7
SB022 - gloves, non-sterile (unit price = $0.30)		pair	2
SB026 - gown, patient (unit price = $0.59)		item	1

SB037 - pillow case (unit price = $0.47)	item	1
SB004 - cover, thermometer probe (unit price = $0.22)	item	1

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

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:

Not applicable

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

No

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

91124 Equipment and Formula
EQ070 (barostat system, with hardware & software) = default
EF070 (table, exam) = default
EF014 (light, surgical) = default

91125 Equipment and Formula
EF070 (table, exam) = default
EF014 (light, surgical) = default
EQ181 (manometry system (computer, transducers, catheter)) = default

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

Not applicable

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

91124 = 91120
91125 = 91122

ADDITIONAL INFORMATION

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**	
2						**91120 Deleted**		**91124**		**91120 Deleted**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: September 2024 Revision Date (if applicable): Tab: 10 Specialty: ACG, AGA, ASCRS, ASGE**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)		Rectal sensation, tone, and compliance study (eg, barostat)		Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$407.79**	**$ -**	**$506.72**	**$ -**	**$407.79**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**52.0**	**0.0**	**163.0**	**0.0**	**52.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**9.0**	**0.0**	**9.0**	**0.0**	**9.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**38.0**	**0.0**	**151.0**	**0.0**	**38.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**5.0**	**0.0**	**3.0**	**0.0**	**5.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 25.90**	**$ -**	**$ 81.17**	**$ -**	**$ 25.90**	**$ -**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery/procedure made**									
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.498	3		3		3	
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.498	3		3		3	
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.498						
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.498						
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.498	3		3		3	
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.498						
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.498						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.498						
23			L037D	RN/LPN/MTA	0.498						
24			L037D	RN/LPN/MTA	0.498						
25			L037D	RN/LPN/MTA	0.498						
26		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
27		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
28		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.498	3		3		3	
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.498	5		3		5	
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.498	3		3		3	
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.498						
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.498	2		17		2	
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.498						
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.498						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.498	2		**5**		2	
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.498						
42	CA040	Perform additional positioning of patient	L037D	RN/LPN/MTA	0.498			**0**			
43			L037D	RN/LPN/MTA	0.498						
44	OLD	*Other activity: Calibrate equipment*	L037D	RN/LPN/MTA	0.498						
45		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
46		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
47		**Intra-service (of service period)**									
48	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.498						
49	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.498	10				10	
50	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.498						
51	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.498			90			
52			L037D	RN/LPN/MTA	0.498						
53			L037D	RN/LPN/MTA	0.498						
54			L037D	RN/LPN/MTA	0.498						
55		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
56		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
57		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
58		**Post-Service (of service period)**									
59	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.498						
60	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.498	5				5	
61	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.498	3		30		3	
62	CA025	Clean scope	L037D	RN/LPN/MTA	0.498						
63	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.498						
64	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.498						
65	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.498						
66	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.498	3				3	
67	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.498	2				2	
68	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.498						
69	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.498						
70	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.498						
71	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.498						
72	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.498						
73	CA036	Discharge day management	L037D	RN/LPN/MTA	0.498	**n/a**		**n/a**		**n/a**	
74			L037D	RN/LPN/MTA	0.498						
75			L037D	RN/LPN/MTA	0.498						
76			L037D	RN/LPN/MTA	0.498						
77		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
78		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
79		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
80		**End: Patient leaves office/facility**									
81		**POST-SERVICE PERIOD**									
82		**Start: Patient leaves office/facility**									
83	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.498	3		3		3	
84	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.498						
85		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
86		99211 16 minutes	16								
87		99212 27 minutes	27								
88		99213 36 minutes	36								
89		99214 53 minutes	53								
90		99215 63 minutes	63								
91	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.498	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

	A	B	D	E	F	G	H	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**	
2						**91120 Deleted**		**91124**		**91120 Deleted**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: September 2024 Revision Date (if applicable): Tab: 10 Specialty: ACG, AGA, ASCRS, ASGE**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)		Rectal sensation, tone, and compliance study (eg, barostat)		Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$407.79**	**$ -**	**$506.72**	**$ -**	**$407.79**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**52.0**	**0.0**	**163.0**	**0.0**	**52.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**9.0**	**0.0**	**9.0**	**0.0**	**9.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**38.0**	**0.0**	**151.0**	**0.0**	**38.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**5.0**	**0.0**	**3.0**	**0.0**	**5.0**	**0.0**
92			L037D	RN/LPN/MTA	0.498						
93			L037D	RN/LPN/MTA	0.498						
94			L037D	RN/LPN/MTA	0.498						
95	OLD	*Other acctivity: Download data from recorder to workstation, print report, and prepare file for MD review*	L037D	RN/LPN/MTA	0.498	2				2	
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
97		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
98		**End: with last office visit before end of global period**									

	A	B	D	E	F	G	H	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**	
2						**91120 Deleted**		**91124**		**91120 Deleted**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: September 2024 Revision Date (if applicable): Tab: 10 Specialty: ACG, AGA, ASCRS, ASGE**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)		Rectal sensation, tone, and compliance study (eg, barostat)		Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$407.79**	**$ -**	**$506.72**	**$ -**	**$407.79**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**52.0**	**0.0**	**163.0**	**0.0**	**52.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**9.0**	**0.0**	**9.0**	**0.0**	**9.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**38.0**	**0.0**	**151.0**	**0.0**	**38.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**5.0**	**0.0**	**3.0**	**0.0**	**5.0**	**0.0**
99	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
100		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 377.00**	**$ -**	**$ 409.40**	**$ -**	**$ 377.00**	**$ -**
101	SA048	pack, minimum multi-specialty visit	5.02	pack		1		1		1	
102	SB001	cap, surgical	1.14	item		1		0		1	
103	SB006	drape, non-sterile, sheet 40in x 60in	0.13	item		1		1		1	
104	SB027	gown, staff, impervious	1.186	item		1		2		1	
105	SB034	mask, surgical, with face shield	3.4	item		1		2		1	
106	SD009	canister, suction	4.31	item		1		0		1	
107	SD132	tubing, suction, non-latex (6ft uou)	0.63	item		1		0		1	
108	SD216	catheter, balloon, esophageal or rectal (graded distention test)	355.47	item		1		1		1	
109	SG051	gauze, non-sterile 4in x 4in	0.03	item		5		5		5	
110	SG079	tape, surgical paper 1in (Micropore)	0.01	inch		6		0		6	
111	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)	3.34	item		1		0		1	
112	SJ032	lubricating jelly (K-Y) (5gm uou)	0.54	item		4		4		4	
113	SD125	transducer dome (pressure)	3.58	item							
114	SD134	tubing, suction, non-latex (6ft) with Yankauer tip (1)	2.67	item							
115	SD203	sensor, manometry	57.44	item							
116	SG055	gauze, sterile 4in x 4in	0.19	item							
117	SJ010	basin, emesis	0.25	item				1			
118	SK059	paper, recording (per sheet)	0.06	item							
119	SB044	underpad 2ft x 3ft (Chux)	0.32	item				1			
120	SC056	syringe 50-60ml	1.13	item				**2**			
121	SC049	stop cock, 3-way	1.04	item				1			
122	SM021	sanitizing cloth-wipe (patient)	0.07	item				**2**			
123	SG037	dressing, 4in x 4.75in (Tegaderm)	0.6	item				1			
124	SM008	biohazard specimen transport bag	0.087	item				**1**			
125	SB022	gloves, non-sterile	0.3	pair				**2**			
126	SM015	enzymatic detergent	0.22	oz				**120**			
127	SM011	cleaning brush, instruments	5.6	item				**1**			
128	**NEW**	**Anorectal expulsion balloon**	**35.25**	**item**							
129	**NEW**	**Sheath, catheter**	**39**	**item**							
131	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
132		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 4.90**	**$ -**	**$ 16.15**	**$ -**	**$ 4.90**	**$ -**
133	EQ070	barostat system, with hardware & software	23625	Default	0.093606886	38		151		38	
134	EF023	table, exam	4737.727	Default	0.010538571	38		151		38	
135	EF014	light, surgical	1256.667	Default	0.002795322	38		151		38	
136	ED050	Technologist PACS workstation	5557	PACS	0.022017924	38				38	
137	EQ235	suction machine (Gomco)	3195.85	Default	0.008480912						
138	EQ213	pump, water perfusion (for manometry)	7307	Default	0.023584307						
139	EQ181	manometry system (computer, transducers, catheter)	72811.924	Default	0.275885774						
140											
141											
142											
143											
144											
145		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*									

	A	B	O	P	S	T	U
1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**RECOMMENDED**		
2			**91122 Deleted**		**91125**		
3		***RUC Collaboration Website***	Anorectal manometry		Anorectal manometry, with rectal sensation and rectal balloon expulsion test, when		
4	**Clinical Activity Code**	**Meeting Date: September 2024 Revision Date (if applicable): Tab: 10 Specialty: ACG, AGA, ASCRS, ASGE**					
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	
6		**GLOBAL PERIOD**	**000**	**000**	**XXX**	**XXX**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$174.94**	**$ -**	**$205.19**	**$ -**	
8		**TOTAL CLINICAL STAFF TIME**	**98.0**	**0.0**	**103.0**	**0.0**	
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**9.0**	**0.0**	**9.0**	**0.0**	
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**89.0**	**0.0**	**91.0**	**0.0**	
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**3.0**	**0.0**	
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 48.80**	**$ -**	**$ 51.29**	**$ -**	
13		**PRE-SERVICE PERIOD**					
14		**Start: Following visit when decision for surgery/procedure made**					
15	CA001	Complete pre-service diagnostic and referral forms	3		3		
16	CA002	Coordinate pre-surgery services (including test results)	3		3		
17	CA003	Schedule space and equipment in facility					
18	CA004	Provide pre-service education/obtain consent					
19	CA005	Complete pre-procedure phone calls and prescription	3		3		
20	CA006	Confirm availability of prior images/studies					
21	CA007	Review patient clinical extant information and questionnaire					
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)					
23							
24							
25							
26		*Other activity: please include short clinical description here and type*					
27		*Other activity: please include short clinical description here and type*					
28		*Other activity: please include short clinical description here and type*					
29		**End: When patient enters office/facility for surgery/procedure**					
30		**SERVICE PERIOD**					
31		**Start: When patient enters office/facility for surgery/procedure:**					
32		**Pre-Service (of service period)**					
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	3		3		
34	CA010	Obtain vital signs	5		3		
35	CA011	Provide education/obtain consent	5		3		
36	CA012	Review requisition, assess for special needs					
37	CA013	Prepare room, equipment and supplies	2		17		
38	CA014	Confirm order, protocol exam					
39	CA015	Setup scope (nonfacility setting only)					
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2		**5**		
41	CA017	Sedate/apply anesthesia					
42	CA040	Perform additional positioning of patient			**0**		
43							
44	OLD	*Other activity: Calibrate equipment*	15				
45		*Other activity: please include short clinical description here and type*					
46		*Other activity: please include short clinical description here and type*					
47		**Intra-service (of service period)**					
48	CA018	Assist physician or other qualified healthcare professional---directly					
49	CA019	Assist physician or other qualified healthcare professional---directly	32		30		
50	CA020	Assist physician or other qualified healthcare professional---directly					
51	CA021	Perform procedure/service---NOT directly related to physician work time					
52							
53							
54							
55		*Other activity: please include short clinical description here and type*					
56		*Other activity: please include short clinical description here and type*					
57		*Other activity: please include short clinical description here and type*					
58		**Post-Service (of service period)**					
59	CA022	Monitor patient following procedure/service, multitasking 1:4					
60	CA023	Monitor patient following procedure/service, no multitasking	5				
61	CA024	Clean room/equipment by clinical staff	10		30		
62	CA025	Clean scope					
63	CA026	Clean surgical instrument package					
64	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	2				
65	CA028	Review/read post-procedure x-ray, lab and pathology reports					
66	CA029	Check dressings, catheters, wounds	3				
67	CA030	Technologist QC's images in PACS, checking for all images, reformats,	5				
68	CA031	Review examination with interpreting MD/DO					
69	CA032	Scan exam documents into PACS. Complete exam in RIS system to					
70	CA033	Perform regulatory mandated quality assurance activity (service period)					
71	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry					
72	CA035	Review home care instructions, coordinate visits/prescriptions					
73	CA036	Discharge day management	**n/a**		**n/a**		
74							
75							
76							
77		*Other activity: please include short clinical description here and type*					
78		*Other activity: please include short clinical description here and type*					
79		*Other activity: please include short clinical description here and type*					
80		**End: Patient leaves office/facility**					
81		**POST-SERVICE PERIOD**					
82		**Start: Patient leaves office/facility**					
83	CA037	Conduct patient communications			3		
84	CA038	Coordinate post-procedure services					
85		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	
86		99211 16 minutes					
87		99212 27 minutes					
88		99213 36 minutes					
89		99214 53 minutes					
90		99215 63 minutes					
91	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	

	A	B	O	P	S	T	U
1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**RECOMMENDED**		
2			**91122 Deleted**		**91125**		
3		***RUC Collaboration Website***	Anorectal manometry		Anorectal manometry, with rectal sensation and rectal balloon expulsion test, when		
4	**Clinical Activity Code**	**Meeting Date: September 2024 Revision Date (if applicable): Tab: 10 Specialty: ACG, AGA, ASCRS, ASGE**					
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	
6		**GLOBAL PERIOD**	**000**	**000**	**XXX**	**XXX**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$174.94**	**$ -**	**$205.19**	**$ -**	
8		**TOTAL CLINICAL STAFF TIME**	**98.0**	**0.0**	**103.0**	**0.0**	
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**9.0**	**0.0**	**9.0**	**0.0**	
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**89.0**	**0.0**	**91.0**	**0.0**	
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**3.0**	**0.0**	
92							
93							
94							
95	OLD	*Other acctivity: Download data from recorder to workstation, print report, and prepare file for MD review*					
96		*Other activity: please include short clinical description here and type*					
97		*Other activity: please include short clinical description here and type*					
98		**End: with last office visit before end of global period**					

	A	B	O	P	S	T	U
1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**RECOMMENDED**		
2			**91122 Deleted**		**91125**		
3		***RUC Collaboration Website***	Anorectal manometry		Anorectal manometry, with rectal sensation and rectal balloon expulsion test, when		
4	**Clinical Activity Code**	**Meeting Date: September 2024 Revision Date (if applicable): Tab: 10 Specialty: ACG, AGA, ASCRS, ASGE**					
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	
6		**GLOBAL PERIOD**	**000**	**000**	**XXX**	**XXX**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$174.94**	**$ -**	**$205.19**	**$ -**	
8		**TOTAL CLINICAL STAFF TIME**	**98.0**	**0.0**	**103.0**	**0.0**	
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**9.0**	**0.0**	**9.0**	**0.0**	
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**89.0**	**0.0**	**91.0**	**0.0**	
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**3.0**	**0.0**	
99	**Supply Code**	**MEDICAL SUPPLIES**					
100		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 95.58**	**$ -**	**$ 127.58**	**$ -**	
101	SA048	pack, minimum multi-specialty visit	1		1		
102	SB001	cap, surgical	2		0		
103	SB006	drape, non-sterile, sheet 40in x 60in	2		1		
104	SB027	gown, staff, impervious	2		2		
105	SB034	mask, surgical, with face shield	2		2		
106	SD009	canister, suction	1		0		
107	SD132	tubing, suction, non-latex (6ft uou)	1		0		
108	SD216	catheter, balloon, esophageal or rectal (graded distention test)					
109	SG051	gauze, non-sterile 4in x 4in			5		
110	SG079	tape, surgical paper 1in (Micropore)	12		0		
111	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)	2		0		
112	SJ032	lubricating jelly (K-Y) (5gm uou)	4		4		
113	SD125	transducer dome (pressure)	1		0		
114	SD134	tubing, suction, non-latex (6ft) with Yankauer tip (1)	1		0		
115	SD203	sensor, manometry	1		0		
116	SG055	gauze, sterile 4in x 4in	5		**0**		
117	SJ010	basin, emesis	1		**1**		
118	SK059	paper, recording (per sheet)	1		0		
119	SB044	underpad 2ft x 3ft (Chux)			1		
120	SC056	syringe 50-60ml			2		
121	SC049	stop cock, 3-way			1		
122	SM021	sanitizing cloth-wipe (patient)			2		
123	SG037	dressing, 4in x 4.75in (Tegaderm)					
124	SM008	biohazard specimen transport bag			1		
125	SB022	gloves, non-sterile			**2**		
126	SM015	enzymatic detergent			120		
127	SM011	cleaning brush, instruments			1		
128	**NEW**	**Anorectal expulsion balloon**			**1**		
129	**NEW**	**Sheath, catheter**			**1**		
131	**Equipment Code**	**EQUIPMENT**					
132		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 30.55**	**$ -**	**$ 26.32**	**$ -**	
133	EQ070	barostat system, with hardware & software					
134	EF023	table, exam	89		91		
135	EF014	light, surgical	89		91		
136	ED050	Technologist PACS workstation	89				
137	EQ235	suction machine (Gomco)	89				
138	EQ213	pump, water perfusion (for manometry)	89				
139	EQ181	manometry system (computer, transducers, catheter)	89		91		
140							
141							
142							
143							
144							
145		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*					

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2024

Immunization Counseling – Tab 11

In May 2024, the CPT Editorial Panel created three new time-based codes to report vaccine counseling performed where a vaccine is not administered. These services were surveyed and reviewed at the September 2024 RUC meeting.

Vaccine counseling services performed by physicians and other QHPs is critical to increasing vaccination rates and combatting hesitancy. These services entail listening to patient concerns, answering questions, and building trust; selecting counseling strategies and conveying information in a manner specific to each patient's concerns, cultural beliefs, and literacy level; providing patients with appropriate resources; and planning with patients to immunize in the future or engage in alternative preventive strategies. These activities are above and beyond those captured in an Evaluation and Management (E/M) or preventive visit.

90482 ***Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; 3 minutes up to 10 minutes***
The RUC reviewed the survey results from 148 physicians and determined the survey 25th percentile work RVU of 0.24 appropriately accounts for the work required to perform this service. The RUC recommends 6 minutes of intra-service and total time. There is no pre-service or post-service time as this service is typically reported with an E/M office visit or preventive medicine visit.

The RUC compared the surveyed code to the top two key reference services CPT code 99406 *Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes* (work RVU = 0.24 and 7 minutes intra-service and total time) and 90460 *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered* (work RVU = 0.24 and 7 minutes intra-service and total time). The RUC agreed that these services require the same physician work and similar physician time to perform, thus, should be valued the same. The RUC agreed that the intensity and risk associated with counseling to possibly administer a life-saving vaccine or provide herd immunity in a given community is greater for this service than the key reference services.

For additional support, the RUC referenced MPC codes 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* (work RVW = 0.25 and 10 minutes intra-service time and total time), 96413 *Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug* (work RVW = 0.28, 7 minutes intra-service time and 13 minutes total time) and 92081 *Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)* (work RVW = 0.30, 7 minutes intra-service time and 10 minutes total time). The RUC determined that the survey 25th percentile work value of 0.24 appropriately places CPT code 90482 relative to other services in the MFS based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 0.24 for CPT code 90482.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

90483 ***Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 10 minutes up to 20 minutes***
The RUC reviewed the survey results from 127 physicians and determined the survey 25th percentile work RVU of 0.50 appropriately accounts for the work required to perform this service. The RUC recommends 13 minutes of intra-service and total time. There is no pre-service or post-service time as this service is typically reported with an E/M office visit or preventive medicine visit.

The specialty societies stated that immunization counseling codes 90483 and 90484 will most often be reported in visits where the physician or QHP must counsel the patient on multiple vaccines, address patient concerns, and develop future immunization or preventive strategies for each of these vaccines. The typical patient has done exploration on the internet and comes to the visit with numerous questions and concerns about some, if not all, of the immunizations in question. The need to tailor counseling strategies to each patient, their cultural backgrounds, and the unique concerns they may have about each immunization contributes to the higher levels of intensity, complexity, and psychological stress identified by respondents.

The RUC compared the surveyed code to the top key reference service CPT code 99407 *Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes* (work RVU = 0.50 and 15 minutes intra-service and total time) and determined that these services require the same physician work and a similar amount of physician time to perform, thus should be valued the same. The RUC compared the surveyed code to the second top key reference service, 99212 *Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded* (work RVU = 0.70 and 16 minutes total time). The RUC agreed that the surveyed code requires less physician work, slightly less physician time and is slightly less intense to perform than 99212, thus should be valued lower.

For comparison, the RUC looked at a scenario if a physician provided administration of an immunization with counseling, reporting CPT code 90460 *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered* (work RVU = 0.24 and 7 minutes total time) and also provided a second immunization, CPT code 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)* (work RVU = 0.18 and 5 minutes total time), the result is 12 minutes total time and a work RVU of 0.42. The RUC determined this scenario was an appropriate comparison because CPT code 90483 involves the physician/QHP having a more in-depth and difficult discussion with the patient, requiring more time and intensity, providing 13 minutes of counseling as indicated by the 127 physician survey respondents.

For additional support, the RUC referenced MPC codes 76857 *Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)* (work RVW = 0.50 and 7 minutes intra-service time and 17 minutes total time) and 92083 *Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field*

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analyzer full threshold programs 30-2, 24-2, or 30/60-2) (work RVW = 0.50, 10 minutes intra-service time and 13 minutes total time). The RUC determined that the survey 25th percentile work value of 0.50 appropriately places CPT code 90483 relative to other services in the MFS based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 0.50 for CPT code 90483.**

90484 ***Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 20 minutes***
The RUC reviewed the survey results from 139 physicians and determined the survey 25th percentile work RVU of 0.75 appropriately accounts for the work required to perform this service. The RUC recommends 22 minutes of intra-service and total time. There is no pre-service or post-service time as this service is typically reported with an E/M office visit or preventive medicine visit.

The specialty societies stated that immunization counseling codes 90483 and 90484 will most often be reported in visits where the physician or QHP must counsel the patient on multiple vaccines, address patient concerns, and develop future immunization or preventive strategies for each of these vaccines. The typical patient has done exploration on the internet and comes to the visit with numerous questions and concerns about some if not all of the immunizations in question. The need to tailor counseling strategies to each patient, their cultural backgrounds, and the unique concerns they may have about each immunization contributes to the higher levels of intensity, complexity, and psychological stress identified by respondents.

The RUC compared the surveyed code to the top key reference service CPT code 99213 *Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded* (work RVU = 1.30 and 30 minutes total time) and determined that CPT code 90484 requires less physician work and time to perform, thus should be valued lower. The RUC compared the surveyed code to the second top key reference service, 99212 *Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded* (work RVU = 0.70 and 16 minutes total time). The RUC agreed that the surveyed code requires slightly more physician work and time to perform, thus, should be valued higher than 99212.

For comparison to 22 minutes of immunization administration *with counseling*, a physician would need to report CPT code 90460 *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered* (work RVU = 0.24 and 7 minutes total time), plus 3 additional immunizations, CPT code 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)* (work RVU = 0.18 and 5 minutes total time), totaling 0.78 work RVUs. The RUC determined the survey 25th percentile work RVU of 0.75 and total time of 22 minutes for 90484 immunization counseling demonstrates the correct relativity compared to immunization administration with counseling services.

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For additional support, the RUC referenced MPC codes 93015 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* (work RVW = 0.75 and 20 minutes intra-service time and 26 minutes total time), 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* (work RVW = 0.80, 23 minutes intra-service time and 36 minutes total time), and 12001 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less* (work RVU = 0.84, 10 minutes intra-service time and 22 minutes total time). The RUC determined that the survey 25th percentile work value of 0.75 appropriately places CPT code 90484 relative to other services in the MFS based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 0.75 for CPT code 90484.**

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made one modification to reduce the time for documentation for clinical activity CA034 *Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)* from 3 to 2 minutes for codes 90482-90484 to eliminate any duplication between CA034 and CA008 *Perform regulatory mandated quality assurance activity (pre-service)*. The PE Subcommittee also discussed supply item SK012 *CDC information sheets* and agreed that the quantity recommended for each code is consistent with the corresponding vignette. Specifically, two vaccines are mentioned in the vignette for both 90482 and 90483, so two CDC information sheets are recommended for each code. For code 90484, the vignette references a two-month, routine well-child visit, such visits typically involve 5-7 immunizations, so six CDC information sheets are recommended. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

G-Code Request for Deletion
The RUC requests that CMS delete codes G0310-G0313, as there is no longer a need for these G-codes with the creation of new CPT codes 90482-90484.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

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Evaluation and Management
Preventive Medicine Services

The following codes . . .

Immunization/vaccine/toxoid products, immunization administrations, ancillary studies involving laboratory, radiology, other procedures, or screening tests (eg, vision, hearing, developmental) identified with a specific CPT code are reported separately. For immunization administration and immunization risk/benefit counseling, see 90460, 90461, 90471-90474, 90480, 96380, 96381. For immunization risk/benefit counseling without administration, see 90482, 90483, 90484. For *immunization*/vaccine/toxoid products, see 90380, 90381, 90476-90759, 91304, 91318, 91319, 91320, 91321, 91322.

Medicine
Immune Globulins, Serum or Recombinant Products

90378 *Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each*

(For physician or other qualified health care professional [QHP] immunization counseling of 3 minutes or greater when the immunization is not administered on the same date, see 90482, 90483, 90484)

90380 *Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use*

(For physician or other qualified health care professional [QHP] immunization counseling of 3 minutes or greater when the immunization is not administered on the same date, see 90482, 90483, 90484)

90381 *1 mL dosage, for intramuscular use*

(Do not report 90380, 90381 in conjunction with 96372)

(For administration of respiratory syncytial virus, monoclonal antibody, seasonal dose, see 96380, 96381)

(For physician or other qualified health care professional [QHP] immunization counseling of 3 minutes or greater when the immunization is not administered on the same date, see 90482, 90483, 90484)

Immunization Administration for Vaccines/Toxoids

Report vaccine immunization administration codes (90460, 90461, 90471-90474, 90480 in addition to the vaccine and toxoid code(s) (90476-90759, 91304, 91318, 91319, 91320, 91321, 91322).

Report codes 90460 and 90461 only when the physician or other qualified health care professional provides face-to-face counseling of the patient/family during the administration of a vaccine other than when performed for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccines. For immunization administration of any vaccine, other than SARS-CoV-2 (coronavirus disease [COVID-19]) vaccines, that is not accompanied by face-to-face physician or other qualified health care professional counseling to the

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patient/family/guardian or for administration of vaccines to patients over 18 years of age, report codes 90471-90474. (See also ***Instructions for Use of the CPT Codebook*** *for definition of reporting qualifications.)*

Report 90480 for immunization administration of SARS-CoV-2 (coronavirus disease [COVID-19]) vaccines only. This code is used for administration and counseling that involves the use of COVID-19 vaccines for immunization against contracting disease. This includes administration of COVID-19 vaccine for all age populations.

For physician or other qualified health care professional (QHP) immunization counseling of three minutes or greater when the immunization is not administered on the same date, see 90482, 90483, 90484.

If more than one immunization is recommended and the patient/family/caregiver accepts one or more immunization(s) and declines one or more immunization(s), use 90460, 90461, 90471, 90472, 90473, 90474, 90480, 96380, 96381 as indicated for immunization administration and see 90482, 90483, 90484 for immunization counseling for those immunizations for which administration did not occur on the same day that counseling was performed.

If a significant separately identifiable evaluation and management service (eg, new or established patient office or other outpatient services [99202-99215], office or other outpatient consultations [99242, 99243, 99244, 99245], emergency department services [99281-99285], preventive medicine services [99381-99429]) is performed, the appropriate E/M service code should be reported in addition to the vaccine and toxoid administration codes.

For immune globulins and monoclonal antibodies immunizations, see 90281-90399. For administration of immune globulins and monoclonal antibodies immunizations, see 96365, 96366, 96367, 96368, 96369, 96370, 96371, 96372, 96374, 96375, 96380, 96381, 96380, 96381.

(For allergy testing, see 95004 et seq)

(For skin testing of bacterial, viral, fungal extracts, see 86485-86580)

(For therapeutic or diagnostic injections, see 96372-96379)

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*

✚*90461* *each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)*

(Use 90460 for each vaccine administered. For vaccines with multiple components [combination vaccines], report 90460 in conjunction with 90461 for each additional component in a given vaccine)

(Do not report 90460, 90461 in conjunction with 91304, 91318, 91319, 91320, 91321, 91322, unless both a severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine/toxoid product and at least one vaccine/toxoid product from 90476-90759 are administered at the same encounter)

(For physician or other qualified health care professional immunization counseling of 3 minutes or greater when one or more immunizations are not administered on the same date, see 90482, 90483, 90484)

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✚*90474*	*each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)*
	(Use 90474 in conjunction with 90460, 90471, 90473)
	(Do not report 90473, 90474 in conjunction with 91304, 91318, 91319, 91320, 91321, 91322, unless both a severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine/toxoid product and at least one vaccine/toxoid product from 90476-90759 are administered at the same encounter)
	(For physician or other qualified health care professional immunization counseling of 3 minutes or greater when one or more immunizations are not administered on the same date, see 90482, 90483, 90484)
# ● *90480*	*Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose*
	(0001A, 0002A, 0003A, 0004A have been deleted. To report administration of COVID-19 vaccine, use 90480)
	(0051A, 0052A, 0053A, 0054A have been deleted. To report administration of COVID-19 vaccine, use 90480)
	(0121A, 0124A have been deleted. To report administration of COVID-19 vaccine, use 90480)
	(0071A, 0072A, 0073A, 0074A have been deleted. To report administration of COVID-19 vaccine, use 90480)
	(0151A, 0154A have been deleted. To report administration of COVID-19 vaccine, use 90480)
	(0081A, 0082A, 0083A have been deleted. To report administration of COVID-19 vaccine, use 90480)
	(0171A, 0172A, 0173A, 0174A have been deleted. To report administration of COVID-19 vaccine, use 90480)
	(0011A, 0012A, 0013A have been deleted. To report administration of COVID-19 vaccine, use 90480)
	(0064A has been deleted. To report administration of COVID-19 vaccine, use 90480)
	(0134A has been deleted. To report administration of COVID-19 vaccine, use 90480)
	(0141A, 0142A, 0144A have been deleted. To report administration of COVID-19 vaccine, use 90480)
	(0091A, 0092A, 0093A, 0094A have been deleted. To report administration of COVID-19 vaccine, use 90480)
	(0021A, 0022A have been deleted. To report administration of COVID-19 vaccine, use 90480)
	(0031A, 0034A have been deleted. To report administration of COVID-19 vaccine, use 90480)
	(0041A, 0042A, 0044A have been deleted. To report administration of COVID-19 vaccine, use 90480)
	(0104A has been deleted. To report administration of COVID-19 vaccine, use 90480)

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		(0111A, 0112A, 0113A have been deleted. To report administration of COVID-19 vaccine, use 90480) *(0164A has been deleted. To report administration of COVID-19 vaccine, use 90480)* *(Report 90480 for the administration of vaccine 91304, 91318, 91319, 91320, 91321, 91322)* *(Do not report 90480 in conjunction with 90476-90759)* <u>(For physician or other qualified health care professional [QHP] immunization counseling of 3 minutes or greater when one or more immunizations are not administered on the same date, see 90482, 90483, 90484)</u>		
★◂●90482	M1	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; 3 minutes up to 10 minutes	XXX	0.24
★◂●90483	M2	greater than 10 minutes up to 20 minutes	XXX	0.50
★◂●90484	M3	greater than 20 minutes (When reporting 90482, 90483, 90484, do not count time spent on counseling for immunizations that were administered on the same day of service) (When reporting 90482, 90483, 90484, do not include service time reported with 90460, 90461, 90471, 90472, 90473, 90474, 90480, 96380, 96381) (Report 90482, 90483, 90484 once per date of service for cumulative counseling time for immunization[s] not provided, regardless of the number of products)	XXX	0.75
G0310	-	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5 to 15 mins time (this code is used for Medicaid billing purposes)	XXX	Recommend CMS Delete (2024 work RVU = 0.00)
G0311	-	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date	XXX	Recommend CMS Delete (2024 work RVU = 0.00)

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		of service, 16-30 mins time (this code is used for Medicaid billing purposes)		
G0312	-	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time (this code is used for Medicaid billing purposes)	XXX	Recommend CMS Delete (2024 work RVU = 0.00)
G0313	-	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 mins time (this code is used for Medicaid billing purposes)	XXX	Recommend CMS Delete (2024 work RVU = 0.00)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:90482 Tracking Number M1 Original Specialty Recommended RVU: **0.30**
Presented Recommended RVU: **0.24**
Global Period: XXX Current Work RVU: **N/A** RUC Recommended RVU: **0.24**

CPT Descriptor: Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; 3 minutes up to 10 minutes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 32-year-old male presents for a routine appointment. The physician recommends vaccination with influenza and COVID-19. The patient is hesitant to accept the immunizations. The patient states he will think about it for the future.

Percentage of Survey Respondents who found Vignette to be Typical: 74%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: The physician or other qualified healthcare professional (QHP) informs the patient and/or caregiver that the patient is due for specific immunizations. The patient and/or caregiver is hesitant to receive the immunizations, so the physician/QHP engages them in a conversation to explore and listen to their concerns, answers their questions, shows empathy, and builds trust through acknowledgement of concerns. The physician/QHP chooses counseling strategies specific to each patient and/or caregiver's hesitation level and personalizes the information based on cultural beliefs, vaccine concerns, and literacy level. The physician/QHP provides the patient and/or caregiver with educational resources and reliable websites. The physician/QHP works together with the patient and/or caregiver to develop a plan for immunizing.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024
Presenter(s):	Steven E. Krug, MD, AAP RUC Advisor Suzanne Berman, MD, AAP Alternate Advisor Bradley Fox, MD, AAFP RUC Advisor Charles J. Hamori, MD, ACP RUC Advisor Paul Martin, DO, AOA RUC Advisor
Specialty Society(ies):	American Academy of Pediatrics (AAP) American Academy of Family Physicians (AAFP) American College of Physicians (ACP) American Osteopathic Association (AOA)
CPT Code:	90482
Sample Size: 15847	**Resp N:** 148
Description of Sample:	Random

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**50.00**	263.00	2500.00
Survey RVW:	0.10	0.24	**0.30**	0.57	10.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	4.00	**6.00**	8.00	35.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code: 90482	**Recommended Physician Work RVU: 0.24**		
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:	**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**6.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99406	XXX	0.24	**RUC Time**

CPT Descriptor Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90460	XXX	0.24	**RUC Time**

CPT Descriptor Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered

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
92081	XXX	0.30	**RUC Time**	77,430

CPT Descriptor 1 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)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99281	XXX	0.25	**RUC Time**	53,580

CPT Descriptor 2 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

Other Reference CPT Code	Global	Work RVU	Time Source
71111	XXX	0.32	**RUC Time**

CPT Descriptor Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 55 **% of respondents:** 37.1 **%**

Number of respondents who choose 2nd Key Reference Code: 23 **% of respondents:** 15.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 90482	Top Key Reference CPT Code: 99406	2nd Key Reference CPT Code: **90460**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	6.00	7.00	7.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**6.00**	**7.00**	**7.00**
Other time if appropriate		0.00	0.00

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	2%	5%	40%	47%	6%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	7%	44%	49%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	7%	71%	22%
Physical effort required	13%	80%	7%

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%	31%	62%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	4%	4%	48%	35%	9%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	22%	39%	39%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	17%	61%	22%
Physical effort required	13%	74%	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	9%	43%	48%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the May 2024 CPT Editorial Panel meeting, the panel created 3 new codes (90482, 90483, and 90484) for immunization counseling services where a vaccination is not ultimately administered. These codes were created to account for the substantial time physicians and other QHPs spend counseling patients on vaccine efficacy, safety, and importance outside of E/M and preventive

care service activities. The 3 codes are reported based on the amount of time spent counseling a patient. The service may be performed in person or via telehealth.

The creation of these codes follows 2 CMS coverage decisions related to state Medicaid programs: (1) CMS will fully fund (100% Federal Medical Assistance Percentage) state Medicaid payment for COVID-19 vaccine counseling for children when provided separately from COVID-19 immunization administration and require coverage under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit; and (2) CMS will require counseling of routine childhood immunizations under the EPSDT. CMS created 6 new G-codes for vaccine counseling when a vaccine is not provided. However, these codes are unnecessarily complex. The American Academy of Pediatrics and American Academy of Family Physicians submitted a code change application to CPT for codes that would more appropriately capture the work encompassed in immunization counseling and more appropriately support payment. These codes are critical to supporting broader efforts across the medical community to combat vaccine hesitancy, and ensuring the availability of payment for this work. Per the CPT Code Change Application, the services may be performed in non-facility and facility settings and are recommended to be classified as a preventive service to support health equity and access to care.

The U.S. is experiencing a rise in vaccine hesitancy, reflected in data on vaccination rates and surveys of public sentiment. The share of kindergarten-aged children who received all state-required vaccines declined between the 2019-20 and 2021-22 school years from 95% to 93% (CDC, 2024). Additionally, the share of Americans who believe it is important for their children to be vaccinated has declined over the last 2 decades. Over the same period, the share of U.S. adults who believe vaccines to be more dangerous than the diseases they are developed to prevent has risen (Gallup, 2024). This hesitancy is leading to an increase in immunization-preventable illnesses that are burdening the U.S. healthcare system. Exemplifying this issue, the U.S. experienced a measles resurgence (CDC, 2024), and other immunization-preventable diseases such as pertussis, shingles, COVID-19, human papillomavirus (HPV), and respiratory syncytial virus (RSV) continue to burden the U.S. healthcare system.

Vaccine counseling services by physicians and other QHPs is critical to increasing vaccination rates and combatting hesitancy. These services entail listening to patient concerns, answering questions, and building trust; selecting counseling strategies and conveying information in a manner specific to each patient's concerns, cultural beliefs, and literacy level; providing patients with appropriate resources; and making a plan with patients to immunize in the future or engage in alternative preventive strategies. These activities are above and beyond those captured in an E/M or preventive visit.

Survey Process

Supporting broad representation across the primary care specialties that would typically provides immunization counseling services, the American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Physicians (ACP), and American Osteopathic Association (AOA) conducted a survey of all 3 codes.
The survey was sent to a random sample of 15,847 physicians. The number of respondents for each code and percent of respondents who found the vignette typical are as follows:

- 90482: 148 respondents, 74% found the vignette typical
- 90483: 127 respondents, 62% found the vignette typical
- 90484: 139 respondents, 87% found the vignette typical

The surveying societies convened an expert panel that evaluated survey results and developed the following recommendations.

The surveying societies added a question to the survey, which was approved by the research committee, seeking to ascertain if this service would be stand-alone or more typically reported with an E/M visit. The societies and the RSC struggled with the best way to word the question that respondents would understand. Ultimately, the question was worded as follows:

In what percent of patients do you provide this service with an Evaluation/Management or Preventive Medicine service?
In more than 50% of patients
In less than or equal to 50% of patients

Based on survey results, the societies believe that the question was written in a way that could easily be misinterpreted by those not familiar with RUC process. Some likely interpreted the question to ask "do you provide this service at the majority of your visits" where we would expect them to say no, while others may have interpreted the question as intended ("do you provide this service with another service the majority of time") where we would expect them to say yes. The ambiguity of the question unfortunately negates the value of the response. Because of this we have opted to rely on expert panel to address this issue. The expert panel's consensus was that this service would typically be reported with an E/M. This is reflected in the section of the work SOR below regarding "Services Reported with Multiple CPT Codes" and the PE SOR.

Recommendations

Based on the strong response to the survey, the specialty societies recommend the survey 25th percentile of 0.24 work RVUs and the survey median of 6 minutes of intra-service time, which also serves as total time.

While the work RVU for this service is slightly greater than the key reference service (99406), 53% of respondents rated the overall intensity/complexity of this service as greater than the top KRS. Additionally, 62% of respondents reported the psychological stress

of 90482 as greater than that of the top KRS, 90406 *Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes.*

Respondents likely found 90482 to be more intense/complex because (1) the typical patient for this encounter is highly reluctant to receive a vaccine, unlike the typical patient for 90406 which may be interested in quitting smoking or may recognize the harms of smoking, (2) the effort and skill required to engage in the appropriate counseling strategies to address concerns of a vaccine-hesitant patient is greater, and (3) how the provider handles the conversation may influence whether or not the patient returns to the provider for overall care.

Conclusion

For code 90482, *immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; 3 minutes up to 10 minutes*, the societies recommend the survey 25th percentile, **a work RVU of 0.24 and intra-service time of 6 minutes**.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 90482 will typically be reported with an office/outpatient E/M code (99202-99215) or a preventive services code (99381-99397).

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.

3.	CPT	Global	wRVU	Pre	Intra	Post
4.	99213	XXX	1.30	5	20	5
5.	90482	XXX	0.30	0	6	0
6.	Total		1.60	5	26	5

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

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 Family Medicine How often? Commonly

Specialty Internal Medicine How often? Commonly

Specialty Pediatrics How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 2974702

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Overall utilization was calculated using influenza vaccine administrations as a proxy for overall encounters that may result in counseling. The total U.S. population (333.3 million) was multiplied by the share of adults who received the flu vaccine (50%) based on 2022 CDC data. We then determined 35% of these encounters would occur outside the pharmacy setting (IQVIA Institute, 2022), allowing the patient to potentially receive counseling by a physician or QHP. Of these visits, the societies assumed 20% of patients would be vaccine hesitant and require counseling (Gallup, 2024), and only 30% of counseling encounters would not result in a vaccination. This resulted in 3,499,650 immunization counseling visits without vaccine administration. Among these visits, we estimated that 85% would report 90482 (of duration under 10 minutes), 10% would report 90483 (of duration 10-20 minutes), and 5% would report 90484 (of duration greater than 20 minutes).

Data Sources:
Centers for Disease Control and Prevention, 2023: https://www.cdc.gov/adultvaxview/publications-resources/vaccination-coverage-adults-2021.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/vaccination-coverage-adults-2021.html

IQVIA Institute, 2022: https://www.iqvia.com/form-pages/institute-gated?redirectUrl=%2f-%2fmedia%2fiqvia%2fpdfs%2finstitute-reports%2ftrends-in-vaccine-administration-in-the-united-states%2fiqvia-institute-trends-in-vaccine-administration-in-the-us-for-web.pdf&title=IQVIA+Institute+Trends+in+Vaccine+Administration+in+the+US+for+Web

Gallup, 2024: https://news.gallup.com/poll/648308/far-fewer-regard-childhood-vaccinations-important.aspx

HHS Assistant Secretary for Planning and Evaluation, 2021:
https://aspe.hhs.gov/sites/default/files/documents/81660ce32660fc8708c291e6a28e26f7/aspe-ib-vaccine-hesitancy.pdf

Specialty Family Medicine Frequency 1041145 Percentage 34.99 %

Specialty Internal Medicine Frequency 1041145 Percentage 34.99 %

Specialty Pediatrics Frequency 892411 Percentage 30.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 324,448 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. There are 61.2 million Americans who are eligible for Medicare. Adults age 65 and older who received influenza and pneumococcal vaccines was 66% in 2022 (CDC, 2023). This number was used to estimate the share of Medicare beneficiaries who would have an encounter where vaccine counseling may occur. In 2022, approximately 35% of pneumococcal and flu vaccines were provided outside the pharmacy setting, thus allowing patients to receive counseling (IQVIA Institute, 2022) by a physician or QHP. Of these visits, the societies assumed 9% of patients would be vaccine hesitant and require counseling (ASPE, 2021), and only 30% of counseling encounters would not result in a vaccination. This resulted in 381,704 immunization counseling visits without vaccine administration. Among these visits, we estimated that 85% would report 90482 (of duration under 10 minutes), 10% would report 90483 (of duration 10-20 minutes), and 5% would report 90484 (of duration greater than 20 minutes).

Specialty Family Medicine Frequency 162224 Percentage 50.00 %

Specialty Internal Medicine Frequency 162224 Percentage 50.00 %

Specialty Pediatrics 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:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Established

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. 99406

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:90483 Tracking Number M2 Original Specialty Recommended RVU: **0.70**
Presented Recommended RVU: **0.65**
Global Period: XXX Current Work RVU: **N/A** RUC Recommended RVU: **0.50**

CPT Descriptor: Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 10 minutes up to 20 minutes.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 28-year-old pregnant female presents for a scheduled prenatal appointment. The physician recommends vaccination with Tdap and influenza. The patient has significant safety concerns related to her fetus. Patient declines vaccination.

Percentage of Survey Respondents who found Vignette to be Typical: 62%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: The physician or other qualified healthcare professional (QHP) informs the patient and/or caregiver that the patient is due for specific immunizations. The patient and/or caregiver is hesitant to receive the immunizations, so the physician/QHP engages them in a conversation to explore and listen to their concerns, answers their questions, shows empathy, and builds trust through acknowledgement of concerns. The physician/QHP chooses counseling strategies specific to each patient and/or caregiver's hesitation level and personalizes the information based on cultural beliefs, vaccine concerns, and literacy level. The physician/QHP provides the patient and/or caregiver with educational resources and reliable websites. The physician/QHP works together with the patient and/or caregiver to develop a plan for immunizing.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024
Presenter(s):	Steven E. Krug, MD, AAP RUC Advisor Suzanne Berman, MD, AAP Alternate Advisor Bradley Fox, MD, AAFP RUC Advisor Charles J. Hamori, MD, ACP RUC Advisor Paul Martin, DO, AOA RUC Advisor
Specialty Society(ies):	American Academy of Pediatrics (AAP) American Academy of Family Physicians (AAFP) American College of Physicians (ACP) American Osteopathic Association (AOA)
CPT Code:	90483
Sample Size: 15847	**Resp N:** 127
Description of Sample:	Random

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**20.00**	75.00	2500.00
Survey RVW:	0.15	0.50	**0.70**	0.92	15.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	11.00	**13.00**	16.00	27.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code: 90483	**Recommended Physician Work RVU: 0.50**		
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:	**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**13.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
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Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99407	XXX	0.50	**RUC Time**

CPT Descriptor Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99212	XXX	0.70	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99212	XXX	0.70	**RUC Time**	8,350,126

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93015	XXX	0.75	**RUC Time**	815,131

CPT Descriptor 2 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report.

Other Reference CPT Code	Global	Work RVU	Time Source
69210	XXX	0.61	**RUC Time**

CPT Descriptor Removal impacted cerumen requiring instrumentation, unilateral

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:** 35.4 **%**

Number of respondents who choose 2nd Key Reference Code: 40 **% of respondents:** 32.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 90483	Top Key Reference CPT Code: 99407	2nd Key Reference CPT Code: **99212**
Median Pre-Service Time	0.00	0.00	2.00
Median Intra-Service Time	13.00	15.00	11.00
Median Immediate Post-service Time	0.00	0.00	3.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**13.00**	**15.00**	**16.00**
Other time if appropriate		0.00	0.00

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	5%	33%	49%	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	2%	38%	60%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	4%	69%	27%
Physical effort required	9%	87%	4%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	2%	29%	69%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	2%	10%	25%	50%	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	17%	40%	43%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	23%	48%	30%
Physical effort required	20%	58%	22%

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%	8%	82%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

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The creation of these codes follows 2 CMS coverage decisions related to state Medicaid programs: (1) CMS will fully fund (100% Federal Medical Assistance Percentage) state Medicaid payment for COVID-19 vaccine counseling for children when provided separately from COVID-19 immunization administration and require coverage under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit; and (2) CMS will require counseling of routine childhood immunizations under the EPSDT. CMS created 6 new G-codes for vaccine counseling when a vaccine is not provided. However, these codes are unnecessarily complex. The American Academy of Pediatrics and American Academy of Family Physicians submitted a code change application to CPT for codes that would more appropriately capture the work encompassed in immunization counseling and more appropriately support payment. These codes are critical to supporting broader efforts across the medical community to combat vaccine hesitancy, and ensuring the availability of payment for this work. Per the CPT Code Change Application, the services may be performed in non-facility and facility settings and are recommended to be classified as a preventive service to support health equity and access to care.

The U.S. is experiencing a rise in vaccine hesitancy, reflected in data on vaccination rates and surveys of public sentiment. The share of kindergarten-aged children who received all state-required vaccines declined between the 2019-20 and 2021-22 school years from 95% to 93% (CDC, 2024). Additionally, the share of Americans who believe it is important for their children to be vaccinated has declined over the last 2 decades. Over the same period, the share of U.S. adults who believe vaccines to be more dangerous than the diseases they are developed to prevent has risen (Gallup, 2024). This hesitancy is leading to an increase in immunization-preventable illnesses that are burdening the U.S. healthcare system. Exemplifying this issue, the U.S. experienced a measles resurgence (CDC, 2024), and other immunization-preventable diseases such as pertussis, shingles, COVID-19, human papillomavirus (HPV), and respiratory syncytial virus (RSV) continue to burden the U.S. healthcare system.

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Survey Process

Supporting broad representation across the primary care specialties that would typically provides immunization counseling services, the American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Physicians (ACP), and American Osteopathic Association (AOA) conducted a survey of all 3 codes.

The survey was sent to a random sample of 15,847 physicians. The number of respondents for each code and percent of respondents who found the vignette typical are as follows:

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- 90483: 127 respondents, 62% found the vignette typical
- 90484: 139 respondents, 87% found the vignette typical

The surveying societies convened an expert panel that evaluated survey results and developed the following recommendations.

The surveying societies added a question to the survey, which was approved by the research committee, seeking to ascertain if this service would be stand-alone or more typically reported with an E/M visit. The societies and the RSC struggled with the best way to word the question that respondents would understand. Ultimately, the question was worded as follows:

In what percent of patients do you provide this service with an Evaluation/Management or Preventive Medicine service?
In more than 50% of patients
In less than or equal to 50% of patients

Based on survey results, the societies believe that the question was written in a way that could easily be misinterpreted by those not familiar with RUC process. Some likely interpreted the question to ask "do you provide this service at the majority of your visits" where we would expect them to say no, while others may have interpreted the question as intended ("do you provide this service with another service the majority of time") where we would expect them to say yes. The ambiguity of the question unfortunately negates the value of the response. Because of this we have opted to rely on expert panel to address this issue. The expert panel's consensus was that this service would typically be reported with an E/M. This is reflected in the section of the work SOR below regarding "Services Reported with Multiple CPT Codes" and the PE SOR.

Recommendations

Based on the strong response to the survey, the specialty societies recommend the survey median of **0.70 work RVUs and the survey median of 13 minutes of intra-service time, which also serves as total time**.

While the work RVU for this service is slightly greater than the key reference service (99407), 62% of respondents rated the overall intensity/complexity of this service as greater than the top KRS. Additionally, 69% of respondents reported the psychological stress

of 90482 as greater than that of the top KRS, 90407 *Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes.*

Respondents likely found 90483 to be more intense/complex because (1) the typical patient for this encounter is highly reluctant to receive a vaccine, unlike the typical patient for 90406 which may be interested in quitting smoking or may recognize the harms of smoking, (2) the effort and skill required to engage in the appropriate counseling strategies to address concerns of a vaccine-hesitant patient is greater, and (3) how the provider handles the conversation may influence whether or not the patient returns to the provider for overall care.

Additionally, the expert panel believes that the immunization counseling codes 90483 and 90484 will most often be reported in visits where the physician or QHP must counsel the patient on multiple vaccines, address patient concerns, and develop future immunization or preventive strategies for each of these vaccines. The typical patient has done extensive research on the internet and has come to the visit with numerous questions and concerns about some if not all of the immunizations in question. The need to tailor counseling strategies to each patient, their cultural backgrounds, and the unique concerns they may have about each immunization contributes to the higher levels of intensity, complexity, and psychological stress identified by respondents.

Conclusion

For code 90483, *immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 10 minutes, up to 20 minutes*, the societies recommend the survey median, a work RVU of 0.70 and intra-service time of 13 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) 90483 would typically be reported with an office/outpatient E/M code (99202-99215) or a preventive services code (99381-99397).

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.

3.	CPT	Global	wRVU	Pre	Intra	Post
4.	99213	XXX	1.30	5	20	5
5.	90483	XXX	0.70	0	13	0
6.	Total		2.00	5	33	5

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

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 Family Medicine How often? Commonly

Specialty Internal Medicine How often? Commonly

Specialty Pediatrics How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 349968
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Overall utilization was calculated using influenza vaccine administrations as a proxy for overall encounters that may result in counseling. The total U.S. population (333.3 million) was multiplied by the share of adults who received the flu vaccine (50%) based on 2022 CDC data. We then determined 35% of these encounters would occur outside the pharmacy setting (IQVIA Institute, 2022), allowing the patient to potentially receive counseling by a physician or QHP. Of these visits, the societies assumed 20% of patients would be vaccine hesitant and require counseling (Gallup, 2024), and only 30% of counseling encounters would not result in a vaccination. This resulted in 3,499,650 immunization counseling visits without vaccine administration. Among these visits, we estimated that 85% would report 90482 (of duration under 10 minutes), 10% would report 90483 (of duration 10-20 minutes), and 5% would report 90484 (of duration greater than 20 minutes).

Data Sources:
Centers for Disease Control and Prevention, 2023: https://www.cdc.gov/adultvaxview/publications-resources/vaccination-coverage-adults-2021.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/vaccination-coverage-adults-2021.html

IQVIA Institute, 2022: https://www.iqvia.com/form-pages/institute-gated?redirectUrl=%2f-%2fmedia%2fiqvia%2fpdfs%2finstitute-reports%2ftrends-in-vaccine-administration-in-the-united-states%2fiqvia-institute-trends-in-vaccine-administration-in-the-us-for-web.pdf&title=IQVIA+Institute+Trends+in+Vaccine+Administration+in+the+US+for+Web

Gallup, 2024: https://news.gallup.com/poll/648308/far-fewer-regard-childhood-vaccinations-important.aspx

HHS Assistant Secretary for Planning and Evaluation, 2021:
https://aspe.hhs.gov/sites/default/files/documents/81660ce32660fc8708c291e6a28e26f7/aspe-ib-vaccine-hesitancy.pdf

Specialty Family Medicine Frequency 122488 Percentage 35.00 %

Specialty Internal Medicine Frequency 122488 Percentage 35.00 %

Specialty Pediatrics Frequency 104990 Percentage 30.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 38,170 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. There are 61.2 million Americans who are eligible for Medicare. Adults age 65 and older who received influenza and pneumococcal vaccines was 66% in 2022 (CDC, 2023). This number was used to estimate the share of Medicare beneficiaries who would have an encounter where vaccine counseling may occur. In 2022, approximately 35% of pneumococcal and flu vaccines were provided outside the pharmacy setting, thus allowing patients to receive counseling (IQVIA Institute, 2022) by a physician or QHP. Of these visits, the societies assumed 9% of patients would be vaccine hesitant and require counseling (ASPE, 2021), and only 30% of counseling encounters would not result in a vaccination. This resulted in 381,704 immunization counseling visits without vaccine administration. Among these visits, we estimated that 85% would report 90482 (of duration under 10 minutes), 10% would report 90483 (of duration 10-20 minutes), and 5% would report 90484 (of duration greater than 20 minutes).

Specialty Family Medicine Frequency 19085 Percentage 50.00 %

Specialty Internal Medicine Frequency 19085 Percentage 50.00 %

Specialty Pediatrics Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Established

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. 99407

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:90484 Tracking Number M3 Original Specialty Recommended RVU: **1.15**
Presented Recommended RVU: **0.75**
Global Period: XXX Current Work RVU: **N/A** RUC Recommended RVU: **0.75**

CPT Descriptor: Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 20 minutes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 2-month-old male and his parents present for a scheduled telehealth follow-up visit following immunization refusal at the routine 2-month well-child routine appointment. Parents agree to bring the child for a nurse visit so he can receive immunizations.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: The physician or other qualified healthcare professional (QHP) informs the patient and/or caregiver that the patient is due for specific immunizations. The patient and/or caregiver is hesitant to receive the immunizations, so the physician/QHP engages them in a conversation to explore and listen to their concerns, answers their questions, shows empathy, and builds trust through acknowledgement of concerns. The physician/QHP chooses counseling strategies specific to each patient and/or caregiver's hesitation level and personalizes the information based on cultural beliefs, vaccine concerns, and literacy level. The physician/QHP provides the patient and/or caregiver with educational resources and reliable websites. The physician/QHP works together with the patient and/or caregiver to develop a plan for immunizing.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2024
Presenter(s):	Steven E. Krug, MD, AAP RUC Advisor Suzanne Berman, MD, AAP Alternate Advisor Bradley Fox, MD, AAFP RUC Advisor Charles J. Hamori, MD, ACP RUC Advisor Paul Martin, DO, AOA RUC Advisor
Specialty Society(ies):	American Academy of Pediatrics (AAP) American Academy of Family Physicians (AAFP) American College of Physicians (ACP) American Osteopathic Association (AOA)
CPT Code:	90484
Sample Size: 15847	**Resp N:** 139
Description of Sample:	Random

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**5.00**	25.00	2500.00
Survey RVW:	0.17	0.75	**1.15**	1.40	20.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	15.00	**22.00**	25.00	40.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code: 90484	**Recommended Physician Work RVU: 0.75**		
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:	**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**22.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	1.30	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99212	XXX	0.70	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	1.30	**RUC Time**	73,675,393

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 low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93015	XXX	0.75	**RUC Time**	815,131

CPT Descriptor 2 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report.

Other Reference CPT Code	Global	Work RVU	Time Source
99202	XXX	0.93	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.

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: 75 **% of respondents:** 53.9 **%**

Number of respondents who choose 2nd Key Reference Code: 17 **% of respondents:** 12.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 90484	Top Key Reference CPT Code: 99213	2nd Key Reference CPT Code: **99212**
Median Pre-Service Time	0.00	5.00	2.00
Median Intra-Service Time	22.00	20.00	11.00
Median Immediate Post-service Time	0.00	5.00	3.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**22.00**	**30.00**	**16.00**
Other time if appropriate		0.00	0.00

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	2%	8%	27%	32%	31%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	16%	27%	57%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	21%	45%	34%
Physical effort required	24%	45%	31%

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%	11%	82%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	6%	12%	35%	29%	18%

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	24%	47%	29%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	29%	41%	30%
Physical effort required	35%	59%	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	12%	18%	70%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the May 2024 CPT Editorial Panel meeting, the panel created 3 new codes (90482, 90483, and 90484) for immunization counseling services where a vaccination is not ultimately administered. These codes were created to account for the substantial time physicians and other QHPs spend counseling patients on vaccine efficacy, safety, and importance outside of E/M and preventive care service activities. The 3 codes are reported based on the amount of time spent counseling a patient. The service may be performed in person or via telehealth.

The creation of these codes follows 2 CMS coverage decisions related to state Medicaid programs: (1) CMS will fully fund (100% Federal Medical Assistance Percentage) state Medicaid payment for COVID-19 vaccine counseling for children when provided separately from COVID-19 immunization administration and require coverage under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit; and (2) CMS will require counseling of routine childhood immunizations under the EPSDT. CMS created 6 new G-codes for vaccine counseling when a vaccine is not provided. However, these codes are unnecessarily complex. The American Academy of Pediatrics and American Academy of Family Physicians submitted a code change application to CPT for codes that would more appropriately capture the work encompassed in immunization counseling and more appropriately support payment. These codes are critical to supporting broader efforts across the medical community to combat vaccine hesitancy, and ensuring the availability of payment for this work. Per the CPT Code Change Application, the services may be performed in non-facility and facility settings and are recommended to be classified as a preventive service to support health equity and access to care.

The U.S. is experiencing a rise in vaccine hesitancy, reflected in data on vaccination rates and surveys of public sentiment. The share of kindergarten-aged children who received all state-required vaccines declined between the 2019-20 and 2021-22 school years from 95% to 93% (CDC, 2024). Additionally, the share of Americans who believe it is important for their children to be vaccinated has declined over the last 2 decades. Over the same period, the share of U.S. adults who believe vaccines to be more dangerous than the diseases they are developed to prevent has risen (Gallup, 2024). This hesitancy is leading to an increase in immunization-preventable illnesses that are burdening the U.S. healthcare system. Exemplifying this issue, the U.S. experienced a measles resurgence (CDC, 2024), and other immunization-preventable diseases such as pertussis, shingles, COVID-19, human papillomavirus (HPV), and respiratory syncytial virus (RSV) continue to burden the U.S. healthcare system.

Vaccine counseling services by physicians and other QHPs is critical to increasing vaccination rates and combatting hesitancy. These services entail listening to patient concerns, answering questions, and building trust; selecting counseling strategies and conveying information in a manner specific to each patient's concerns, cultural beliefs, and literacy level; providing patients with appropriate resources; and making a plan with patients to immunize in the future or engage in alternative preventive strategies. These activities are above and beyond those captured in an E/M or preventive visit.

Survey Process

Supporting broad representation across the primary care specialties that would typically provides immunization counseling services, the American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Physicians (ACP), and American Osteopathic Association (AOA) conducted a survey of all 3 codes.
The survey was sent to a random sample of 15,847 physicians. The number of respondents for each code and percent of respondents who found the vignette typical are as follows:

- 90482: 148 respondents, 74% found the vignette typical
- 90483: 127 respondents, 62% found the vignette typical
- 90484: 139 respondents, 87% found the vignette typical

The surveying societies convened an expert panel that evaluated survey results and developed the following recommendations.

The surveying societies added a question to the survey, which was approved by the research committee, seeking to ascertain if this service would be stand-alone or more typically reported with an E/M visit. The societies and the RSC struggled with the best way to word the question that respondents would understand. Ultimately, the question was worded as follows:

In what percent of patients do you provide this service with an Evaluation/Management or Preventive Medicine service?
In more than 50% of patients
In less than or equal to 50% of patients

Based on survey results, the societies believe that the question was written in a way that could easily be misinterpreted by those not familiar with RUC process. Some likely interpreted the question to ask "do you provide this service at the majority of your visits" where we would expect them to say no, while others may have interpreted the question as intended ("do you provide this service with another service the majority of time") where we would expect them to say yes. The ambiguity of the question unfortunately negates the value of the response. Because of this we have opted to rely on expert panel to address this issue. The expert panel's consensus was that this service would typically be reported with an E/M. This is reflected in the section of the work SOR below regarding "Services Reported with Multiple CPT Codes" and the PE SOR.

Recommendations

Based on the strong response to the survey, the specialty societies recommend the survey median of 1.15 work RVUs and the survey median of 22 minutes of intra-service time, which also serves as total time.

The recommended work RVU for this service is less than that of the key reference service (99213), and 63% of respondents rated the overall intensity/complexity of this service as greater than the top KRS. Additionally, 82% of respondents reported the psychological stress of 90484 as greater than that of the top KRS, 99213 *Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded*.

The expert panel believes that the immunization counseling codes 90483 and 90484 will most often be reported in visits where the physician or QHP must counsel the patient on multiple vaccines, address patient concerns, and develop future immunization or preventive strategies for each of these vaccines. The typical patient has done extensive research on the internet and has come to the visit with numerous questions and concerns about some if not all of the immunizations in question. The need to tailor counseling strategies to each patient, their cultural backgrounds, and the unique concerns they may have about each immunization contributes to the higher levels of intensity, complexity, and psychological stress identified by respondents.
Respondents likely found 90484 to be more intense/complex because the encounter entails providing counseling to an exceptionally reluctant patient, and the need for the physician or other QHP to tailor their counseling strategy over the visit to address multiple immunizations.

Conclusion

For code 90484, *immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 20 minutes*, the societies recommend the survey median, a work RVU of 1.15 and intra-service time of 22 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) 90484 will typically be billed with an office/outpatient E/M code (99202-99215) or a preventive services code (99381-99397).

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	Global	wRVU	Pre	Intra	Post
3.	99213	XXX	1.30	5	20	5
4.	90484	XXX	1.15	0	22	0
5.	Total		2.45	5	42	5

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

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 Family Medicine How often? Commonly

Specialty Internal Medicine How often? Commonly

Specialty Pediatrics How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 174983
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Overall utilization was calculated using influenza vaccine administrations as a proxy for overall encounters that may result in counseling. The total U.S. population (333.3 million) was multiplied by the share of adults who received the flu vaccine (50%) based on 2022 CDC data. We then determined 35% of these encounters would occur outside the pharmacy setting (IQVIA Institute, 2022), allowing the patient to potentially receive counseling by a physician or QHP. Of these visits, the societies assumed 20% of patients would be vaccine hesitant and require counseling (Gallup, 2024), and only 30% of counseling encounters would not result in a vaccination. This resulted in 3,499,650 immunization counseling visits without vaccine administration. Among these visits, we estimated that 85% would report 90482 (of duration under 10 minutes), 10% would report 90483 (of duration 10-20 minutes), and 5% would report 90484 (of duration greater than 20 minutes).

Data Sources:
Centers for Disease Control and Prevention, 2023: https://www.cdc.gov/adultvaxview/publications-resources/vaccination-coverage-adults-2021.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/vaccination-coverage-adults-2021.html

IQVIA Institute, 2022: https://www.iqvia.com/form-pages/institute-gated?redirectUrl=%2f-%2fmedia%2fiqvia%2fpdfs%2finstitute-reports%2ftrends-in-vaccine-administration-in-the-united-states%2fiqvia-institute-trends-in-vaccine-administration-in-the-us-for-web.pdf&title=IQVIA+Institute+Trends+in+Vaccine+Administration+in+the+US+for+Web

Gallup, 2024: https://news.gallup.com/poll/648308/far-fewer-regard-childhood-vaccinations-important.aspx

HHS Assistant Secretary for Planning and Evaluation, 2021:
https://aspe.hhs.gov/sites/default/files/documents/81660ce32660fc8708c291e6a28e26f7/aspe-ib-vaccine-hesitancy.pdf

Specialty Family Medicine Frequency 61244 Percentage 35.01 %

Specialty Internal Medicine Frequency 61243 Percentage 34.99 %

Specialty Pediatrics Frequency 52495 Percentage 30.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 19,085 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. There are 61.2 million Americans who are eligible for Medicare. Adults age 65 and older who received influenza and pneumococcal vaccines was 66% in 2022 (CDC, 2023). This number was used to estimate the share of Medicare beneficiaries who would have an encounter where vaccine counseling may occur. In 2022, approximately 35% of pneumococcal and flu vaccines were provided outside the pharmacy setting, thus allowing patients to receive counseling (IQVIA Institute, 2022) by a physician or QHP. Of these visits, the societies assumed 9% of patients would be vaccine hesitant and require counseling (ASPE, 2021), and only 30% of counseling encounters would not result in a vaccination. This resulted in 381,704 immunization counseling visits without vaccine administration. Among these visits, we estimated that 85% would report 90482 (of duration under 10 minutes), 10% would report 90483 (of duration 10-20 minutes), and 5% would report 90484 (of duration greater than 20 minutes).

Specialty Family Medicine Frequency 9543 Percentage 50.00 %

Specialty Internal Medicine Frequency 9542 Percentage 49.99 %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Established

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. 99213

SS Rec Summary

ISSUE: Immunization Counseling

TAB: 11

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10	XXX	2007	55	0.034	0.034			0.24			7	0					7			0					
2nd REF	90460	Immunization administration through 18 years of age via any route of administration, with counseling	XXX	2021	23	0.034	0.034			0.24			7	0					7			0					
CURRENT	N/A					-	-						0														
SVY	90482	Immunization counseling by physician or other qualified health care professional when	XXX		148	0.050	0.050	0.10	0.24	0.30	0.57	10.00	6	0			1	4	6	8	35	0	0	10	50	263	2500
REC	90482	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; 3 minutes up to 10 minutes	XXX			0.040	0.040			0.24			6	0					6			0					
1st REF	99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	XXX	2007	45	0.033	0.033			0.50			15	0					15			0					
2nd REF	99212	Office or other outpatient visit for the evaluation and management of an established patient, which	XXX	2019	40	0.044	0.044			0.70			16	2					11			3					
CURRENT	N/A					-	-						0														
SVY	90483	Immunization counseling by physician or other qualified health care professional when	XXX		127	0.054	0.054	0.15	0.50	0.70	0.92	15.00	13	0			5	11	13	16	27	0	0	5	20	75	2500
REC	90483	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater then 10 minutes up to 20 minutes	XXX			0.038	0.038			0.50			13	0					13			0					
1st REF	99213	Office or other outpatient visit for the evaluation and management of an established patient, which	XXX	2019	75	0.043	0.043			1.30			30	5					20			5					
2nd REF	99212	Office or other outpatient visit for the evaluation and management of an established patient, which	XXX	2019	17	0.044	0.044			0.70			16	2					11			3					
CURRENT	N/A					-	-						0														
SVY	90484	Immunization counseling by physician or other qualified health care professional when	XXX		139	0.052	0.052	0.17	0.75	1.15	1.40	20.00	22	0			3	15	22	25	40	0	0	1	5	25	2500
REC	90484	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 20 minutes	XXX			0.034	0.034			0.75			22	0					22			0					

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S):__ 90482, 90483, 90484_____**

SPECIALTY SOCIETY(IES):__AAFP, AAP, ACP, AOA_____

PRESENTER(S):_____Suzanne Berman, MD, Brad Fox, MD, Charles J. Hamori, MD, Steven E. Krug, MD, Paul Martin, DO____

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 09/2024

CPT Code	Long Descriptor	Global Period
90482	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; 3 minutes up to 10 minutes	XXX
90483	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; 10 minutes up to 20 minutes	XXX
90484	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 20 minutes	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
90482	A 32-year-old male presents for a routine appointment. The physician recommends vaccination with influenza and COVID-19. The patient is hesitant to accept the immunizations. The patient states he will think about it for the future.
90483	A 28-year-old pregnant female presents for a scheduled prenatal appointment. The physician recommends vaccination with Tdap and influenza. The patient has significant safety concerns related to her fetus. Patient declines vaccination.
90484	A 2-month-old male and his parents present for a scheduled telehealth follow-up visit following immunization refusal at the routine 2-month well-child routine appointment. Parents agree to bring the child for a nurse visit so he can receive immunizations.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   RUC Advisors from AAFP, AAP, ACP, and AOA acted as an expert panel and communicated via email to develop the recommended PE inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   We are using CPT code 90460 (*Immunization administration through 18 years of age via any route of administration, with counseling by physician or other QHP; first or only component of each vaccine or toxoid administered*) as our reference code due to the fact it also involves immunization counseling, albeit with subsequent administration of the vaccine. Code 90460 is a recently PE-reviewed immunization administration service.

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S):__ 90482, 90483, 90484_____**

SPECIALTY SOCIETY(IES):__AAFP, AAP, ACP, AOA_____

PRESENTER(S):_____Suzanne Berman, MD, Brad Fox, MD, Charles J. Hamori, MD, Steven E. Krug, MD, Paul Martin, DO____

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?

   These are new services. Although survey respondents indicated these services are not typically reported with an E/M service in the non-facility setting, respondents also indicated the vignette in each case does reflect the typical patient. Each vignette describes a patient presenting for an E/M service (either preventive or problem-oriented). The expert panel believes these services will typically be reported in addition to an E/M service, including in the non-facility setting.

   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

   These are new services. We anticipate pediatrics will be the dominant specialty in the non-facility setting in the non-Medicare population. Among the Medicare population, we anticipate either internal medicine or family medicine will be the dominant specialty in the non-facility setting.

   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   (Not applicable)

   See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

   No

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

(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 2nd worksheet tab in PE spreadsheet*), 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)

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

CA007 (Review patient clinical extant information and questionnaire) – Clinical staff reviews the patient's chart for immunizations that are recommended, due, or missing and for previous immunization refusals. (1 minute requested) CA008 (Perform regulatory mandated quality assurance activity (pre-service)) – Clinical staff check to see whether relevant vaccine(s) is in stock and performs state requirements related to vaccine maintenance and storage. (1 minute requested) – Revised at meeting

    b. Service period (includes pre, intra and post):

CA034 (Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)) – Clinical staff assures documentation of refusal is in the patient's chart and relevant clinical registry log (state, local, etc.) and noted for purposes of applicable quality reporting program(s). (2 minutes requested) – Revised at meeting

    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:*

(Not applicable)

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

(Not applicable)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):
    (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

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:
    (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?

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).
    (Not applicable)

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:
    (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:
    (Not applicable)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

NO

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

(Not applicable)

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

(Not applicable)

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

(Not applicable)

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

Regarding medical supply SK012 (CDC information sheet), the quantity recommended for each code is consistent with the corresponding vignette. Specifically, two vaccines are mentioned in the vignette for both 90482 and 90483, so two CDC information sheets are recommended for each code. For code 90484, the vignette references a two-month, routine well-child visit. Per Bright Futures guidelines, such visits typically involve 5-7 immunizations, so six CDC information sheets are recommended.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S):__ 90482, 90483, 90484_____**

SPECIALTY SOCIETY(IES):__AAFP, AAP, ACP, AOA_____

PRESENTER(S):_____Suzanne Berman, MD, Brad Fox, MD, Charles J. Hamori, MD, Steven E. Krug, MD, Paul Martin, DO____

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

For question 10.a, the description of CA008 was revised to read as follows, consistent with the discussion at the meeting:

"CA008 (Perform regulatory mandated quality assurance activity (pre-service)) – Clinical staff check to see whether relevant vaccine(s) is in stock and performs state requirements related to vaccine maintenance and storage. (1 minute requested)"

For question 10.b, the parenthetical for CA034 was revised to read "(2 minutes requested)," consistent with the committee's decision to reduce this from 3 to 2 across all three codes.

CA034 (Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)) – Clinical staff assures documentation of refusal is in the patient's chart and relevant clinical registry log (state, local, etc.) and noted for purposes of applicable quality reporting program(s). (2 minutes requested)

These modifications were made to eliminate duplication between the two clinical activities.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**	
2						**90460**		**90482**		**90483**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: 09/2024** **Revision Date (if applicable):** **Tab: 11** **Specialty: AAFP, AAP, ACP, AOA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	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		Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; 3 minutes up to 10 minutes		Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 10 minutes up to 20	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 11.12**	**$ -**	**$ 2.05**	**$ -**	**$ 2.05**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**20.0**	**0.0**	**4.0**	**0.0**	**4.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**2.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**17.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**1.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 9.96**	**$ -**	**$ 1.99**	**$ -**	**$ 1.99**	**$ -**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery/procedure made**									
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.498						
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.498						
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.498						
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.498						
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.498						
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.498						
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.498	1		1		1	
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.498	1		1		1	
23			L037D	RN/LPN/MTA	0.498						
24			L037D	RN/LPN/MTA	0.498						
25			L037D	RN/LPN/MTA	0.498						
26		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
27		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
28		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.498						
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.498						
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.498	3					
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.498						
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.498						
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.498	2					
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.498						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.498						
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.498						
42			L037D	RN/LPN/MTA	0.498						
43			L037D	RN/LPN/MTA	0.498						
44			L037D	RN/LPN/MTA	0.498						
45		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
46		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
47		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
48		**Intra-service (of service period)**									
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.498						
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.498						
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.498						
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.498	4					
53			L037D	RN/LPN/MTA	0.498						
54			L037D	RN/LPN/MTA	0.498						
55			L037D	RN/LPN/MTA	0.498						
56		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
57		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
58		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
59		**Post-Service (of service period)**									
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.498	4					
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.498						
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.498	1					
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.498						
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.498						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.498						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.498						
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.498						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.498						
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.498						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.498						
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.498						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.498	3		2		2	
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.498						
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.498	**n/a**		**n/a**		**n/a**	
75			L037D	RN/LPN/MTA	0.498						
76			L037D	RN/LPN/MTA	0.498						
77			L037D	RN/LPN/MTA	0.498						
78		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
79		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
80		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
81		**End: Patient leaves office/facility**									
82		**POST-SERVICE PERIOD**									
83		**Start: Patient leaves office/facility**									
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.498	1					
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.498						

	A	B	D	E	F	G	H	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**	
2						**90460**		**90482**		**90483**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: 09/2024** **Revision Date (if applicable):** **Tab: 11** **Specialty: AAFP, AAP, ACP, AOA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	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		Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; 3 minutes up to 10 minutes		Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 10 minutes up to 20	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 11.12**	**$ -**	**$ 2.05**	**$ -**	**$ 2.05**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**20.0**	**0.0**	**4.0**	**0.0**	**4.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**2.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**17.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**1.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16								
88		99212 27 minutes	27								
89		99213 36 minutes	36								
90		99214 53 minutes	53								
91		99215 63 minutes	63								
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.498	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
93			L037D	RN/LPN/MTA	0.498						
94			L037D	RN/LPN/MTA	0.498						
95			L037D	RN/LPN/MTA	0.498						
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
97		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
98		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
99		**End: with last office visit before end of global period**									

	A	B	D	E	F	G	H	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**	
2						**90460**		**90482**		**90483**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: 09/2024** **Revision Date (if applicable):** **Tab: 11** **Specialty: AAFP, AAP, ACP, AOA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	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		Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; 3 minutes up to 10 minutes		Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 10 minutes up to 20	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 11.12**	**$ -**	**$ 2.05**	**$ -**	**$ 2.05**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**20.0**	**0.0**	**4.0**	**0.0**	**4.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**2.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**17.0**	**0.0**	**2.0**	**0.0**	**2.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**1.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 0.93**	**$ -**	**$ 0.06**	**$ -**	**$ 0.06**	**$ -**
102	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	0.49	item		1					
103	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.41	item		1					
104	SK012	CDC information sheet	0.03	item		1		2		2	
105											
106											
107											
108											
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 0.23**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
112	EF049	refrigerator, vaccine medical grade, w-data logger sngl glass door	7674.43		0.020365838	10					
113	ED043	refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates	1000		0.002653727	10					
114											
115											
116											
117											
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*									

	A	B	O	P
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**	
2			**90484**	
3		***RUC Collaboration Website***		
4	**Clinical Activity Code**	**Meeting Date: 09/2024** **Revision Date (if applicable):** **Tab: 11** **Specialty: AAFP, AAP, ACP, AOA**	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 20 minutes	
5		**LOCATION**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 2.17**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**4.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**2.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**2.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 1.99**	**$ -**
13		**PRE-SERVICE PERIOD**		
14		**Start: Following visit when decision for surgery/procedure made**		
15	CA001	Complete pre-service diagnostic and referral forms		
16	CA002	Coordinate pre-surgery services (including test results)		
17	CA003	Schedule space and equipment in facility		
18	CA004	Provide pre-service education/obtain consent		
19	CA005	Complete pre-procedure phone calls and prescription		
20	CA006	Confirm availability of prior images/studies		
21	CA007	Review patient clinical extant information and questionnaire	1	
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	1	
23				
24				
25				
26		*Other activity: please include short clinical description here and type*		
27		*Other activity: please include short clinical description here and type*		
28		*Other activity: please include short clinical description here and type*		
29		**End: When patient enters office/facility for surgery/procedure**		
30		**SERVICE PERIOD**		
31		**Start: When patient enters office/facility for surgery/procedure:**		
32		**Pre-Service (of service period)**		
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are		
34	CA010	Obtain vital signs		
35	CA011	Provide education/obtain consent		
36	CA012	Review requisition, assess for special needs		
37	CA013	Prepare room, equipment and supplies		
38	CA014	Confirm order, protocol exam		
39	CA015	Setup scope (nonfacility setting only)		
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient		
41	CA017	Sedate/apply anesthesia		
42				
43				
44				
45		*Other activity: please include short clinical description here and type*		
46		*Other activity: please include short clinical description here and type*		
47		*Other activity: please include short clinical description here and type*		
48		**Intra-service (of service period)**		
49	CA018	Assist physician or other qualified healthcare professional---directly		
50	CA019	Assist physician or other qualified healthcare professional---directly		
51	CA020	Assist physician or other qualified healthcare professional---directly		
52	CA021	Perform procedure/service---NOT directly related to physician work time		
53				
54				
55				
56		*Other activity: please include short clinical description here and type*		
57		*Other activity: please include short clinical description here and type*		
58		*Other activity: please include short clinical description here and type*		
59		**Post-Service (of service period)**		
60	CA022	Monitor patient following procedure/service, multitasking 1:4		
61	CA023	Monitor patient following procedure/service, no multitasking		
62	CA024	Clean room/equipment by clinical staff		
63	CA025	Clean scope		
64	CA026	Clean surgical instrument package		
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions		
66	CA028	Review/read post-procedure x-ray, lab and pathology reports		
67	CA029	Check dressings, catheters, wounds		
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,		
69	CA031	Review examination with interpreting MD/DO		
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to		
71	CA033	Perform regulatory mandated quality assurance activity (service period)		
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	2	
73	CA035	Review home care instructions, coordinate visits/prescriptions		
74	CA036	Discharge day management	**n/a**	
75				
76				
77				
78		*Other activity: please include short clinical description here and type*		
79		*Other activity: please include short clinical description here and type*		
80		*Other activity: please include short clinical description here and type*		
81		**End: Patient leaves office/facility**		
82		**POST-SERVICE PERIOD**		
83		**Start: Patient leaves office/facility**		
84	CA037	Conduct patient communications		
85	CA038	Coordinate post-procedure services		

	A	B	O	P
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**	
2			**90484**	
3		***RUC Collaboration Website***		
4	**Clinical Activity Code**	**Meeting Date: 09/2024** **Revision Date (if applicable):** **Tab: 11** **Specialty: AAFP, AAP, ACP, AOA**	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 20 minutes	
5		**LOCATION**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 2.17**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**4.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**2.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**2.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**
86		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**
87		99211 16 minutes		
88		99212 27 minutes		
89		99213 36 minutes		
90		99214 53 minutes		
91		99215 63 minutes		
92	CA039	Post-operative visits (total time)	**0.0**	**0.0**
93				
94				
95				
96		*Other activity: please include short clinical description here and type*		
97		*Other activity: please include short clinical description here and type*		
98		*Other activity: please include short clinical description here and type*		
99		**End: with last office visit before end of global period**		

	A	B	O	P
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**	
2			**90484**	
3		***RUC Collaboration Website***		
4	**Clinical Activity Code**	**Meeting Date: 09/2024** **Revision Date (if applicable):** **Tab: 11** **Specialty: AAFP, AAP, ACP, AOA**	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 20 minutes	
5		**LOCATION**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 2.17**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**4.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**2.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**2.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**		
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 0.18**	**$ -**
102	SC058	syringe w-needle, OSHA compliant (SafetyGlide)		
103	SG021	bandage, strip 0.75in x 3in (Bandaid)		
104	SK012	CDC information sheet	6	
105				
106				
107				
108				
110	**Equipment Code**	**EQUIPMENT**		
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ -**
112	EF049	refrigerator, vaccine medical grade, w-data logger sngl glass door		
113	ED043	refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates		
114				
115				
116				
117				
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*		

DESCRIPTION	CPT_Cod	Short Description	Sum of Aggregate NF Global & TC Cost
atherectomy device (Spectronetics laser or Fox Hollow)			$ 212,944,140
Reentry device (Frontier, Outback, Pioneer)			$ 168,646,062
Varithena (foam)			$ 99,667,706
Embolic Protection Device Spider FX (EV3, documentation available)			$ 88,532,831
subcutaneous cardiac rhythm monitor system			$ 81,964,328
Venaseal (glue)			$ 71,157,515
covered stent (VIABAHN, Gore)			$ 69,182,190
human amniotic membrane allograft mounted on a non-absorbable self-retaining ring			$ 64,566,906
Kyphoplasty kit, first fracture			$ 44,054,272
IVUS catheter			$ 42,361,160
kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)			$ 35,126,112
Urolift Implant and implantation device			$ 23,577,750
LC Beads (2mL vial)			$ 22,299,857
Esketamine (84 mg vial)			$ 22,196,799
Biodegradable Material Kit - PeriProstatic			$ 22,160,410
Detachable coil			$ 19,416,667
Cryoablation handpiece and 2 canisters (one per side)			$ 16,577,433
Trial lead kit			$ 15,708,761
venous stent system			$ 14,392,000
Trial lead array			$ 10,498,335
FISH pre-treatment kit			$ 8,712,245
Radiofrequency Stylus / wand			$ 8,533,824
stent, self expanding 2-5 mm XPERT (Abbott)			$ 8,464,379
kit, for percutaneous thrombolytic device (Trerotola)			$ 8,287,499
TULSA-PRO Disposable Kit			$ 7,780,038
VivAer Stylus			$ 7,521,150
Kyphoplasty kit, additional fracture			$ 6,777,090
kit, eustachian tube procedure			$ 6,013,920
Hysteroscopic tissue removal device			$ 4,598,729
stent, vascular, deployment system, Cordis SMART			$ 4,571,567
kit, Rezum delivery device			$ 4,243,160
plate, surgical, reconstruction, left, 5 x 16 hole			$ 3,814,104
kit, CVA catheter, tunneled, with subcut port			$ 3,133,329
Esketamine (56 mg vial)			$ 2,119,350
catheter, RF ablation, endoscopic			$ 1,696,500
Claravein Kit			$ 1,430,111
Voice Augmentation Gel			$ 1,312,708
Ellipsys Vascular Access Catheter			$ 1,217,494
tray, RTS applicator (MammoSite)			$ 1,176,390
stent, balloon, implantable			$ 903,422
iTIND device			$ 817,717
Absorabable nasal implant and delivery device			$ 803,985
implantable interstitial glucose sensor			$ 789,000
kit, transurethral microwave thermotherapy			$ 653,050
plasma LDL adsorption column (Liposorber)			$ 617,169
Wavelinq EndoAVF catheters			$ 616,000
IVC filter			$ 537,863
probe, radiofrequency, 3 array (StarBurstSDE)			$ 373,107
EECP compression equipment package			$ 356,379
SmartPill capsule			$ 338,507
probe, cryoablation, renal			$ 327,662
Kit, probe, cryoablation, prostate (Galil-Endocare)			$ 228,000
kit, vertebroplasty (LP2, CDO)			$ 211,565
human amniotic membrane allograft			$ 204,575
laser tip, diffuser fiber			$ 173,550
3C patch system			$ 164,214
kit, stent, urethral, prostatic, insertion tool and surveyor			$ 147,554
kit, transurethral needle ablation (TUNA)			$ 126,000
hysteroscope, ablation device			$ 108,927

kit, PICC with subcut port	$	94,800
EECP electrical equipment package	$	81,039
Dorsal SI Joint Arthrodesis Implant	$	80,500
kit, pleural catheter insertion	$	80,411
kit, photopheresis procedure	$	66,494
kit, probe, radiofrequency, XIi-enhanced RF probe	$	51,133
kit, capsule, ESO, endoscopy w-application supplies (ESO)	$	35,937
Renessa probe	$	35,309
kit, locatable guide, ext. working channel, w-b-scope adapter	$	35,160
strut, replacement, dynamic external fixation	$	27,273
Viabil covered biliary stent	$	24,892
stent, GORE VIATORR TIPS Endoprosthesis	$	22,615
intrastromal corneal ring	$	20,610
RF Electrodes 18 Gauge 70 mm Length	$	19,830
probe, cryoablation (Visica ICE 30 or 40)	$	6,861
probe, endometrial cryoablation (Her Option)	$	5,180
catheter, balloon, lacrimal	$	4,339
catheter, balloon, thermal ablation (Thermachoice)	$	3,813
catheter, CVA, system, tunneled w-port, dual (LifeSite)	$	3,500
catheter, intradiscal (spineCATH)	$	2,760
RFA Handpiece, sterile (Sonata)	$	2,500
Optilume DCB, guidewire, and inflation device	$	2,245
ORBERA Intragastric Balloon System (balloon, placement catheter and connection tube with 3-way val	$	1,850
PillCam COLON capsule	$	1,250
kit, hysteroscopic tubal implant for sterilization	$	1,178
tray, scoop, fast track system	$	750
Spherusol	$	124
Grand Total	**$**	**1,245,645,418**

CPT_Code	Short Description	Supply_Code	DESCRIPTION	Unit_of_Measure	Purchase_Price	Non_Fac_Quantity	Non_Fac_Cost	2023 Medicare Frequency (from CY2025 NPRM): Non-Facility Global & TC Only	Aggregate NF Global & TC Cost
0446T	Insj impltbl glucose sensor	SD334	implantable interstitial glucose sensor	item	3000	1	3000	163	$ 489,000
0448T	Remvl insj impltbl gluc sens	SD334	implantable interstitial glucose sensor	item	3000	1	3000	100	$ 300,000
19105	Cryosurg ablate fa each	SD232	probe, cryoablation (Visica ICE 30 or 40)	item	1372.12	1	1372.12	5	$ 6,861
19296	Place po breast cath for rad	SA087	tray, RTS applicator (MammoSite)	item	2827.86	1	2827.86	416	$ 1,176,390
20697	App mltpln uni xtrnl fix xch	SD240	strut, replacement, dynamic external fixation	item	1185.78	1	1185.78	23	$ 27,273
20982	Ablate bone tumor(s) perq	SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item	2289	1	2289	97	$ 222,033
20983	Ablate bone tumor(s) perq	SD233	probe, cryoablation, renal	item	1170.22	3	3510.66	11	$ 38,617
21125	Augmentation lower jaw bone	SD191	plate, surgical, reconstruction, left, 5 x 16 hole	item	846.45	1	846.45	1	$ 846
21127	Augmentation lower jaw bone	SD191	plate, surgical, reconstruction, left, 5 x 16 hole	item	846.45	1	846.45	663	$ 561,196
21215	Lower jaw bone graft	SD191	plate, surgical, reconstruction, left, 5 x 16 hole	item	846.45	1	846.45	3842	$ 3,252,061
22510	Perq cervicothoracic inject	SA039	kit, vertebroplasty (LP2, CDO)	kit	970.48	1	970.48	40	$ 38,819
22511	Perq lumbosacral injection	SA039	kit, vertebroplasty (LP2, CDO)	kit	970.48	1	970.48	178	$ 172,745
22513	Perq vertebral augmentation	SA111	Kyphoplasty kit, first fracture	kit	3720.8	1	3720.8	5472	$ 20,360,218
22514	Perq vertebral augmentation	SA111	Kyphoplasty kit, first fracture	kit	3720.8	1	3720.8	6368	$ 23,694,054
22515	Perq vertebral augmentation	SA112	Kyphoplasty kit, additional fracture	kit	2149.41	1	2149.41	3153	$ 6,777,090
22526	Idet single level	SD222	catheter, intradiscal (spineCATH)	item	1380	1	1380	1	$ 1,380
22527	Idet 1 or more levels	SD222	catheter, intradiscal (spineCATH)	item	1380	1	1380	1	$ 1,380
27278	Arthrd si jt prq wo tfxj dev	SD356	Dorsal SI Joint Arthrodesis Implant	item	11500	1	11500	7	$ 80,500
30468	Rpr nsl vlv collapse w/implt	SA133	Absorabable nasal implant and delivery device	kit	1995	1	1995	403	$ 803,985
30469	Rpr nsl vlv collapse w/rmdlg	SD352	VivAer Stylus	item	1950	1	1950	3857	$ 7,521,150
31242	Nsl/sinus ndsc rf abltj pnn	SD357	Radiofrequency Stylus / wand	item	1950	1	1950	4376.32	$ 8,533,824
31243	Nsl/sinus ndsc cryoabltj pnn	SD358	Cryoablation handpiece and 2 canisters (one per side	item	1882.8	1	1882.8	8804.67	$ 16,577,433
31295	Nsl/sins ndsc surg max sins	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphe	kit	2338	0.5	1169	11383	$ 13,306,727
31296	Nsl/sins ndsc surg frnt sins	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphe	kit	2338	0.5	1169	3046	$ 3,560,774
31297	Nsl/sins ndsc surg sphn sins	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphe	kit	2338	0.5	1169	813	$ 950,397
31298	Nsl/sins ndsc surg frnt&sphn	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphe	kit	2338	1	2338	7403	$ 17,308,214
31574	Largsc w/njx augmentation	SJ090	Voice Augmentation Gel	ml	592.11	1	592.11	2217	$ 1,312,708
31627	Navigational bronchoscopy	SA097	kit, locatable guide, ext. working channel, w-b-scope	kit	976.68	1	976.68	36	$ 35,160
31730	Intro windpipe wire/tube	SA091	tray, scoop, fast track system	tray	750	1	750	1	$ 750
32550	Insert pleural cath	SA077	kit, pleural catheter insertion	kit	550.76	1	550.76	93	$ 51,221
32556	Insert cath pleura w/o image	SA077	kit, pleural catheter insertion	kit	550.76	1	550.76	47	$ 25,886
32994	Ablate pulm tumor perq crybl	SD233	probe, cryoablation, renal	item	1170.22	3	3510.66	5	$ 17,553
32998	Ablate pulm tumor perq rf	SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item	2289	1	2289	13	$ 29,757
33285	Insj subq car rhythm mntr	SA127	subcutaneous cardiac rhythm monitor system	item	5032.5	1	5032.5	16287	$ 81,964,328
36465	Njx noncmpnd sclrsnt 1 vein	SD324	Varithena (foam)	item	3195	0.33	1054.35	78121	$ 82,366,876
36466	Njx noncmpnd sclrsnt mlt vn	SD324	Varithena (foam)	item	3195	0.33	1054.35	16409	$ 17,300,829
36473	Endovenous mchnchem 1st vein	SA122	Claravein Kit	kit	883.33	1	883.33	1619	$ 1,430,111
36482	Endoven ther chem adhes 1st	SD323	Venaseal (glue)	item	1495	1	1495	47597	$ 71,157,515
36516	Apheresis immunoads slctv	SD186	plasma LDL adsorption column (Liposorber)	item	1118.06	1	1118.06	552	$ 617,169
36522	Photopheresis	SA024	kit, photopheresis procedure	kit	863.56	1	863.56	77	$ 66,494
36560	Insert tunneled cv cath	SA011	kit, CVA catheter, tunneled, with subcut port	kit	510.73	1	510.73	1	$ 511
36561	Insert tunneled cv cath	SA011	kit, CVA catheter, tunneled, with subcut port	kit	510.73	1	510.73	6071	$ 3,100,642
36563	Insert tunneled cv cath	SA011	kit, CVA catheter, tunneled, with subcut port	kit	510.73	1	510.73	5	$ 2,554
36566	Insert tunneled cv cath	SD221	catheter, CVA, system, tunneled w-port, dual (LifeSit	item	1750	2	3500	1	$ 3,500
36570	Insert picvad cath	SA025	kit, PICC with subcut port	kit	718.18	1	718.18	1	$ 718
36571	Insert picvad cath	SA025	kit, PICC with subcut port	kit	718.18	1	718.18	129	$ 92,645
36582	Replace tunneled cv cath	SA011	kit, CVA catheter, tunneled, with subcut port	kit	510.73	1	510.73	57	$ 29,112
36583	Replace tunneled cv cath	SA011	kit, CVA catheter, tunneled, with subcut port	kit	510.73	1	510.73	1	$ 511
36585	Replace picvad cath	SA025	kit, PICC with subcut port	kit	718.18	1	718.18	2	$ 1,436
36836	Prq av fstl crtj uxtr 1 acs	SD351	Ellipsys Vascular Access Catheter	item	7378.75	1	7378.75	165	$ 1,217,494
36837	Prq av fstl crt uxtr sep acs	SD350	Wavelinq EndoAVF catheters	item	7000	1	7000	88	$ 616,000
36837	Prq av fstl crt uxtr sep acs	SF056	Detachable coil	item	1199.3	1	1199.3	88	$ 105,538
36903	Intro cath dialysis circuit	SD254	covered stent (VIABAHN, Gore)	item	3129	1	3129	4712	$ 14,743,848
36904	Thrmbc/nfs dialysis circuit	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	696.37	1	696.37	347	$ 241,640
36905	Thrmbc/nfs dialysis circuit	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	696.37	1	696.37	6205	$ 4,320,976
36906	Thrmbc/nfs dialysis circuit	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	696.37	1	696.37	2643	$ 1,840,506
36906	Thrmbc/nfs dialysis circuit	SD254	covered stent (VIABAHN, Gore)	item	3129	1	3129	2643	$ 8,269,947
36908	Stent plmt ctr dialysis seg	SA103	stent, vascular, deployment system, Cordis SMART	kit	803.58	1	803.58	1013	$ 814,027
36909	Dialysis circuit embolj	SF056	Detachable coil	item	1199.3	1	1199.3	1635	$ 1,960,856
37183	Revision tips	SD238	stent, GORE VIATORR TIPS Endoprosthesis	item	4523	1	4523	5	$ 22,615
37184	Prim art m-thrmbc 1st vsl	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	696.37	1	696.37	1122	$ 781,327
37186	Sec art thrombectomy add-on	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	696.37	1	696.37	972	$ 676,872
37187	Venous mech thrombectomy	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	696.37	1	696.37	610	$ 424,786
37188	Ven mechnl thrmbc repeat tx	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	696.37	1	696.37	2	$ 1,393
37191	Ins endovas vena cava filtr	SD267	IVC filter	item	1195.25	1	1195.25	450	$ 537,863
37221	Iliac revasc w/stent	SA103	stent, vascular, deployment system, Cordis SMART	kit	803.58	1	803.58	4188	$ 3,365,393
37223	Iliac revasc w/stent add-on	SA103	stent, vascular, deployment system, Cordis SMART	kit	803.58	1	803.58	488	$ 392,147
37225	Fem/popl revas w/ather	SD253	atherectomy device (Spectronetics laser or Fox Holl	kit	3048.33	1	3048.33	25718	$ 78,396,951
37225	Fem/popl revas w/ather	SD255	Reentry device (Frontier, Outback, Pioneer)	item	2343.12	1	2343.12	25718	$ 60,260,360
37225	Fem/popl revas w/ather	SD256	Embolic Protection Device Spider FX (EV3, documen	item	1142.89	1	1142.89	25718	$ 29,392,845
37226	Fem/popl revasc w/stent	SD254	covered stent (VIABAHN, Gore)	item	3129	1	3129	1811	$ 5,666,619
37226	Fem/popl revasc w/stent	SD255	Reentry device (Frontier, Outback, Pioneer)	item	2343.12	1	2343.12	1811	$ 4,243,390
37226	Fem/popl revasc w/stent	SD256	Embolic Protection Device Spider FX (EV3, documen	item	1142.89	1	1142.89	1811	$ 2,069,774
37227	Fem/popl revasc stnt & ather	SD253	atherectomy device (Spectronetics laser or Fox Holl	kit	3048.33	1	3048.33	12944	$ 39,457,584
37227	Fem/popl revasc stnt & ather	SD254	covered stent (VIABAHN, Gore)	item	3129	1	3129	12944	$ 40,501,776
37227	Fem/popl revasc stnt & ather	SD255	Reentry device (Frontier, Outback, Pioneer)	item	2343.12	1	2343.12	12944	$ 30,329,345
37227	Fem/popl revasc stnt & ather	SD256	Embolic Protection Device Spider FX (EV3, documen	item	1142.89	1	1142.89	12944	$ 14,793,568
37228	Tib/per revasc w/tla	SD256	Embolic Protection Device Spider FX (EV3, documen	item	1142.89	1	1142.89	5489	$ 6,273,323
37229	Tib/per revasc w/ather	SD253	atherectomy device (Spectronetics laser or Fox Holl	kit	3048.33	1	3048.33	29099	$ 88,703,355
37229	Tib/per revasc w/ather	SD255	Reentry device (Frontier, Outback, Pioneer)	item	2343.12	1	2343.12	29099	$ 68,182,449
37229	Tib/per revasc w/ather	SD256	Embolic Protection Device Spider FX (EV3, documen	item	1142.89	1	1142.89	29099	$ 33,256,956
37230	Tib/per revasc w/stent	SD255	Reentry device (Frontier, Outback, Pioneer)	item	2343.12	1	2343.12	308	$ 721,681
37230	Tib/per revasc w/stent	SD256	Embolic Protection Device Spider FX (EV3, documen	item	1142.89	1	1142.89	308	$ 352,010
37230	Tib/per revasc w/stent	SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	3307.69	1	3307.69	308	$ 1,018,769
37231	Tib/per revasc stent & ather	SD253	atherectomy device (Spectronetics laser or Fox Holl	kit	3048.33	1	3048.33	2095	$ 6,386,251

37231	Tib/per revasc stent & ather	SD255	Reentry device (Frontier, Outback, Pioneer)	item	2343.12	1	2343.12	2095	$	4,908,836
37231	Tib/per revasc stent & ather	SD256	Embolic Protection Device Spider FX (EV3, documen	item	1142.89	1	1142.89	2095	$	2,394,355
37231	Tib/per revasc stent & ather	SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	3307.69	1	3307.69	2095	$	6,929,611
37234	Revsc opn/prq tib/pero stent	SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	3307.69	1	3307.69	83	$	274,538
37235	Tib/per revasc stnt & ather	SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	3307.69	1	3307.69	73	$	241,461
37236	Open/perq place stent 1st	SD299	stent, balloon, implantable	item	812.43	1	812.43	1016	$	825,429
37237	Open/perq place stent ea add	SD299	stent, balloon, implantable	item	812.43	1	812.43	96	$	77,993
37238	Open/perq place stent same	SD340	venous stent system	item	1750	1.5	2625	4292	$	11,266,500
37239	Open/perq place stent ea add	SD340	venous stent system	item	1750	1	1750	1786	$	3,125,500
37241	Vasc embolize/occlude venous	SF056	Detachable coil	item	1199.3	1	1199.3	215	$	257,850
37242	Vasc embolize/occlude artery	SF056	Detachable coil	item	1199.3	5	5996.5	2580	$	15,470,970
37243	Vasc embolize/occlude organ	SF058	LC Beads (2mL vial)	item	2341.93	3	7025.79	3174	$	22,299,857
37244	Vasc embolize/occlude bleed	SF056	Detachable coil	item	1199.3	4	4797.2	338	$	1,621,454
37252	Intrvasc us noncoronary 1st	SD304	IVUS catheter	item	858.33	1	858.33	49353	$	42,361,160
43290	Egd flx trnsorl dplmnt balo	SD348	ORBERA Intragastric Balloon System (balloon, placen	item	1850	1	1850	1	$	1,850
44401	Colonoscopy with ablation	SC103	catheter, RF ablation, endoscopic	item	1500	1	1500	1	$	1,500
45346	Sigmoidoscopy w/ablation	SC103	catheter, RF ablation, endoscopic	item	1500	1	1500	50	$	75,000
45388	Colonoscopy w/ablation	SC103	catheter, RF ablation, endoscopic	item	1500	1	1500	1080	$	1,620,000
47382	Percut ablate liver rf	SA100	kit, probe, radiofrequency, XIi-enhanced RF probe	kit	1966.67	1	1966.67	26	$	51,133
47383	Perq abltj lvr cryoablation	SD233	probe, cryoablation, renal	item	1170.22	4	4680.88	28	$	131,065
47538	Perq plmt bile duct stent	SD313	Viabil covered biliary stent	Item	2765.76	1	2765.76	7	$	19,360
47539	Perq plmt bile duct stent	SD313	Viabil covered biliary stent	Item	2765.76	1	2765.76	1	$	2,766
47540	Perq plmt bile duct stent	SD313	Viabil covered biliary stent	Item	2765.76	1	2765.76	1	$	2,766
50592	Perc rf ablate renal tumor	SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item	2289	1	2289	53	$	121,317
50593	Perc cryo ablate renal tum	SD233	probe, cryoablation, renal	item	1170.22	2.5	2925.55	48	$	140,426
52284	Cysto rx balo cath urtl strx	SD359	Optilume DCB, guidewire, and inflation device	item	2245	1	2245	1	$	2,245
52441	Cystourethro w/implant	SD291	Urolift Implant and implantation device	item	875	1	875	4915	$	4,300,625
52442	Cystourethro w/addl implant	SD291	Urolift Implant and implantation device	item	875	1	875	22031	$	19,277,125
52647	Laser surgery of prostate	SF030	laser tip, diffuser fiber	item	730	1	730	7	$	5,110
52648	Laser surgery of prostate	SF030	laser tip, diffuser fiber	item	730	1	730	230.74	$	168,440
53850	Prostatic microwave thermotx	SA036	kit, transurethral microwave thermotherapy	kit	1000	1	1000	653.05	$	653,050
53852	Prostatic rf thermotx	SA037	kit, transurethral needle ablation (TUNA)	kit	900	1	900	140	$	126,000
53854	Trurl dstrj prst8 tiss rf wv	SA128	kit, Rezum delivery device	item	1220	1	1220	3478	$	4,243,160
53855	Insert prost urethral stent	SA101	kit, stent, urethral, prostatic, insertion tool and surve	kit	512.34	1	512.34	288	$	147,554
53860	Transurethral rf treatment	SD245	Renessa probe	item	2206.82	1	2206.82	16	$	35,309
55873	Cryoablate prostate	SA099	Kit, probe, cryoablation, prostate (Galil-Endocare)	kit	4000	1	4000	57	$	228,000
55874	Tprnl plmt biodegrdabl matrl	SA126	Biodegradable Material Kit - PeriProstatic	item	2965	1	2965	7474	$	22,160,410
58353	Endometr ablate thermal	SD018	catheter, balloon, thermal ablation (Thermachoice)	tray	762.59	1	762.59	5	$	3,813
58356	Endometrial cryoablation	SD215	probe, endometrial cryoablation (Her Option)	item	1295	1	1295	4	$	5,180
58558	Hysteroscopy biopsy	SF059	Hysteroscopic tissue removal device	item	721.03	1	721.03	6378	$	4,598,729
58563	Hysteroscopy ablation	SD177	hysteroscope, ablation device	item	1945.13	1	1945.13	56	$	108,927
58565	Hysteroscopy sterilization	SA075	kit, hysteroscopic tubal implant for sterilization	kit	1177.72	1	1177.72	1	$	1,178
58580	Transcrv abltj utrn fibrd rf	SD361	RFA Handpiece, sterile (Sonata)	item	2500	1	2500	1	$	2,500
5X007	Ablt trurl prst8 tis thrm us	SA136	TULSA-PRO Disposable Kit	item	8967	1	8967	719.65	$	6,453,102
5X008	Ablt trurl prst8 tis trnsdcr	SA136	TULSA-PRO Disposable Kit	item	8967	1	8967	147.98	$	1,326,937
5XX05	Cysto insj dev ischmc rmdlg	SD366	iTIND device	item	2695	1	2695	303.42	$	817,717
63650	Implant neuroelectrodes	SD280	Trial lead kit	item	958.94	1	958.94	15289.38	$	14,661,598
63650	Implant neuroelectrodes	SD281	Trial lead array	item	640.87	1	640.87	15289.38	$	9,798,505
64553	Implant neuroelectrodes	SD280	Trial lead kit	item	958.94	1	958.94	1	$	959
64553	Implant neuroelectrodes	SD281	Trial lead array	item	640.87	1	640.87	1	$	641
64555	Implant neuroelectrodes	SD280	Trial lead kit	item	958.94	1	958.94	1091	$	1,046,204
64555	Implant neuroelectrodes	SD281	Trial lead array	item	640.87	1	640.87	1091	$	699,189
65778	Cover eye w/membrane	SD248	human amniotic membrane allograft mounted on a r	item	1149	1	1149	56194	$	64,566,906
65779	Cover eye w/membrane suture	SD247	human amniotic membrane allograft	item	835	1	835	245	$	204,575
65785	Impltj ntrstrml crnl rng seg	SA120	intrastromal corneal ring	pair	1145	1	1145	18	$	20,610
68816	Probe nl duct w/balloon	SD220	catheter, balloon, lacrimal	item	542.39	1	542.39	8	$	4,339
69705	Nps surg dilat eust tube uni	SA134	kit, eustachian tube procedure	kit	2010	1	2010	997	$	2,003,970
69706	Nps surg dilat eust tube bi	SA134	kit, eustachian tube procedure	kit	2010	1	2010	1995	$	4,009,950
6XX01	Abltj 1/+thyr ndul 1lobe prq	SD368	RF Electrodes 18 Gauge 70 mm Length	item	1995	1	1995	9.94	$	19,830
86490	Coccidioidomycosis skin test	SH107	Spherusol	ml	617.65	0.1	61.765	2	$	124
88120	Cytp urne 3-5 probes ea spec	SL261	FISH pre-treatment kit	kit	579.21	0.3	173.763	38924	$	6,763,551
88121	Cytp urine 3-5 probes cmptr	SL261	FISH pre-treatment kit	kit	579.21	0.2	115.842	16822	$	1,948,694
91111	Gi trc img intral esophagus	SA094	kit, capsule, ESO, endoscopy w-application supplies	kit	704.65	1	704.65	51	$	35,937
91112	Gi wireless capsule measure	SD272	SmartPill capsule	item	1258.39	1	1258.39	269	$	338,507
91113	Gi trc img intral colon i&r	SD346	PillCam COLON capsule	kit	625	1	625	2	$	1,250
96440	Chmotx admn plrl cav thrcnts	SA077	kit, pleural catheter insertion	kit	550.76	1	550.76	6	$	3,305
G0166	Extrnl counterpulse, per tx	SD341	EECP compression equipment package	item	826.75	0.01	8.2675	43106	$	356,379
G0166	Extrnl counterpulse, per tx	SD342	EECP electrical equipment package	item	752	0.0025	1.88	43106	$	81,039
G0465	Autolog prp diab wound ulcer	SD343	3C patch system	item	678.57	1	678.57	242	$	164,214
G2082	Visit esketamine 56m or less	SH109	Esketamine (56 mg vial)	item	735.63	1	735.63	2881	$	2,119,350
G2083	Visit esketamine, > 56m	SH110	Esketamine (84 mg vial)	item	1103.44	1	1103.44	20116	$	22,196,799

AMA/Specialty Society RVS Update Committee **Tab 13**
Practice Expense Subcommittee
September 26, 2024

Members Present: Scott Manaker, MD, PhD, (Chair), Amy Aronsky, DO, Gregory Barkley, MD, Michael Booker, MD, Eileen Brewer, MD, Joseph Cleveland, MD, Neal Cohen, MD, David Han, MD, Katie Jordan, OTD, OTR/L, Mollie MacCormack, MD, Dheeraj Mahajan, MD, Bradley Marple, MD, Tye Ouzounian, MD, Richard Rausch, DPT, Donald Selzer, MD, Elisabeth Volpert, DNP, APRN, Thomas Weida, MD, Adam Weinstein, MD, and Tim Swan, MD (CPT Resource)

I. High-Cost Supplies

At the January 2024 meeting, the Practice Expense (PE) Subcommittee expressed its continued concern with the issue of high-cost supplies and the need to address the outsized impact that high-cost disposable supplies have within the current practice expense RVU methodology. At the same meeting, a RUC member suggested that codes with high-cost disposable supplies be flagged for PE re-review.

In April 2024, the PE Subcommittee continued to examine this issue, noting that the 2024 Medicare Physician Payment Schedule includes 82 supply items with a purchase price of more than $500. These high-cost supplies represent $1.26 billion in direct costs for 2024 and 18 percent of all practice expense supply costs in the non-facility setting. Moreover, the Subcommittee noted the significant scaling factors that are applied for budget neutrality as part of the PE methodology, which may result in payments that are lower than the cost to provide a service. At the same meeting, the Relativity Assessment Workgroup (RAW) discussed this issue to determine if a useful screen should be developed to identify any potentially misvalued services.

For the September 2024 meeting, the discussion and analysis of the high-cost supplies issue was referred to the RAW meeting (Tab 14). AMA staff provided data which show:

- There are 69 services in which the total practice expense payment does not cover the total direct supply expense for the code.
- There are 53 of these 69 services in which a high cost disposable supply is over $500.
- For 6 of these 53 services, the practice expense payment does not even cover the cost of a single high-cost supply utilized in the provision of the service.

The RAW examined the data and considered whether codes with high-cost disposable supplies should be flagged for PE re-review through development of a High-Cost Disposable Supplies Screen. The Workgroup indicated that it would be part of existing precedent to identify services for PE review only. The Workgroup also discussed whether new invoices should be required for supplies over $500 for the RUC to submit to CMS. Staff emphasized that for over ten years, **the RUC has called on CMS to separately identify and pay for high-cost disposable supplies priced more than $500 using appropriate HCPCS codes. The RAW requested formation of a joint CPT and RUC workgroup to address the issue of high-cost disposable supplies.**

II. Radiology-specific Clinical Activities

At the April 2024 RUC meeting, the PE Subcommittee considered the use of Clinical Activity (CA) code CA014 *Confirm order, protocol exam*. The guidelines for this clinical activity specify "For use in imaging services only. 1 minute standard." It was noted that CA014 has been repeatedly requested for non-imaging procedures despite the instructions which state that the task is only for imaging. Further, protocoling exams has a very specific meaning in CT and MRI that describes the work of choosing which

imaging sequences or contrast phases to perform. The task of verifying the correct patient and procedure or medication happens in nearly every procedure (aka the "time out") or medication administration, and is not intended to receive additional time in a relative system. After considering a database search that showed over 20 of the 66 codes with CA014 greater than 0 minutes are non-imaging, **the PE Subcommittee agreed that the CA014 minutes could be allocated in the non-radiology codes.** The Subcommittee discussed how the work being described in the injection and immunization codes, for example, is broadly performed across the code set and is not strictly protocoling.

For the September 2024 meeting, the PE Subcommittee discussed examples for CA014 to include in the *Practice Expense Direct Input Benchmarks* document. For example, CA010 *Obtain vital signs* specifies different levels and vital signs for consistency:

5. The obtaining of vital signs, standardized into 3 levels of service with the following times: Level 0 (no vital signs taken) = 0 minutes, Level 1 (1-3 vitals) = 3 minutes, Level 2 (4-6 vitals) = 5 minutes. (Approved April 2000).

The PE Subcommittee determined updates to the Benchmarks for CA014 to read as follows:

7. **Confirm order, protocol exam, standardized to 1 minute.<u>, e.g., selecting which imaging sequences or contrast phases to perform in CT and MRI. 0 minutes for verifying the correct patient and procedure/ medication (aka the "time out").</u>**

The PE Subcommittee further determined that for the six codes below which state "For use in imaging services," the statement should be removed such that the specialties can justify the 1 or 2 minute standard for each procedure as needed.

CA006	Confirm availability of prior images/studies	General Activity	For use in imaging services. 2 minute standard.
CA007	Review patient clinical extant information and questionnaire	General Activity	For use in imaging services. 1 minute standard.
CA014	Confirm order, protocol exam	General Activity	For use in imaging services. 1 minute standard.
CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	General Activity	For use in imaging services, Baseline time for this activity is 2 minutes.
CA031	Review examination with interpreting MD/DO	General Activity	For use in imaging services, Standard time for this activity is 2 minutes.
CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	General Activity	For use in imaging services, Standard time for this activity is 1 minute.

The PE Subcommittee determined updates to CA006, CA007, CA014, CA030, CA031, and CA032 to simply state: "2 minute standard" or "1 minute standard".

In addition, the Subcommittee specifically discussed the 2 minute standard for CA006. This standard was developed in 2014, and members acknowledged that the review of images using PACS is much quicker, yet the number of images has greatly increased. Thus, two minutes was still found to be appropriate for confirming the availability of prior images/studies.

III. Equipment Inputs Less than $500

CMS definition and rule related to direct medical equipment is that it must be at least $500 and all equipment inputs under $500 are considered indirect expense. The PE Subcommittee discussed that there are eleven equipment items in the current equipment database that are less than the $500 threshold that CMS has established for equipment, as listed below.

Equipment Description	CMS Code	Useful Life	Purchase Price
camera, digital (6 mexapixel)	ED004	5	152.50
Diabetes Educator Curriculum	EQ306	5	200.00
endoscope, ultrasound radial probe	ES045	7	0.00
Injector, Provis (for angiography room)	EL049		0.00
kit, vision	ES058	10	410.00
pulse oxymetry recording software (prolonged monitoring)	EQ212	5	387.00
Respiratory Impedance Plethysmography Belts (pair)	EQ337	5	87.00
Respiratory impedance Plethysmography Belts (pair) (Pediatric)	EQ349	5	199.75
slide warmer	EP051	7	425.59
ultrasound digital scope, endoscopic ultrasound	ES091		0.00
work samples, small tools (Valpar 1)	EQ267	7	361.20

It was surmised that this could be an artifact of the medical supply and equipment repricing project. CY 2022 marked the final year of the 4-year market-based transition for supply and equipment pricing. When the items above were repriced, they should have been removed from the equipment listing when the repricing brought them under the threshold. These items would not be considered supplies as they are reusable. The PE Subcommittee agreed that the equipment inputs listed above should be considered indirect expense like all other equipment under $500.

CMS indicated that it would be open to comments and suggestions for future rulemaking if there is an interest in addressing these equipment items. The Agency noted that "the small number of equipment items with costs under $500 have very low inclusion in CPT codes, aside from ED004, and their costs are so low that they have little effect on the rate setting."

Considering the CMS definition that medical equipment must be at least $500 and all equipment inputs under $500 are considered indirect expense, the PE Subcommittee agreed that the 11 inputs (above) should no longer be listed as equipment as they are less than $500. The RUC should ask CMS to remove these items from its equipment list and from the specific codes to conform to the definition of direct medical equipment and to ensure that the rule remains consistently applied.

IV. Practice Expense Recommendations for CPT 2026

The table below corresponds to the final PE spreadsheets as adopted at the meeting. Please refer to the specific spreadsheets for details on the practice expense input recommendations for each tab.

Tab	Title	PE Input Changes	Consent Calendar
4	Limb Lengthening/Shortening-Femur	No Changes	
5	Limb Lengthening/Shortening-Tibia	No Changes	

6	Laparoscopic Prostatectomy	Standard 90-day global inputs. Oct 2016 & Sept 2014 RUC Recs (38570, 38571, 38572, 38573) – Reviewed & made no changes.	X
7	Transurethral Robotic-assisted Resection of Prostate	No Changes	
8	Prostate Biopsy Services	Modifications	
9	Cerebral Perfusion & CT Angiography – Head & Neck	Modifications	
10	Colon Motility Services	Modifications	
11	Immunization Counseling	Modifications	

AMA/Specialty Society RVS Update Committee

Other Relativity Assessment Workgroup Related Recommendations – October 2024

Developmental Test Administration (96112)

In September 2024, the Relativity Assessment Workgroup reviewed 95851 *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* via the Different Performing Specialty from Survey screen. CMS data show that five nurse practitioners in four practices are reporting 40% of these services. **The RUC would like to notify CMS of possible misreporting of CPT code 96112, based on the 2022 Medicare Physician & Other Practitioners – by Provider and Service data**. The Relativity Assessment Workgroup will review again in 3 years (September 2027).

Laryngoscopy (31525), Nasal Endoscopy (31231) and Removal Impacted Cerumen (69210)

In September 2024, the Relativity Assessment Workgroup reviewed 31525 *Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn,* 31231 *Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)* and 69210 *Removal impacted cerumen requiring instrumentation, unilateral* via the Reported Together 75% or More screen.

The 2022 Medicare utilization shows that CPT code 31525 was reported with CPT code 31231 80% of the time and CPT code 31325 was reported with CPT code 69210 75% of the time. Therefore, these codes appeared on the screen and the RAW reviewed to determine if a code bundling solution was necessary.

The specialty societies indicated that although the Medicare utilization shows that these services are billed together, the publicly available CMS 2022 Medicare Physician & Other Practitioners – by Provider and Service data shows that that one Otolaryngology practice located in California is the top provider for all these three codes.

Specifically, in total, their practice reported these services as follows in 2022:

31525 – 23,572 claims across six providers, one of which reported 19,314 claims alone. That would require the practice to have reported this code just under 64 times per day if the practice worked 365 days per year to produce the volume in the data set. The next most common practitioner not affiliated with this practice performed this service 548 times.

31231 – 27,383 claims across six providers, one of which reported 17,858 claims alone. That would require the practice to have reported this code 75 times per day if the practice worked 365 days per year to produce the volume in the data set. The next most common practitioner not affiliated with this practice performed this service 2,538 times.

69210 – 27,319 claims across six providers, one of which reported 22,333 claims alone. That would require the practice to have reported this code just under 75 times per day if the practice worked 365 days per year to produce the volume in the data set. The next most common practitioner not affiliated with this practice performed this service 4,026 times.

Therefore, the specialty society indicated to the RUC that based on the lack of clinical justification to report these services together frequently they believe it is appropriate to maintain these codes as they are. There is no clinical justification for combining these codes, and it seems the billed together data is likely being driven by one practice in the country.

The specialty societies already submit notification to CMS of possible misreporting of these services. **The RUC reiterates to CMS of the possible misreporting of CPT codes 31525, 31231 and 69210, based on the 2022 Medicare Physician & Other Practitioners – by Provider and Service data.** The Relativity Assessment Workgroup will review again in 3 years (September 2027).

Different Specialty Performing (2022 Data)

CPT Code	2024 Long Descriptor	Surveyed Specialty	2022 Top Specialty	2022 Top Specialty %	2022 2nd Top Specialty	2022 2nd Top Specialty%	SS Submitting Action Plan
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	American Academy of Neurology, American Academy of Pediatrics, American Psychological Association	NURSE PRACTITIONER	69%	FAMILY MEDICINE	11%	AAP, ANA, APA (psychology)

Specialty Society(ies): __ AAP, ANA, APA (psychology) _____

Action Plan for Review of Potentially Misvalued Services
September 2024

CPT Code	Descriptor	Global Period	work RVU
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	XXX	2.56

Include codes from family (please list all):

CPT Code	Descriptor	Global Period	work RVU
+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)	ZZZ	1.13

Screen:

Different Performing Specialty from Survey

In April 2024, the Relativity Assessment Workgroup identified services where the top two dominant specialties performing services based on 2022 Medicare utilization more than 10,000 and where the top specialty performing over 50% of the Medicare claims did not survey the service or the top two specialties did not survey the service. **The specialty societies should submit action plans for review at the September 2024 RAW meeting.**

Please check all recommended actions that apply:

(If necessary, please clearly mark and attach all supplemental information)

❑ **Survey**
❑ **Refer to CPT Editorial Panel**
X Refer to CPT Assistant (specify article *or* Q&A)
X Maintain
❑ **Other Action (please describe):**

Rationale for Recommended Action:

Background: CPT code 96112 describes developmental test administration with interpretation and report, first hour. The top three diagnosis codes for this code reported in the RUC database are:

- F41, Other anxiety disorders (21.8%)
- F03, Other anxiety disorders (13.5%)
- G47, Sleep disorders (13.5%)

Code 96112 was surveyed in 2017 by the American Academy of Neurology (AAN), the American Academy of Pediatrics (AAP), and the American Psychological Association (APA).

The society advisors noted that the typical patient was a pediatric patient on the autism spectrum. Medicare data would not capture a service/providers who work with this population. The typical providers of this service would be billing Medicaid or commercial insurance.

Society advisors also noted that other codes created by CPT and surveyed at the same time are probably more appropriate to use for the top diagnoses listed in the RUC database (e.g., 96121 (*Neurobehavioral status exam, each addl hour*), 96132 (*Neuropsychological testing evaluation services, 1st hour)*).

Question Raised by the RAW
Code 96112 was identified by the RAW because there is a different performing specialty than surveyed the code. Nurse Practitioners (NPs) were the top reporting specialty in 2022.

Specialty	% Reported
Nurse practitioner	68.6%
Family medicine	11.2%
Cardiology	6.4%

The society advisors considered a range of evidence-based reasons that address the RAW's concerns and support their recommendation of maintaining.

- A limited number of nurse practitioners were identified as performing the service. CY 2022 utilization data by NPI for code 96112 was pulled from the CMS public data file, available **HERE**.[1] Analyzing the data, it was found that the volume is highly concentrated to a small number of NPIs. The volume was also highly geographically concentrated.
    - While NPs make up 40% of the volume, these services were reported by a mere 24 NPIs.
    - Of the top 10 billing NPIs, which make up 60% of the volume, nine are from California, and seven are NPs.
    - The top six billers billed over 1,000 units and made up 44% of the volume. All are from California; five are NPs, and one is a cardiologist.

[1] Due to data management rules, results from the public CMS data file may vary from the numbers in the RUC database.

Based on this very concentrated utilization of code 96112, the societies concluded that a RUC survey would not be successful, nor would it address the issue of ensuring an appropriate understanding of the code. Advisors concluded that a *CPT Assistant* article focused on the correct reporting would be more effective.

Advisors found the highly concentrated utilization of this service strange and confusing. They thought it could be driven by several local factors, such as a coverage policy or local clinical needs. Ultimately though, they concluded this issue was out of their purview and the RUC's purview.

Timeline (please list expected CPT/RUC meetings as applicable):

Mark the screen complete at the September 2024 RUC meeting.

Specialties will draft a *CPT Assistant* article.

Rndrng_NPI	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	Rndrng_Prv	HCPCS_Cd	HCPCS_De	HCPCS_Dr	Place_Of_S	Tot_Benes	Tot_Srvcs	Pct of Tot Svcs	Tot_Bene_[	Avg_Sbmtd	Avg_Mdcr_	Avg_Mdcr_I	Avg_Mdcr_Stdzd_Amt
1134747595	Rose	Dawn	E	DNP, FNP-(	F	I	33205 Temecula Pkwy	Temecula	CA	6	92592	1	Metropolitz	US	Nurse Prac	Y		96112	Administra	N	O	58	**1,957**	**10%**	1,957	$190.85	$114.68	$91.44	$86.00
1598383689	Nguyen	My Van	L	MSN-APRN	F	I	6155 Cornerstone Ct E	San Diego	CA	6	92121	1	Metropolitz	US	Nurse Prac	Y		96112	Administra	N	O	49	**1,534**	**8%**	1,534	$190.80	$114.67	$91.45	$86.02
1255732228	Barringer	Katherine		ARNP	F	I	2810 Camino Del Rio S	San Diego	CA	6	92108	1	Metropolitz	US	Nurse Prac	Y		96112	Administra	N	O	79	**1,471**	**8%**	1,471	$193.59	$116.64	$92.90	$85.52
1518630979	Vargas	Frida	C	FNP	F	I	9500 Gilman Dr	La Jolla	CA	6	92093	1	Metropolitz	US	Nurse Prac	Y		96112	Administra	N	O	77	**1,362**	**7%**	1,362	$190.85	$114.65	$91.43	$86.02
1598780694	Truong	Paul	T	M.D.	M	I	11100 Warner Ave Ste	Fountain Va	CA	6	92708	1	Metropolitz	US	Cardiology	Y		96112	Administra	N	O	59	1,175	6%	1,175	$150.00	$136.84	$109.10	$101.20
1023517711	Day	Terry		FNP	M	I	33205 Temecula Pkwy	Temecula	CA	6	92592	1	Metropolitz	US	Nurse Prac	Y		96112	Administra	N	O	46	**1,148**	**6%**	1,148	$190.85	$114.77	$91.55	$86.02
1104215631	Anti	Mabel			F	I	1027 Belle\ 3rd Floor	Saint Louis	MO	29	63117	1	Metropolitz	US	Nurse Prac	Y		96112	Administra	N	O	41	933		933	$190.85	$114.30	$91.08	$86.02
1467770826	Camhi	Seth		MD	M	I	8929 University Center	San Diego	CA	6	92122	1	Metropolitz	US	Family Prac	Y		96112	Administra	N	O	44	810		810	$285.85	$136.75	$109.11	$101.20
1629600952	Urbina	Monique		NP	F	I	9898 Genesee Ave	La Jolla	CA	6	92037	1	Metropolitz	US	Nurse Prac	Y		96112	Administra	N	O	53	682		682	$192.94	$115.65	$91.66	$85.28
1679750152	Veltmeyer	James	D	MD	M	I	8335 Prestwick Dr	La Jolla	CA	6	92037	1	Metropolitz	US	Family Prac	Y		96112	Administra	N	O	27	636		636	$207.32	$135.52	$107.72	$100.73
1750509329	Mayes	Donald	H	M.D.	M	I	7351 W Ch Suite 140	Las Vegas	NV	32	89117	1	Metropolitz	US	Psychiatry	Y		96112	Administra	N	O	33	621		621	$189.94	$128.88	$102.68	$101.20
1366766628	Alvarez	Michael	S	DO	M	I	4620 N Hal Suite 101	Tampa	FL	12	33614	1	Metropolitz	US	Internal Me	Y		99214	Establishec	N	O	262	500		498	$140.15	$125.36	$91.96	$93.95
1639753262	Kaufman	Shaula	C		F	I	2810 Camino Del Rio S	San Diego	CA	6	92108	1	Metropolitz	US	Nurse Prac	Y		96112	Administra	N	O	70	422		422	$190.85	$115.25	$92.03	$86.02
1689818015	Timony	Theresa	C	PMHNP-BC	F	I	7011 Linda Vista Rd	San Diego	CA	6	92111	1	Metropolitz	US	Nurse Prac	Y		96112	Administra	N	O	21	376		376	$190.85	$114.24	$91.02	$86.02
1952533432	Rawlings	Leanne	W	FNP	F	I	6 Doctors Dr	Emporia	VA	51	23847	7	Small town	US	Nurse Prac	Y		36415	Insertion of	N	O	204	375		375	$19.00	$2.96	$2.96	$2.94
1063012060	Hoefke	Angela		NP	F	I	9850 Genesee Ave Ste	La Jolla	CA	6	92037	1	Metropolitz	US	Nurse Prac	Y		96112	Administra	N	O	29	335		335	$190.85	$114.24	$91.02	$86.02
1295462265	Calderon	Elvie Victor	M	NP	F	I	6280 Jackson Dr Ste 8	San Diego	CA	6	92119	1	Metropolitz	US	Nurse Prac	Y		96112	Administra	N	O	26	335		335	$188.01	$114.78	$91.45	$86.01
1659849420	Harris	Deirdreney	A	NP	F	I	1817 Arlington St	Ada	OK	40	74820	4	Micropolitz	US	Nurse Prac	Y		96112	Administra	N	O	24	310		310	$190.85	$116.94	$93.72	$86.02
1003887944	Gong	Aleta	B	O.D.	F	I	16020 N 35th Ave	Phoenix	AZ	4	85053	1	Metropolitz	US	Optometry	Y		96112	Administra	N	O	103	302		302	$156.80	$124.72	$98.20	$100.06
1285670059	Chung	Haeyang		M.D.	M	I	11 E Harwood Ter	Palisades F	NJ	34	7650	1	Metropolitz	US	Internal Me	Y		96112	Administra	N	O	240	258		258	$278.91	$138.58	$108.67	$98.94
1396382206	Castillo	Oscar	B	NP	M	I	2719 N Air Fresno Dr	Fresno	CA	6	93727	1	Metropolitz	US	Nurse Prac	Y		96112	Administra	N	O	40	258		258	$188.01	$111.78	$89.06	$86.02
1346271517	Tomasetti	Michelle		PA	F	I	Hsc T12 Rm 080	Stony Broo	NY	36	11794	1	Metropolitz	US	Physician A	Y		99214	Establishec	N	O	175	250		250	$415.00	$129.38	$102.74	$85.96
1396349395	Kabore	Talato			M	I	663 S Pasadena Ave Ap	Glendora	CA	6	91740	1	Metropolitz	US	Nurse Prac	Y		96112	Administra	N	O	13	243		243	$188.01	$111.78	$89.06	$86.02
1114320652	Pua	Bernadette		NP	F	I	3031 W March Ln Ste 1	Stockton	CA	6	95219	1	Metropolitz	US	Nurse Prac	Y		96112	Administra	N	O	28	238		238	$188.01	$110.54	$88.07	$86.01
1144688904	Poitier	Claire		ARNP	F	I	10300 Sw 216th St	Cutler Bay	FL	12	33190	1	Metropolitz	US	Nurse Prac	Y		96112	Administra	N	O	36	225		225	$200.00	$110.06	$87.95	$86.02
1740214246	Taylor	Hortensia	M	M.D.	F	I	7544 N La Cholla Blvd	Tucson	AZ	4	85741	1	Metropolitz	US	Internal Me	Y		96112	Administra	N	O	174	186		186	$180.00	$125.63	$98.87	$99.82
1043359219	Navazo	Luis	J	M.D.	M	I	1582 W San Marcos Bl	San Marcos	CA	6	92078	1	Metropolitz	US	Family Prac	Y		96112	Administra	N	O	16	168		168	$190.00	$134.40	$107.08	$101.20
1497330294	Florentino	Cindy		NP	F	I	1374 Martin Pl	Chula Vista	CA	6	91911	1	Metropolitz	US	Nurse Prac	Y		96112	Administra	N	O	27	167		167	$190.85	$114.24	$91.02	$86.02
1841238722	Sebastianc	Wayne	R	M.D.	M	I	7801 Myrtle Ave	Glendale	NY	36	11385	1	Metropolitz	US	Family Prac	Y		96112	Administra	N	O	154	154		154	$300.00	$150.04	$95.59	$79.29
1205875606	Singh	Teja		M.D.	M	I	2810 Camino Del Rio S	San Diego	CA	6	92108	1	Metropolitz	US	Internal Me	Y		96112	Administra	N	O	20	137		137	$188.01	$134.50	$107.16	$101.20
1124699855	Abdon	Ralaine		NP	F	I	8233 E Stockton Blvd S	Sacrament	CA	6	95828	1	Metropolitz	US	Nurse Prac	Y		96112	Administra	N	O	25	132		132	$188.01	$111.84	$89.11	$86.02
1245233717	Hussein	Fatima	Y	MD	F	I	320 Lincoln Blvd Suite	Venice	CA	6	90291	1	Metropolitz	US	Family Prac	Y		96112	Administra	N	O	11	130		130	$190.00	$129.07	$102.87	$101.20
1033564943	Wu	Muzo		MD, MS, SC	F	I	2823 Fresno St	Fresno	CA	6	93721	1	Metropolitz	US	Internal Me	Y		99223	Initial hosp	N	F	121	125		125	$538.49	$201.44	$150.33	$144.96
1215944582	Dalena	John	M	M.D.	M	I	140 Park Ave	Florham Pa	NJ	34	7932	1	Metropolitz	US	Gastroente	Y		36415	Insertion of	N	O	107	125		124	$15.00	$2.96	$2.96	$2.94
1285657932	Thurm	Jane	M	PT	F	I	400 Collins Rd Ne Bldg	Cedar Rapi	IA	19	52498	1	Metropolitz	US	Physical Th	Y		97530	Therapy pr	N	O	23	125		105	$55.00	$31.98	$25.34	$26.96
1619166188	Flynn	Mercedita		FNP	F	I	1602 E Hou Ste C	Beeville	TX	48	78102	4	Micropolitz	US	Nurse Prac	Y		36415	Insertion of	N	O	74	125		125	$20.00	$2.96	$2.96	$2.94
1760522163	Frankel	Susan	L	D.O.	F	I	535 Mountain Ave	New Provid	NJ	34	7974	1	Metropolitz	US	Internal Me	Y		36415	Insertion of	N	O	70	125		125	$3.00	$2.96	$2.96	$2.94
1295295038	Madu	Ifeanyi	C	NURSE PR/	M	I	1470 E Calvada Blvd St	Pahrump	NV	32	89048	4.1	Secondary	US	Nurse Prac	Y		96112	Administra	N	O	26	110		110	$151.18	$109.83	$87.56	$86.01
1972599371	Burt	Hugh	A	M.D.	M	I	2641 W Horizon Ridge	Henderson	NV	32	89052	1	Metropolitz	US	Internal Me	Y		96112	Administra	N	O	33	104		104	$200.00	$130.10	$103.07	$100.22
1164409108	Izor	Robert	M	MD	M	I	12345 N Lamar Blvd St	Austin	TX	48	78753	1	Metropolitz	US	Neurology	Y		96112	Administra	N	O	82	94		94	$290.95	$127.61	$101.62	$101.07
1487159182	Cotton-Lev	Dithra	A		F	I	8225 W Sahara Ave Ste	Las Vegas	NV	32	89117	1	Metropolitz	US	Nurse Prac	Y		96112	Administra	N	O	32	92		92	$200.00	$110.30	$88.19	$86.02
1730180696	Schaller	Vincent	E	MD	M	I	5936 Limestone Rd Ste	Hockessin	DE	10	19707	1	Metropolitz	US	Family Prac	Y		96112	Administra	N	O	41	89		88	$180.00	$128.39	$98.98	$97.87
1306556618	Erazo	Michelle		FNP	F	I	8445 Camino Santa Fe	San Diego	CA	6	92121	1	Metropolitz	US	Nurse Prac	Y		96112	Administra	N	O	13	77		77	$188.01	$124.68	$99.34	$86.02
1376178905	Zyambo	Teliya			F	I	3357 W Vine St # 303	Kissimmee	FL	12	34741	1.1	Secondary	US	Nurse Prac	Y		96112	Administra	N	O	11	60		60	$203.00	$111.50	$87.41	$84.33
1659368108	Achreja	Manjeet	K	MD	F	I	614 N Broad St	Seagrove	NC	37	27341	5	Micropolitz	US	Family Prac	Y		96112	Administra	N	O	54	55		55	$150.00	$124.42	$81.98	$84.35
1891804654	Chouake	Benjamin		MD	M	I	663 Palisac Suite 101	Cliffside Pa	NJ	34	7010	1	Metropolitz	US	Internal Me	Y		96112	Administra	N	O	48	52		52	$250.00	$139.31	$109.41	$99.43
1851574065	Bisby	Sheri	E	M.D.	F	I	837 S Main St	Wildwood	FL	12	34785	1.1	Secondary	US	Neurology	Y		96112	Administra	N	O	39	49		49	$213.00	$127.72	$101.99	$101.21
1881699171	Ziyar	Latif		M.D.	M	I	7335 N 1st Ste 109	Fresno	CA	6	93720	1	Metropolitz	US	Psychiatry	Y		96112	Administra	N	O	47	47		47	$55.00	$55.21	$39.56	$97.88
1881634103	Yousuf	Mohammad		MD	M	I	1950 Cook Suite D	Dyersburg	TN	47	38024	4	Micropolitz	US	Internal Me	Y		96112	Administra	N	O	34	42		42	$187.54	$116.21	$92.77	$102.40
1407950710	Haffner	Gary	B	MD	M	I	132 Mee Thee-Uh Rd	Ft. Bidwell	CA	6	96112	10.3	Secondary	US	Internal Me	Y		99213	Establishec	N	O	14	36		36	$149.89	$94.01	$57.32	$55.17
1033355987	Hyder	Shahab		MD	M	I	12345 N Lamar Blvd St	Austin	TX	48	78753	1	Metropolitz	US	Internal Me	Y		96112	Administra	N	O	32	33		33	$290.95	$130.22	$104.36	$101.21
1952416620	Curtwright	Brenda		SLP	F	I	3500 E Fletcher Ave Ste	Tampa	FL	12	33613	1	Metropolitz	US	Speech Lar	Y		96112	Administra	N	O	25	30		30	$414.00	$127.53	$91.51	$91.13
1043239965	Aslam	Tanveer		M.D.	M	I	1950 Cook Suite D	Dyersburg	TN	47	38024	4	Micropolitz	US	Internal Me	Y		96112	Administra	N	O	16	27		27	$187.54	$121.85	$97.24	$101.20
1285630095	Jain	Alok		MD	M	I	3600 S National Ave	Springfield	MO	29	65807	1	Metropolitz	US	Psychiatry	Y		96112	Administra	N	O	26	27		27	$265.00	$116.26	$84.84	$94.69
1215987912	Aung-Din	Ronald		M.D.	M	I	3501 Cattle Suite A	Sarasota	FL	12	34232	1	Metropolitz	US	Neurology	Y		96112	Administra	N	O	23	23		23	$135.34	$126.97	$101.24	$101.21
1477660637	Arshad	Abdullah		MD	M	I	223 S 3rd St	Hayti	MO	29	63851	7	Small town	US	Internal Me	Y		96112	Administra	N	O	21	22		22	$207.38	$119.98	$96.49	$102.35
1922397561	Jayani	Reena	V	M.D.	F	I	3601 The Vanderbilt Cl	Nashville	TN	47	37232	1	Metropolitz	US	Hematolog	Y		96112	Administra	N	F	18	21		21	$362.00	$116.54	$88.70	$96.81
1821036500	Lisk	Jerome	P	MD	M	I	3120 Medpark Dr Ste 1	Denton	TX	48	76208	1.1	Secondary	US	Neurology	Y		96112	Administra	N	O	18	18		18	$136.64	$124.43	$99.29	$101.21
1255441994	Carter	Karen	L	MD	F	I	1303 D'anti Suite 2100	Augusta	GA	13	30901	1	Metropolitz	US	Pediatric M	Y		96112	Administra	N	O	14	17		17	$180.00	$122.95	$84.20	$87.63
1689071672	Marcos	Andrew		PAC	M	I	2360 Grand Ave	Baldwin	NY	36	11510	1	Metropolitz	US	Physician A	Y		96112	Administra	N	O	12	12		12	$300.00	$125.84	$94.32	$79.84
1932204310	Thornley	Virginia	M	M.D.	F	I	3501 Cattlemen Rd Ste	Sarasota	FL	12	34232	1	Metropolitz	US	Neurology	Y		96112	Administra	N	O	12	12		12	$137.88	$127.55	$101.82	$101.21
																							19,604						

Reported Together 75% or More - 2022 Data

CPT Code 1	Long Desc 1	Global 1	CPT_Misc_Most Recent RUC Review	Relativity Screen 1	First Identified - RUC Meeting Date	Complete	Notes	Frequency	Charges	CPT Code 2	Long Desc 2	Global 2	CPT_Misc_1_Most Recent RUC Review	Screen 2	First Identified 2	Complete 2	Notes 2	Frequency 2	Charges 2	Mult Procedure Applies	Same Bene	CPT 1 Count	Percent Billed Together	Total allowed charges together (both codes x frequency together)
31525	Laryngoscopy direct, with or without tra	000				FALSE		29,696	$ 5,124,262	31231	Nasal endoscopy, diagnostic, unilateral or b	000	2017-01	MPC List	October 2010	TRUE	Code had not been reviewe	29,696	$ 5,124,262	MP-50%	1,140	1,428	80%	$ 6,136,196
31525	Laryngoscopy direct, with or without tra	000				FALSE		29,696	$ 5,124,262	69210	Removal impacted cerumen requiring instr	000	2013-01	CMS High Expenditure Proced	September 2011	TRUE	In the July 19, 2011, Propos	29,696	$ 5,124,262	MP-50%	1,077	1,428	75%	$ 5,797,091

Specialty Society(ies): ___AAO-HNS_____

Action Plan for Review of Potentially Misvalued Services
September 2024

CPT Code	Descriptor	Global Period	work RVU
31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn	000	2.63
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	000	1.10
69210	Removal impacted cerumen requiring instrumentation, unilateral	000	0.61

Include codes from family (please list all):

The code combinations that hit the RAW screen are: 31525/31231 and 31525/69210

Screen: Billed together 75% or more

Please check all recommended actions that apply:
(If necessary, please clearly mark and attach all supplemental information)
❑ **Survey**
❑ **Refer to CPT Editorial Panel**
❑ **Refer to CPT Assistant (specify article *or* Q&A)**
☒ **Maintain**
☒ **Other Action (please describe):**

Rationale for Recommended Action:

Upon learning that these code combinations had hit the RAW billed together screen our RUC advisors convened to explore why these practice patterns may have emerged. Clinically, there is no clear justification for frequently reporting these services together, as they are distinct disease processes and these procedures would not be expected to occur in the same office visit. Despite this, the RAW billed together data clearly indicates that the volume of claims where these services are being billed together is coming from Otolaryngology practices, including Physician Assistants employed by Otolaryngology practices.

To try to further understand these practice patterns, our Advisors reviewed the publicly available 2022 Medicare Physician & Other Practitioners – by Provider and Service data for the above CPT codes. These data sets identified a clear trend with one Otolaryngology practice located in California, who is the top provider (Otolaryngologist and Physician Assistant's combined) for all three of these CPT codes in 2022. Specifically, in total their practice reported these services as follows in 2022:

69210 – 27,319 claims across six providers, one of which reported 22,333 claims alone. That would require the practice to have reported this code just under 75 times per day if the practice worked 365 days per year to produce the volume in the data set. The next most common practitioner not affiliated with this practice performed this service 4026 times.

31231 – 27,383 claims across six providers, one of which reported 17,858 claims alone. That would require the practice to have reported this code 75 times per day if the practice worked 365 days per year to produce the volume in the data set. The next most common practitioner not affiliated with this practice performed this service 2538 times.

31525 – 23,572 claims across six providers, one of which reported 19,314 claims alone. That would require the practice to have reported this code just under 64 times per day if the practice worked 365 days per year to produce the volume in the data set. The next most common practitioner not affiliated with this practice performed this service 548 times.

Based on the lack of clinical justification to report these services together frequently we believe it is appropriate to maintain these codes as they are. There is no clinical justification for combining these codes, and it seems the billed together data is likely being driven by one practice in the country. Separately, we have notified CMS of our findings regarding the combinations of these codes.

Timeline (please list expected CPT/RUC meetings as applicable):

Education of this physician practice will occur no later than October 1, 2024, and a copy of the letter will be provided to the RAW for informational purposes.